

# CALVARY CHAPEL ACADEMY

## Student Application for Kindergarten through 8<sup>th</sup> grade

1. Please write clearly. In order for us to fairly consider this application, please be as 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 Academy 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

Mother \_\_\_\_\_ Father \_\_\_\_\_

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 CCA? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list them: Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

**Church Information and Christian Walk**

Do you regularly attend Calvary Chapel of the Finger Lakes? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Which services do you attend? Sunday 8:30 am \_\_\_\_\_ 10:30 am \_\_\_\_\_ 6:30 pm \_\_\_\_\_

Wednesday 7:00 pm \_\_\_\_\_

Do you attend another church? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where? \_\_\_\_\_

Please list the ministries and activities that you are involved in at your church \_\_\_\_\_

\_\_\_\_\_

**Parents:** Please describe briefly, your personal relationship to Jesus Christ.

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Parent completing this section \_\_\_\_\_



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## Pastoral Reference Form

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

Family applying to  
CCA \_\_\_\_\_

Children's names and grade levels: \_\_\_\_\_ Expected date of entry: \_\_\_\_\_  
\_\_\_\_\_ ( ) \_\_\_\_\_ ( )

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

- 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 CCA 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 CCA, academically, spiritually, behaviorally, or financially?  
\_\_\_\_\_  
\_\_\_\_\_

**Pastor's Name** \_\_\_\_\_ **Church** \_\_\_\_\_ **Tel.** \_\_\_\_\_

**Address** \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_

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