

STUDENT APPLICATION

STUDENT INFORMATION

Full Name _____

Address _____

City _____ Zip _____

Telephone _____ SSN _____ - _____ - _____

Age ____ Sex ____ Birth Date __/__/__

School Last Attended _____

Last Grade Completed _____

Has your child ever been diagnosed with:

- | | |
|---|--|
| <input type="checkbox"/> ADD (Attention Deficit Disorder/Hyperactive) | <input type="checkbox"/> VI (Blind & Partially Signed) |
| <input type="checkbox"/> AU (Autism) | <input type="checkbox"/> HI (Deaf & Hard of Hearing) |
| <input type="checkbox"/> BD (Behavior Disorder) | <input type="checkbox"/> MI (Mentally Impaired) |
| <input type="checkbox"/> CD (Communication Disorder) | <input type="checkbox"/> LD (Learning Disabilities) |

FAMILY INFORMATION

Father's Name _____

Employment _____

Position _____ Business Phone _____

Mother's Name _____

Employment _____

Position _____ Business Phone _____

Marital Status: Married Widow
 Divorced Separated

Children in family of school age if not applying:

Name _____ Age _____

RELIGIOUS INFORMATION

Church Attending _____

Address _____

Pastor _____

Father: Christian? Yes No

Mother: Christian? Yes No

Has applicant ever made a profession of faith in Christ? Yes No

STUDENT INFORMATION

Has student ever been expelled, dismissed, suspended, or refused admission to another school? .

If yes, explain: _____

Has student ever had disciplinary difficulty at school? _____

If yes, detail: _

Does student have a juvenile or arrest record? _____

If yes, explain: _____

Has student ever used tobacco or nonprescription drugs? ____

If yes, explain: _____

Please indicate academic level of student's previous work:

Excellent Good Average Poor

Has student ever failed an academic subject in school? _____

If yes, explain: _____

GENERAL INFORMATION

How did you hear about this school? _____

Reason for selecting this school _____

PARENTAL AGREEMENT

I understand that the school program is an integral part of child training of which I am expected to support.

I hereby commit to assume my Scriptural responsibility for financial support of the school. I understand failure to meet this obligation will result in my child being dismissed from Calvary Baptist Academy.

I understand that my child may be taking part in school activities, including P.E. and sponsored trips away from the educational facility, and I absolve the school from liability to me or my child because of injury to my child at properly supervised school activities.

I agree to uphold the high academic standards of the school by providing a place at home for my child to study and be encouraging my child in the completion of any homework or assignments.

I appreciate the standards of the school and will not tolerate profanity, obscenity in work or action, dishonor to the Godhead or the Word of God, or disrespect to the staff of the school. I hereby agree to support the dress code and other administrative or classroom guidelines. I also authorize the school to employ discipline as it deems wise and expedient for the training of my child.

I understand that the school reserves the right, after a parental conference, to dismiss any child who fails to comply with established regulations and discipline or whose parents do not assume their responsibilities to the school.

Signature of Father

Signature of Mother

Date

Date