



*Calvary Chapel*  
**CHRISTIAN SCHOOL**  
A MINISTRY OF CALVARY CHAPEL STONE MOUNTAIN

**APPLICATION FOR ENROLLMENT: 2019 – 2020**

Grade Entering: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**STUDENT INFORMATION**

Student's full name: \_\_\_\_\_

Name student prefers: \_\_\_\_\_

Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Sex: \_\_\_\_ M \_\_\_\_ F

Student's native language: \_\_\_\_ English \_\_\_\_ Other – Specify \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mom's Cell: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_

Mom's E-mail address: \_\_\_\_\_

Dad's E-mail address: \_\_\_\_\_

## STUDENT WRITING

Students (grade 2-5) write in your own words what Jesus means to you...

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Students (grade 2-5) write in your own words why you want to attend CCCS...

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## EDUCATIONAL BACKGROUND

School previously attended: \_\_\_\_\_ Dates: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Other school attended: \_\_\_\_\_ Dates: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Last year's grade assignment: \_\_\_\_\_ Was the grade completed? \_\_\_\_Y \_\_\_\_N

If no, explain: \_\_\_\_\_

Has the student ever been identified as having a learning disability? \_\_\_\_Y \_\_\_\_N

If yes, explain: \_\_\_\_\_

Does an outstanding tuition balance exist with any other schools? \_\_\_\_Y \_\_\_\_N

If yes, explain: \_\_\_\_\_

Has the student repeated a grade? \_\_\_\_Y \_\_\_\_N

If yes, explain: \_\_\_\_\_

Has the student ever had discipline problems in a previous school? \_\_\_\_Y \_\_\_\_N

If yes, explain: \_\_\_\_\_

Has the student ever been suspended, expelled, or asked to withdraw? \_\_\_\_Y \_\_\_\_N

If yes, explain: \_\_\_\_\_

Calvary Chapel Christian School has high standards of behavior and academics. We hold that poor student behavior can generally be corrected in the home; and we do not have the ability to assist children with serious learning challenges.

Given this, do you feel that your student will succeed at Calvary Chapel Christian School?  
Please circle: YES or NO

## FAMILY INFORMATION

Father's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

Is the father a follower of Jesus Christ? \_\_\_\_Y \_\_\_\_N

Mother's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

Is the mother a follower of Jesus Christ? \_\_\_\_Y \_\_\_\_N

Legal Guardian's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

Is the legal guardian a follower of Jesus Christ? \_\_\_\_Y \_\_\_\_N

Marital status: \_\_\_\_Married \_\_\_\_Single \_\_\_\_Divorced \_\_\_\_Separated

With whom does the child reside during the school year? \_\_\_\_Father \_\_\_\_Mother

If applicable, explain custody arrangements: \_\_\_\_\_

\_\_\_\_\_

Are there any restraining orders? \_\_\_\_\_

To whom should school correspondence be sent? \_\_\_\_Father \_\_\_\_Mother \_\_\_\_Guardian

Name of person responsible for tuition: \_\_\_\_\_

If different from a parent or guardian, provide address and phone number: \_\_\_\_\_

\_\_\_\_\_

Are both parents in agreement on enrolling their child in CCCS? \_\_\_\_Y \_\_\_\_N

Did the family of a current student refer you to our school? \_\_\_\_Y \_\_\_\_N

If yes, please give us their name: \_\_\_\_\_

## CHURCH INFORMATION

Church your family attends: \_\_\_\_\_ Pastor: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you been a member of your current church? \_\_\_\_\_

How often do you attend church services? \_\_\_\_\_

How often does the student attend church services? \_\_\_\_\_

Name and phone number of the student's Sunday school teacher? \_\_\_\_\_

\_\_\_\_\_

What ministries of the church are you involved in?

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Student: \_\_\_\_\_

How did you hear about CCCS? \_\_\_\_\_

State briefly why you desire to enroll your child at CCCS: \_\_\_\_\_

\_\_\_\_\_

In what ways do you expect CCCS to be different from other schools? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please give a brief testimony of how you became a Christian: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ACTIVITY PERMISSION

I agree to allow \_\_\_\_\_ to participate in all school activities including school-sponsored trips away from the school premises, and as consideration for the benefits derived, I absolve the school and all its representatives and agents from liability to me or my child because of injury to my child at school or during any school activity. I further authorize the school to secure necessary medical attention for my child in the event of any injury at school or on a school-sponsored trip away from the school.

Signature of legal guardian \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## MEDICAL INFORMATION

Does the student have any mental, emotional, or physical handicaps which may affect his/her activities or progress, or that for any reason should be known by his teacher? \_\_\_\_\_

Is the student currently taking any medication? \_\_\_\_\_

Any known allergies or other medical or drug-related limitations: \_\_\_\_\_

Family physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Is the student covered by health insurance? \_\_\_\_Y \_\_\_\_N

If yes, what insurance company? \_\_\_\_\_ Policy number \_\_\_\_\_

## EMERGENCY INFORMATION

Individual to contact if parents or guardian cannot be reached: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell phone: \_\_\_\_\_

I hereby authorize Calvary Chapel Christian School to give and/or obtain emergency medical assistance for my student in the event that I cannot be reached. I also assume full financial responsibility for any such medical service rendered.

Signature of legal guardian \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# STATEMENT OF COMMITMENT

We, as parents/guardian are accepting the challenge to "train up a child in the way he should go", and will carry on this training in our home. We promise that our home will be a secure haven of safety, free from harmful influences.

We agree to pray daily for our child, our child's teacher, CCCS, and its administrators.

We will work closely and cooperatively with teachers and administrators to aid in our child's education and to solve any school-related problems.

We understand and agree that the Administration of CCCS has the responsibility and freedom to determine when it is in the student's and/or school's best interest for a student to withdraw.

We understand and agree that CCCS has the authority to train and discipline our child as necessary according to the procedures laid out in the parent/student handbook. This includes the right to suspend or expel the student if necessary.

We understand and agree that official acceptance is based on review of transcripts, personal interview results, pre-enrollment testing if necessary (at the parent's expense), and availability of enrollment space.

We understand and agree that enrollment preference will be given to families who attend and support Calvary Chapel Stone Mountain.

We agree to make our tuition payments by the 1<sup>st</sup> day of each month, July 2019 through April 2020, and abide by the following payment policies. (Payments received after the 1<sup>st</sup> day of the month will be subject to a \$25 late fee. If your payment becomes 20 days delinquent you will receive a notice from the office after which you will have 5 days to make payment, including late fees. If overdue payments are not received by the 1<sup>st</sup> day of the following month your child will not be allowed to attend class. This policy will be in force until such payments are brought current.)

We will read and abide by all policies stated in the parent/student handbook.

We have read and agree that the CCCS statement of faith will be the basis of instruction for our child. (The statement of faith is on the back panel of the CCCS Brochure.)

We understand and agree that enrollment at CCCS is a privilege, not a right; and pledge further that, should our child be accepted as a student in the school, we will do everything possible to have our child complete the entire academic year, realizing that another student and family have been denied this privilege as a result of our enrollment.

We understand and agree that if, despite our efforts to the contrary, our child is unable to complete the school year all prior tuition payments, application fees, and registration fees are non-refundable.

We agree that the information provided in this application is accurate, and that any outstanding tuition balance with any other school has been duly noted.

We, as parents/guardian of the student applicant, sincerely give our pledge to all items as stated above, and affix our signature as a witness to that fact.

Signature of legal guardian \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of legal guardian \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please include the application fee of \$50 when submitting the application.**

**Make checks payable to "Calvary Chapel Christian School"**