

Calvary Christian Academy

Admissions Application

because ...



**... it's easier to build a boy,
than to mend a man.**

*Train up a child in the way he should go;
And when he is old, he will not depart from it.
Proverbs 22:6*

**Calvary Christian Academy
14517 McMullen Highway
P.O. Box 5154
Cresaptown, Maryland 21505**

**PHONE: (301) 729-0791
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WEB: cca.allconet.org
3.11.08**

CALVARY CHRISTIAN ACADEMY
APPLICATION FOR SCHOOL YEAR 2008-2009

Please fill in each area. Applications with incomplete information will be returned.

STUDENT INFORMATION

GRADE ENTERING _____

Last name _____ First name _____ Middle name _____

Address _____ Phone # _____

City _____ State _____ Zip _____

Sex (circle) **M** **F** Birthdate _____ Current age _____

SPIRITUAL INFORMATION

Has the child accepted Christ as personal Savior? _____ If so, when? _____

Church Name _____ Attend regularly? _____ Member? _____

STUDENT ACADEMIC INFORMATION

List all schools the student has attended, including nursery school and kindergarten.

<u>Dates</u>	<u>Grade(s)</u>	<u>School Name</u>	<u>Address</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FAMILY INFORMATION

Custody must be answered below.

Father's Name _____ **Marital Status** _____ **Custody?** ___ YES ___ NO

Address (if different from student) _____ Phone _____

Occupation _____ Employer _____

Work Phone _____ Education: High School ___ College _____

Are you a Christian? _____ On what do you base your answer? _____

Church name _____ Member? _____ Regular attendee? _____

Custody must be answered below.

Mother's Name _____ **Marital Status** _____ **Custody?** ___ YES ___ NO

Address (if different from student) _____ Phone _____

Occupation _____ Employer _____

Work Phone _____ Education: High school ___ College _____

Are you a Christian? _____ On what do you base your answer? _____

Church name _____ Member? _____ Regular attendee? _____

Other (Guardian, Step Parent, etc.) Please specify relationship: _____

Custody must be answered below.

Name _____ **Marital Status** _____ **Custody?** ___ YES ___ NO

Address (if different from student) _____ Phone _____

Occupation _____ Employer _____

Work Phone _____ Education: High school ___ College _____

Are you a Christian? _____ On what do you base your answer? _____

Church name _____ Member? _____ Regular attendee? _____

Why do you desire to enroll your child in Calvary Christian Academy? _____

How did you learn of Calvary Christian Academy? _____

STUDENT HEALTH INFORMATION

Please answer all questions thoroughly. The school's ability to meet the physical needs of each child is considered during the admissions process.

General health of the child: () Excellent () Good () Fair () Poor

Describe any physical disabilities your child may have (heart, hearing, speech impediment, glasses, major illnesses in the past year) and any unusual circumstances in your child's life (adoption, invalidism of either parent, current bad habits, etc.).

Does your child take medication on a regular basis? _____ If yes, list the medication name(s) and the reason(s) for taking the medication(s).

Will the medication(s) need to be given during school hours? _____
If yes, a Physician's Authorization form will be needed as required by Maryland law.

Further health information will be required after acceptance, at the time of registration.

FOR APPLICANTS IN GRADES 1 - 12

Scholastic grades () Superior () Above Average () Average () Below Average () Failed

Has your child ever been suspended? _____ Expelled? _____ Retained? _____

Has your child ever used tobacco, drugs, or alcohol in any way? _____

Is your child doing so at the present time? _____

Has your child had any serious discipline problems? _____

If you answered yes to any of the above questions, please explain in detail:

Does your child desire to be enrolled in Calvary Christian Academy? _____ Please explain the answer:

SIBLINGS

List any other children in the family

Name	Birthdate	School Attending
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_____	_____	_____
_____	_____	_____
_____	_____	_____

If your child is accepted to Calvary Christian Academy, you will be required to provide additional health information, proof of immunizations, emergency contact information, and transportation information at the time of registration. Divorced or separated parents will be required to show proof of custody. Students cannot be enrolled in the academy without the required information.

CONTRACTUAL AGREEMENT AND STATEMENT OF COOPERATION *BETWEEN*
CALVARY CHRISTIAN ACADEMY AND THE PARENT(S) OR GUARDIAN
AND THE STUDENT (GRADES 7-12)
FOR THE SCHOOL YEAR **2008-2009**

1. We/I understand that Calvary Christian Academy accepts all students on a trial basis only, and reserves the right to separate from the school any student who cannot maintain the academic standards and/or behavioral expectations of the school.
2. We/I grant to the administration of Calvary Christian Academy full authority and discretion in the discipline of our/my child. Discipline measures would include, but are not limited to, the issuing of tallies and/or demerits, suspension, and expulsion from the school program. We/I understand that detention halls may be used for various offenses and transportation afterwards will be fully our/my responsibility. We/I understand we/I will be notified by Calvary Christian Academy and will sign a note before each detention. We/I agree to our/my child abiding by the discipline and dress code policies and procedures. Furthermore, we/I fully understand and agree to the policy that in-school or out-of-school use of drugs and/or alcohol and/or sexual immorality will result in the minimum number of demerits required for expulsion. We/I understand that even a one time violation of this rule could result in the expulsion of our/my child from the academy.
3. In making application for our/my child, it is our/my desire to have him/her attend the **2008-2009** school year. We/I give permission for our/my child to take part in all school activities, including sports and school-sponsored trips away from the school premises, and absolve the school from liability to us/me for our/my child because of any injury to our/my child at school or during any school activity. In case of accident or serious illness, we/I request the school to contact us/me. If Calvary Christian Academy is unable to contact us/me or our/my physician or if the circumstances indicate immediate action is required, the school may make whatever arrangements in its judgment as required. We/I authorize CCA to release my child(s) medical information to the faculty/staff on a "need" to know basis, and to the physician(s) I have listed on this form.
4. We/I sincerely pledge our/my loyalty to the aims and ideals of the school and will bring all questions and concerns directly to the administration so that they may be properly considered. Calvary Christian Academy's educational mission involves working with the home in the overall Christian education of students. On occasion this cooperation between the school and home may become difficult. To avoid such situations, the school requires parents enrolling their children or to maintain enrollment to affirmatively support and cooperate with the school. As a parent: I/we agree to support the school with my/our prayers and with a positive attitude. Complaints or negative comments will be shared only with the teacher, administrator, or person involved and not with my/our child or other people, following the Matthew 18 principle. I/We understand that if at any time the school determines, in its sole discretion, that my/our actions do not support the ministry, or reflect a lack a cooperation and commitment to the home and school working together, the school has the right to request a withdrawal of my/our child(ren).
5. We/I accept full responsibility for the financial requirements for our/my child(ren) to attend CCA. We/I understand that any payment not paid by the 20th of the month will be charged a \$20.00 late fee. If tuition payments become one month delinquent, the student or students involved may be dropped from enrollment in the academy. We/I understand that refunds are only available under the following conditions: Unused tuition will be refunded. Tuition will be prorated on a daily basis and the refund will be assigned according to the number of days elapsed.

Signature of Parent(s) _____ **Date** _____
_____ **Date** _____

Signature of Student(s) (required beginning at grade 7)

_____ **Date** _____
_____ **Date** _____