



**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.

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**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: \_\_\_\_\_



# Calvary Chapel Academy

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

## DISCIPLINE REPORT

Dear Parents/Guardians,

This discipline report is required for all students applying to CCA for 6<sup>th</sup> -12<sup>th</sup> 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](mailto: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.