

Calvary Christian School

A Ministry of Calvary Tabernacle since 1946

New Student Application



Student Information

Student's Full Legal Name		Preferred Name					
Name of adult with whom student lives		Relationship to student					
Student's Home Address		City	State	Zip			
Student's Home Phone Number		Primary Family E-mail Address					
Date of Birth	Birthplace	Yes / No US Citizen	Age	Sex			
Grade entering	For Semester Beginning (month/year)		State Assigned Testing Number				
Parents of this student are:	Married	Separated	Divorced	Single Parent	Mother Remarried	Father Remarried	Other: _____
Ethnic Origin:	American Indian	Hispanic	Black	White	Asian or Pacific Islander	Multiracial	

Calvary Christian School admits students of any race, color, nationality, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at CCS. We do not discriminate on the basis of race, color, nationality, or ethnic origin in the administration of its educational policies, scholarship and discount programs, or athletic and other school administered programs. We ask this information for reporting purposes only.

Family Information

Father/Guardian

(please circle)

Name _____

If Guardian, Relationship to Student _____

Home Address (if different from Student's) _____

Employer _____

Cell Phone Number _____ Work Phone Number _____ Ext. _____

Email Address _____

Church Denomination _____

Church Congregation Name _____

Stepmother's Name (if applicable) _____ Contact Number _____

Mother/Guardian

(please circle)

Name _____

If Guardian, Relationship to Student _____

Home Address (if different from Student's) _____

Employer _____

Cell Phone Number _____ Work Phone Number _____ Ext. _____

Email Address _____

Church Denomination _____

Church Congregation Name _____

Stepfather's Name (if applicable) _____ Contact Number _____

Additional Family Information

Brother(s) and/or Sister(s) Names	Age	Grade	School Attending

Purpose of Enrollment

Why are you considering Calvary Christian School? _____

Please rank from 1-5 the following reasons for enrollment, #1 being the most important.

Christian Emphasis Quality Academics Safety Location Other: _____

How did you hear about Calvary Christian School?

Home church Family or Friend Website Sign Other: _____

If you heard about us from a family member or a friend, what is the name of your family member or friend: _____

Previous Academic Information

School _____ Address _____ Dates attended _____ Grade completed _____

School _____ Address _____ Dates attended _____ Grade completed _____

Please answer YES or NO to the following questions:

Has student been placed in a talented or gifted program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Received honors and/or rewards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Been retained in a grade?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Been recommended for tutoring?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Been recommended for academic or psychological testing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Received an IEP or a 504 Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Been placed in a special education program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Struggled with mental or emotional issues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Not passed ISTEP or GQE testing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Experienced learning difficulties in Math?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Experienced discipline problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Experienced learning difficulties in Reading?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Been tested or diagnosed with ADD/ADHD	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Experienced learning difficulties in any other subject?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Experimented with drugs, alcohol, or tobacco?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Been in any type of trouble with legal authorities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please provide details on any of the above questions that were answered YES (you may attach a separate sheet if necessary):

Please describe this student's educational strengths: _____

Please describe this student's educational weaknesses: _____

Please describe any interests, talents, and abilities that this student has: _____

Family Enrollment Agreement

- If accepted, I/we agree that I/we will read and follow the school rules included in the Policy manual of Calvary Christian School.
- I/We agree that I/we will take an active role in my child's education, including supporting my child's teachers, assuring that my child arrives to school on time, encouraging my child to complete all homework and classroom assignments in a timely manner, and allowing my child to participate in school activities such as fieldtrips and other school functions.
- I/We agree that should I/we have a concern of any kind regarding Calvary Christian School and any associated party, that I/we will go through the proper channels to resolve the matter.
- I/We agree to cooperate with school staff regarding discipline of my/our child.
- I/We understand that all new students, including my/our own, are required to take an entrance placement test and will be on a 30-day probational period to determine if Calvary Christian School is the right fit for my/our child.
- I/We agree that weekly parent and child church attendance, Bible study, and prayer are necessary components to a spiritual healthy life, and will assure that my family strives for these components.

Father/Guardian Signature _____

Mother/Guardian Signature _____

Date _____

Responsible Party for Bill

I agree to pay all tuition payments, before and after school care charges, and any other fee in a timely manner. If applicable, I will also pay for my child's lunches in a timely manner.

Individual Responsible for Bill (please print name) _____ Signature _____ Relationship to Student _____

Street Address _____ City _____ State _____ Zip _____

For Office Use Only: Accepted _____ Acceptance letter sent _____

Date of tour: _____ Date of receipt of application and fee: _____ Check #: _____

Documents received: Complete Transcripts Immunization record Birth Certificate IEP/504 FACTS Contract

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Pastor's Recommendation



FAMILY INFORMATION

Please complete this section before giving this form to your pastor. Re-enrollment will not be complete without this form.

Family Name _____ Primary Phone Number _____

Home Address _____ City _____ State _____ Zip _____

Names of Student(s) Re-Enrolling to Calvary Christian School _____

Pastor's Name _____ Church Name _____ Church Denomination _____ Phone Number _____

Church Address _____ City _____ State _____ Zip _____

PERMISSION TO RELEASE INFORMATION

I request our pastor or designee to provide this recommendation to Calvary Christian School. I understand that this Pastor's Recommendation form will not be a part of the permanent file of the above listed student(s) and will not be available to parents for review.

Parent Signature _____ Date _____

PASTOR RECOMMENDATION

Dear Pastor,

The above family is seeking to re-enroll their child(ren) at Calvary Christian School. It is our policy this year to have a Pastor's recommendation. Thank you for your assistance in this matter. **Please submit this form via mail or fax by May 15th.**

Is the above family an active member of your church? Yes No

Does this family attend church at least one time a week on average?..... Yes No

What is the church membership of the parents: Both parents Father/Guardian Mother/Guardian Neither Parent

Do you recommend the above listed student(s) for admission to Calvary Christian School? Yes No

Please include any comments that you think would be helpful to the Office of Admissions at Calvary Christian School.

Pastor's Signature _____ Date _____

CALVARY TABERNACLE MEMBERS ONLY

Is the above family a tithe paying member of Calvary Tabernacle?..... Yes No

Pastor's Signature (or Designee) _____ Date _____

**Please return to: Office of Admissions (Pastor's Recommendation)
Calvary Christian School • 3639 South Keystone Avenue • Indianapolis, IN 46227**

(317) 789-8710 • Fax (317) 789-8718 • www.ccs-indy.org

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Pastor's Recommendation



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2008/2009 Re-enrollment form



Send this form, the FACTS Contract (if applicable), and the registration fee of \$100 to CCS by May 15th. The "Pastor's Recommendation Form" is to be signed and returned to CCS by May 15th as well.

Late registration could result in the loss of your child's seat for next year.
Late registration fees: May 15th to June 4th: \$125, June 5th and beyond: \$150

RETURNING STUDENT INFORMATION

Student Full Legal Name Preferred Name Grade

Student Full Legal Name Preferred Name Grade

Student Full Legal Name Preferred Name Grade

Student Full Legal Name Preferred Name Grade

NEW STUDENT INFORMATION

Student Full Legal Name Preferred Name DOB Grade
(We will send you an application to fill out on this student)

MEDICAL HISTORY CHANGES OR OTHER COMMENTS

FAMILY INFORMATION

Parents of this student are: Married Separated Divorced Single Parent Mother Remarried Father Remarried Other: _____

Father/Guardian (please circle)

Name

If Guardian, Relationship to Student

Home Address (if different from student's)

Employer

Cell Phone Number Work Phone Number Ext.

Email Address

Church Congregation Name

Church Denomination

Stepmother's Name (if applicable) Contact Number

Mother/Guardian (please circle)

Name

If Guardian, Relationship to Student

Home Address (if different from student's)

Employer

Cell Phone Number Work Phone Number Ext.

Email Address

Church Congregation Name

Church Denomination

Stepfather's Name (if applicable) Contact Number

EMERGENCY CONTACT INFORMATION

Physician's Name

Phone Number

Hospital Preference

Emergency Contact Name

Relationship to student

Phone Number

EMERGENCY PERMISSION AGREEMENT

Should an emergency arise in which my child will need to be transported to a local hospital, I give my consent for the transport to take place. If I am not able to be reached, I give my consent for my child to be medically and/or surgically treated by medical professionals to whatever extent is necessary to the well-being of my child.

Parent Signature

Date

PERMISSION TO ADMINISTER MEDICATION

There are times when a child may need over the counter medication. We are able to administer the following medications **only** if we have a signed permission slip from the parent. **Please check the medication** that we are able to administer to your child and sign the release. In most cases, generic brands will be used.

- Extra Strength Acetaminophen (also known as Tylenol)
- Jr. Strength Acetaminophen (also known as Tylenol)
- Children's Acetaminophen (also known as Tylenol)
- Ibuprofen (also known as Motrin/Advil)
- Tums
- Cough Drops
- Calamine Lotion (anti-itch lotion)

If it becomes necessary for my child to take an OTC medication during the school day, I give my permission for an authorized staff member to administer any of the above circled medications to my child. I understand that this permission release is good for the entire 2008/2009 school year unless I submit in writing a request for it to be revoked. I understand that should nonprescription medication need to be administered to my child, an attempt will be made to contact me first. This release is for all my children listed on this application.

Parent Signature

Date

PICK-UP INFORMATION

The following individuals have permission to pick up my child/children from school. I understand that I will still need to contact the school office should one of these individuals need to pick up my child/children.

Driver Name

Driver Name

DRIVING STUDENTS

I give permission for my child _____ to drive to and from school. We agree to abide by the requirements listed in the manual under "Student driver regulations". The following students will be regular riders with my child: _____

Attached is a copy of my child's driver's license and our automobile insurance policy.

Parent Signature

Date

PHOTO AGREEMENT

I understand that periodically, Calvary Christian School will use pictures taken of their students without their names in their publications including their website. I grant permission for pictures of my child to be used in this manner.

Parent Signature

Date

METHOD OF PAYMENT FOR TUITION (circle one)

FACTS Contract / Prepay / Employee / Other _____

Thank you for re-enrolling your child for the 2008/2009 School Year. If any of the information on this form changes, please contact the school office.

Parent Signature

Date