

CALVARY CHAPEL ACADEMY

175 Market Street, P. O. Box 409

Rockland, MA 02370

(781) 871-1043



For office use only

Date received _____

Amount \$ _____

Fee: ck# _____ cash _____

Junior High & High School New Student Application for 2011-2012

Today's Date _____

Student Name: _____ Applying for Grade _____

First Middle Last

Age _____

Date of Birth ____/____/____

Gender: Male Female

Address _____ Apt.# _____

City _____ State _____ Zip _____ - _____

Home Telephone #(_____)- _____ E-Mail Address _____

Student lives with: (Mr. & Mrs. etc.) _____

Relationship Parents Other _____

Marital Status of Parents:

Married Separated Divorced Single

Mother deceased Father deceased Both parents deceased

Remarried (1 step parent) Other (explain) _____

Father _____

First Middle Last

Occupation _____ Employer _____

Work Phone # (_____)- _____ ext. _____ Cell Phone _____

Mother _____

First Middle Last

Occupation _____ Employer _____

Work Phone # (_____)- _____ ext. _____ Cell Phone _____

Educational Information

Student Name _____ Goes by: _____ Present grade level _____

List the school that your student is presently attending in line 1 and use line 2 for any other previous school.

School Name _____ Address _____ Grade _____

1. _____

2. _____

If your child is currently being home-schooled please provide the name of any person or organization that is being used to evaluate your child. _____

Has your child ever repeated a grade? Yes No If yes, please describe the circumstances. _____

Has your child ever been considered for any type of special needs or accelerated learning class?
 Yes No If yes, please describe _____

Has a psychological evaluation or clinical educational testing been done on your child? Yes No
 If yes, be sure to attach a copy. _____

Is your child receiving additional help such as tutoring, reading help, speech therapy? Yes No
 If yes, please describe the help. _____

Does your child have any allergies or other health conditions? Yes No
 If yes, please describe _____

Does your child take any behavior modification medication? Yes No
 If yes, please describe: _____

Check the appropriate box if you or a teacher have noted any of the following about your child.

- | | | |
|---|---------|-----------|
| • Aggressive behavior | At home | At school |
| • Distractibility | At home | At school |
| • Has difficulty following oral instructions | At home | At school |
| • Has difficulty following written instructions | At home | At school |
| • Has difficulty with oral expression | At home | At school |
| • Disturbs others when in group settings | At home | At school |
| • Does not complete tasks | At home | At school |
| • Needs constant direction | At home | At school |
| • Withdrawals from group settings | At home | At school |
| • Does not respond to discipline | At home | At school |

Please list all of your other children and indicate their current grade along with their application status.

<u>Name</u>	<u>Current Grade or age</u>	<u>Applying to CCA</u>
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

What do you see as the parent's role in their student's education? _____

What do you believe is the purpose of the educational program at CCA? _____

Why do you want your child to be a student at CCA? _____

Church Affiliation

Do you regularly attend Calvary Chapel of Boston? Yes No If yes, how many years regular _____
Which services do you attend? Sunday 9:00 AM Sunday 11:00 AM Wednesday PM

Name a pastor, school employee or church member involved in ministry that you know personally.

List the ministries and activities that you are involved in at Calvary Chapel. _____

If you do not attend Calvary Chapel, what church do you attend? _____
Please submit a letter from your Senior Pastor confirming regular family attendance and a letter from the Youth Leader approving the students spiritual condition.

Please describe your participation and ministry in that church. _____

Please describe your personal relationship with Jesus Christ: _____

Students respond to the following statement.

Please write in your own words a brief statement that expresses your personal relationship to Jesus Christ.

Application Checklist (Please mark each box as you check each one.)

- I have completed all parts of this application. Incomplete applications will not be processed.
- I have enclosed a copy of the most recent report card.
- I have enclosed a copy of all achievement testing that has been done on my child.
- I have enclosed a copy of all psychological and educational testing done on my child.
- I have attached a photo of my child. (for identification purposes)
- I have enclosed application fee. This fee is non-refundable.

In signing this application I agree that:

- All of the information provided is accurate and complete.
- That CCA reserves the right to place my child at the appropriate grade level.
- That CCA reserves the right to dismiss any child that does not cooperate with the educational process.
- I have read the financial policy in the Parent/Student Handbook and will make payments at the appropriate time.

Father's signature _____

Mother's signature _____