

For office use only

App Fee \_\_\_\_\_ CK# \_\_\_\_\_

Date Rec'd \_\_\_\_\_

Notes \_\_\_\_\_

Interviewed by \_\_\_\_\_



CALVARY CHAPEL CHRISTIAN SCHOOL  
2009/2010 SCHOOL YEAR  
KINDERGARTEN STUDENT APPLICATION

1. Please write clearly. Please be as thorough as possible. Incomplete applications will not be given serious consideration.
2. Return completed application to the CCCS office. Please keep the information sheet for your referene.

3. Application Fee - \$50 per student is collected with the application.

**Student Data**

Application for Grade \_\_\_\_\_ Today's Date: \_\_\_\_\_  Check here if a returning student

Student Name \_\_\_\_\_

Address \_\_\_\_\_

City & Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

Date of Birth \_\_\_\_\_  Male  Female



Grade Presently enrolled In	School Presently Attending & City	School Phone Number
Has your child been enrolled in, or recommended for, any of the following special classes: <input type="checkbox"/> Physically Handicapped <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Learning Disability <input type="checkbox"/> GATE <input type="checkbox"/> Other Please explain		Has your child ever been referred to school administration for discipline? Please explain.  Has he/she ever been suspended or asked to leave a school? Please explain.
List Siblings <i>Currently Attending CCCS</i> Name/s _____ Grade/s _____		List any Siblings <i>Applying for Enrollment to CCCS</i> Name/s _____ Grade/s _____

**Parent Information**

	Parents First & Last Name	Occupation	Employer	Contact Number	Lives w/ student Y/N
Father				Work # Cell#	
Mother				Work # Cell#	
Step Parent				Work # Cell#	
Marital Status of Parent/s: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated					
Are you financially able to meet the monthly tuition? Yes _____ No _____ If no, then how much are you able to pay? _____					

**PARENTS** FILL OUT THE INFORMATION ON THIS PAGE

What do you see as your part in your child's education? \_\_\_\_\_

How did you learn of our school? What has prompted your application? \_\_\_\_\_

Why would you like your child to attend Calvary Chapel Middle School? \_\_\_\_\_

**Church Information and Christian Walk**

Do you regularly attend Calvary Chapel of Tucson? Yes \_\_\_\_\_ NO \_\_\_\_\_

How often do you attend? \_\_\_\_\_ How long have you attended? \_\_\_\_\_

Which services do you attend? \_\_\_\_\_

List your child's youth pastor's name \_\_\_\_\_

List a pastor or elder who could give you a reference (if possible): \_\_\_\_\_

We participate in the ministry of the church in the following ways: \_\_\_\_\_

Do you attend another church? \_\_\_\_\_ If so, what church? \_\_\_\_\_

List a pastor or elder who could give you a reference (if possible):  
Name \_\_\_\_\_ Phone \_\_\_\_\_

If you attend a church other than Calvary Chapel of Tucson, please list the ways in which you participate in the ministry of your church:

**Parents:** Please describe, briefly, your walk with the Lord at the present time:

Only one parent signature is required, however both parents should sign if possible.  
I/we certify that the information on this application is complete and accurate. I understand that any information found to be inaccurate may be considered grounds for dismissal from this school. I have attached the required information-most recent report card, and testing scores for my child.

Date \_\_\_\_\_ Parent's Signature (signature required) \_\_\_\_\_