



Calvary Chapel Academy

175 Market Street, P. O. Box 409, Rockland, MA 02370 / (781) 871-1043

Date: _____

Referred By: _____

For Office Use Only:

Date received: _____

Amount: _____

Fee: Ck # _____ Cash _____

Junior and Senior High School New Student Application for 2024-2025

STUDENT INFORMATION

Name: _____

First

Middle

Last

Applying for Grade: _____

Age: _____ Date of Birth: ____/____/____ Gender: *(please circle)* Male Female

Address: _____ Apt.#: _____

City: _____ State: _____ Zip: _____

Home Telephone: (____) _____

Primary Email Address: _____

Student Lives with: _____

Relationship: *(please circle)* Parent(s) Other: _____

PARENT/GUARDIAN INFORMATION *(please circle)*

Married Separated Divorced Single Remarried (1 step parent)

Mother Deceased Father Deceased Both Parents Deceased

Other (explain): _____

Father/Guardian: _____

First

Middle

Last

Occupation: _____ Employer: _____

Work Phone: (____) _____ Ext: _____

Cell Phone: (____) _____

Email Address: _____

Mother/Guardian: _____

First

Middle

Last

Occupation: _____ Employer: _____

Work Phone: (____) _____ Ext: _____

Cell Phone: (____) _____

Email Address: _____

EDUCATIONAL BACKGROUND

Student Name: _____ Goes By: _____
Present Grade Level: _____

On line 1, list the school that your child is currently attending, and on line 2, list any other previous school.

School Name	Address	Grade Level(s)
1. _____	_____	_____
2. _____	_____	_____

If your child is currently being home-schooled, please provide the name of any person or organization that is being used to evaluate your child: _____

Has your child ever repeated a grade? (please circle) Yes No If yes, please describe the circumstances: _____

Has your child ever been considered for any type of special needs or accelerated learning class? (please circle) Yes No If yes, please describe: _____

Has a psychological evaluation or clinical educational testing been done on your child? (please circle) Yes No If yes, please attach a copy.

Has an IEP (Individualized Education Plan) ever been developed for your child? (please circle) Yes No If yes, please attach a copy.

Is your child currently receiving help outside the classroom, such as tutoring, reading help or speech therapy? (please circle) Yes No If yes, please describe the help: _____

Does your child have any allergies or other health conditions? (please circle) Yes No If yes, please describe: _____

Does your child take any behavior modification medication? (please circle) Yes No If yes, please describe: _____

Please circle if you or a teacher have noted any of the following about your child at home and/or at school:

- | | | |
|---|---------|-----------|
| • Aggressive behavior | At Home | At School |
| • Distractibility | At Home | At school |
| • Has difficulty following verbal instructions | At Home | At school |
| • Has difficulty following written instructions | At Home | At school |
| • Has difficulty with verbal expression | At Home | At school |
| • Disturbs others when in group settings | At Home | At school |
| • Does not complete tasks | At Home | At school |
| • Needs constant direction | At Home | At school |
| • Withdrawals from group settings | At Home | At school |
| • Does not respond to discipline | At Home | At school |

Please list all of your other children and indicate their current grade along with their application status:

<u>Name(s)</u>	<u>Current Grade or Age</u>	<u>Applying to CCA</u> <i>(please circle)</i>	
_____	_____	Yes	No
_____	_____	Yes	No
_____	_____	Yes	No
_____	_____	Yes	No

What do you see as the parent's role in their child's education?

What do you believe is the purpose of the educational program at CCA?

Why do you want your child to be a student at CCA?

CHURCH AFFILIATION

Do you regularly attend Calvary Chapel of Boston? *(please circle)* Yes No If yes, how often? _____

If yes, how long have you been in regular attendance? _____

Which services do you attend? _____

List the ministries and activities that you are involved in at Calvary Chapel:

If you do not attend Calvary Chapel, name the church you attend: _____

Please submit a letter from your Senior Pastor confirming regular family attendance and a letter from the Youth Leader approving the student's spiritual condition.

Please describe your participation and ministry in your church: _____

Please describe your personal relationship with Jesus Christ:

Please have the student applying to CCA complete the following:

Please write in your own words a brief statement that expresses your personal relationship to Jesus Christ.

APPLICATION CHECKLIST

- I have completed all parts of this application. Incomplete applications will not be processed.
- I have enclosed a copy of the most recent report card.
- I have enclosed a copy of my child's achievement tests.
- I have enclosed a copy of all psychological and educational testing pertaining to my child.
- I have enclosed a letter of attendance from our senior pastor at our church.
- I have requested a copy of any discipline reports from the most recently attended school to be sent to CCA.
- I have attached a photo of my child. (For identification purposes only)
- I have enclosed the application fee of \$100.00. (This fee is non-refundable; however, if a student is not accepted to CCA, the application fee will be returned.)

In signing this application, I agree that:

- All of the information provided is accurate and complete.
- CCA reserves the right to place my child at the appropriate grade level.
- CCA reserves the right to dismiss any child that does not cooperate with the educational process.
- I have read the financial policy in the Parent/Student Handbook and will make payments at the appropriate time.

Father's/Guardian's Signature: _____

Mother's/Guardian's Signature: _____

Today's Date: _____



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DISCIPLINE REPORT

Dear Parents/Guardians,

This discipline report is required for all students applying to CCA for 6th -12th grade. Please have an Administrator (Principal or Vice Principal) at the school your child is currently attending complete this report and forward it to Calvary Chapel Academy, along with the student application. Completed forms may be either faxed to 781-421-6587 or emailed to ccainfo@ccobacademy.com.

Student Name: _____

Current School: _____ Current Grade: _____

This student has no disciplinary issues.

This student has had the following disciplinary issues (Please check all that apply):

- | | |
|---|---|
| <input type="radio"/> Excessive Tardiness | <input type="radio"/> Fighting |
| <input type="radio"/> Excessive Absences | <input type="radio"/> Destructive to School Property |
| <input type="radio"/> Late to Class | <input type="radio"/> Improper Computer Usage |
| <input type="radio"/> Excessive Talking/Loudness | <input type="radio"/> Improper Internet Usage |
| <input type="radio"/> Disruptive Behavior | <input type="radio"/> Theft |
| <input type="radio"/> Failure to Observe School Rules | <input type="radio"/> Cheating |
| <input type="radio"/> Rude/Discourteous Behavior | <input type="radio"/> Plagiarism |
| <input type="radio"/> Dress Code Violation | <input type="radio"/> Use of Drugs/Alcohol |
| <input type="radio"/> Bullying | <input type="radio"/> Firearm Violation |
| <input type="radio"/> Disrespectful to Administration/Teachers | <input type="radio"/> Inappropriate Use of Technology |
| <input type="radio"/> Unacceptable Behavior-Please explain: _____ | |

Other (Please explain): _____

The following action(s) have been taken:

- | | |
|---|-------------|
| <input type="radio"/> Conference Held: with Student/Parents | Date: _____ |
| <input type="radio"/> Detention | Date: _____ |
| <input type="radio"/> In-School Suspension | Date: _____ |
| <input type="radio"/> Out-of-School Suspension | Date: _____ |
| <input type="radio"/> Requested to Withdraw | Date: _____ |

Additional Comments: _____

School Office Signature: _____ Position: _____

Print Name: _____ Date: _____

Thank you, and if you have any questions, please contact Calvary Chapel Academy Administration at 781-871-1043.