

CALVARY CHAPEL CHRISTIAN SCHOOL

Student Application for grades Kindergarten through Fifth

1. Please write clearly. In order for us to fairly consider this application, please be a thorough as possible.
2. All applicants **must attach** their most recent report cards as well as report cards from all previous years.
3. All applicants **must include** copies of their most recent standardized test scores, and any IEP or 504 information.
4. Have a pastor who knows you well complete the Pastoral Reference Form.
5. Acceptance will only be considered once **all** required items have been received and the student has met with one of our faculty.

Calvary Chapel Christian School does not discriminate on the basis of race, color or national or ethnic origin.

Student Information

School District _____ Grade Applying for _____ Today's Date _____

Student's Name _____
(Last, First, Middle)

Address _____

City, State and Zip _____

Home Phone _____ Social Security # _____

Date of Birth _____ Gender: Male _____ Female _____

Race (Requested by NYS): Asian _____ Black _____ Caucasian _____ Native American _____ Hispanic _____

Parents Information

Father _____ Mother _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Primary E-mail Address _____

Child Lives With _____

Marital Status of Parent(s): Single _____ Married _____ Divorced _____ Separated _____ Widowed _____

Educational Information

Present Grade Level: _____ School Currently Attending _____

Current School Address _____

City: _____ State _____ Zip _____

Has your child ever been recommended for any type of specials needs class? Yes ___ No ___

If yes, please describe _____

Is your child currently receiving additional help outside the classroom such as tutoring, reading help, speech or language therapy? Yes ___ No ___

If yes, please describe _____

Has your child had any problems with discipline at school? Yes ___ No ___

If yes, please describe _____

Family Information

First person to contact in an emergency _____

Relation to the child _____ Phone _____

Second person to contact in an emergency _____

Relation to the child _____ Phone _____

Does your child have any allergies or other health conditions? Yes ___ No ___

If yes, please describe _____

Child's doctor _____ Phone _____

Do you have other children currently applying to CCCS? Yes ___ No ___

If yes, please list them: Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

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Pastoral Reference Form

Calvary Chapel Christian School exists to train and teach children. Our mission is to complement, reinforce, and support the godly principles taught in the home and local evangelical church. This form is a part of the application process.

Please complete the portion below and have your pastor complete the remaining questions. Your pastor can then return this form directly to:

Calvary Chapel Christian School
1777 Route 332
P.O. Box 25099
Farmington, NY 14425

Family applying to CCCS _____

Children's names and grade levels: _____ Expected date of entry: _____

_____ () _____ ()

Pastor, please complete the remainder of this form and return it to Calvary Chapel Christian School.

1) How long have you known this family? _____

2) Does this family attend church regularly? _____

3) Are the parents involved in the ministry of the church beyond normal attendance? How? _____

4) To your knowledge, are the parents born-again? _____

5) To your knowledge, are the children enrolling in CCCS born-again? _____

6) Would you recommend this family to our school? Why or why not? _____

7) Do you have any concerns about the success of this child or children at CCCS, academically, spiritually, behaviorally, or financially?

Pastor's Name _____ Church _____ Tel. _____

Address _____ City/State/Zip _____

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