

**STUDENT APPLICATION**

**2020-2021**

**Kindergarten through Eighth Grade**

# **CALVARY CHAPEL ACADEMY**



*“And all thy children shall be taught of the LORD;*

*And great shall be the peace of thy children”*

*Isaiah 54:13*

## Student Application for Kindergarten through 8th 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, and a copy of the Birth Certificate.
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 (CCA) admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. CCA does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship, and other school-administered programs.

### **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 \_\_\_\_\_

If yes, please describe \_\_\_\_\_

Is your child currently receiving additional help outside the classroom such as tutoring, reading help, speech or language therapy?

Yes \_\_\_\_\_

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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Parents: What do you see as your biblical responsibility in your child's education? Also, why do you want your child (ren) at CCA?

---

---

---

---

---

---

---

---

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

Students applying for grades 3 through 8: Please write a brief statement describing your personal relationship with Jesus Christ. Also, why do you wish to attend Calvary Chapel Academy?

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Student's Signature \_\_\_\_\_

I certify to the best of my ability that the information throughout this application is complete and accurate.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

# CALVARY CHAPEL ACADEMY

## 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  
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. How long have you known this Family? \_\_\_\_\_

Does this family attend church regularly? \_\_\_\_\_

Are the parents involved in the ministry of the church beyond normal attendance? How? \_\_\_\_\_

To your knowledge, are the parents born-again? \_\_\_\_\_

To your knowledge, are the children enrolling in CCA born-again? \_\_\_\_\_

Would you recommend this family to our school? Why or why not? \_\_\_\_\_

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 \_\_\_\_\_