

CALVARY CHAPEL ACADEMY

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.
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

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 CCA? Yes____ No____

If yes, please list them: Name _____ Grade_____

Name_____ Grade_____

Name_____ Grade_____

Church Information and Christian Walk

How did you hear about Calvary Chapel Academy? _____

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.

- 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 _____
