



# CALVARY BAPTIST Christian School

Isaiah 40:31

## Application Form

*To Parents & Guardians:*

Admission into Calvary Baptist Christian School is not a right but a privilege. Every family who enrolls will need to schedule an interview with the administration prior to acceptance. The handbook must be completely read by the parent and the child so that everyone understands the requirements.

Student's full name: \_\_\_\_\_  
Last First Middle

Boy: \_\_\_\_\_ Girl: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
MO DY YR City State

Grade applying for: \_\_\_\_\_ in \_\_\_\_\_ year

Present address: \_\_\_\_\_  
Street City State Zip

Social Security number: \_\_\_\_\_

Mother's full name: \_\_\_\_\_  
Last First Middle

Present address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security number of mother: \_\_\_\_\_

Father's full name: \_\_\_\_\_  
Last First Middle

Present address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security number of father: \_\_\_\_\_

Marital Status: \_\_\_\_\_

School last attended: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

School Phone: \_\_\_\_\_

Was your student expelled from their last school? \_\_\_\_\_

Is it likely that the student will attend our school for a full year? \_\_\_\_\_ Reason for changing schools: \_\_\_\_\_

Has your child failed any grades? \_\_\_\_\_

What is your child's current grade average? \_\_\_\_\_ **Please attach last report card to this application.**

***FAMILY INFORMATION:***

Employment of Father or Guardian:

\_\_\_\_\_  
Company Position Work Number

Employment of Mother or Guardian:

\_\_\_\_\_  
Company Position Work Number

Mother's Occupation before marriage: \_\_\_\_\_

Other children under 18 years of age living with the family:

| Name | Birth Date | School Attending |
|------|------------|------------------|
|      |            |                  |
|      |            |                  |
|      |            |                  |
|      |            |                  |

Other adults living in the home: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Family attends what church? \_\_\_\_\_ Name of Pastor: \_\_\_\_\_

Address of church: \_\_\_\_\_  
Street City State Zip

Does the student understand the plan of salvation? \_\_\_\_\_ Is student born again? \_\_\_\_\_

# Family Information

\* \* \* \* \*

## The Student School Agreement

As a Christian, Calvary Baptist Christian School is committed to the teachings of the Bible, and we are persuaded that there should be a direct relationship between what a Christian student believes and how she or he behaves. I also recognize it is impossible to create a school community with behavioral standards that are acceptable to every student. These rules are intended to help our student life and are not necessarily regarded as absolutes for all Christians.

I will cheerfully obey the rules in attitude and action of Calvary Baptist Christian School. I will seek to behave as a Christian towards the teachers, the administration, and other students. In my private life, I will refrain from watching vulgar and immoral television programs, videos, and DVD's. I will not discuss unchristian entertainment at school or sing improper music while at school.

I will avoid the gang look, any extreme hairstyle or clothing which is deemed inappropriate. As a young man, I will not wear earrings or get tattoos or body piercings when enrolled in Calvary Baptist Christian School. As a young lady, I will not get tattoos or body piercings when enrolled in Calvary Baptist Christian School

I will not participate in or use alcohol, drugs, cigarettes or forms thereof, nor attend movie theaters or other questionable activities.

If at anytime, I cannot consciously follow the expectations of the school, I will withdraw from its enrollment.

---

Signature of Pupil

---

Date

---

Parent's Signature

# HEALTH RECORD

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Sex: \_\_\_\_\_  
Parent or Guardian: \_\_\_\_\_ Telephone: \_\_\_\_\_  
In an emergency, notify: \_\_\_\_\_ Telephone: \_\_\_\_\_

## Personal History

IMMUNIZATIONS – The school **MUST** have a copy of the immunization record for our file. This is required by state law.

| Disease                  | Yes | No | Month/Year |
|--------------------------|-----|----|------------|
| Chicken Pox              |     |    |            |
| German Measles (Rubella) |     |    |            |
| Measles (Rubeola)        |     |    |            |
| Mumps                    |     |    |            |
| Rheumatic Fever          |     |    |            |
| Scarlet Fever            |     |    |            |
| Whooping Cough           |     |    |            |

Any other diseases, please specify: \_\_\_\_\_

Operations: \_\_\_\_\_

Serious Accidents – please specify: \_\_\_\_\_

Does your child suffer from ...

- \_\_\_\_\_ Allergy  
\_\_\_\_\_ Allergy to medicine (specify: \_\_\_\_\_)  
\_\_\_\_\_ Hayfever  
\_\_\_\_\_ Asthma  
\_\_\_\_\_ Epilepsy  
\_\_\_\_\_ Tonsillitis  
\_\_\_\_\_ Other: \_\_\_\_\_

## Family History

Give state of health or cause of death for:

Mother: \_\_\_\_\_ Sisters: \_\_\_\_\_  
Father: \_\_\_\_\_ Brothers: \_\_\_\_\_

Sickness in home: (Describe)

---

---

---

---

---

# Calvary Baptist Christian School

In case of serious illness or injury at school, and you cannot be reached, may we call ...

1. Your family physician? \_\_\_\_\_  
Doctor's full name Phone Number
2. If he is unavailable, another physician? \_\_\_\_\_  
Doctor's full name Phone Number
3. Who will assume responsibility for payment of physician's or hospital care?  
\_\_\_\_\_

\* \* \* \* \*

In case of minor headache or discomfort, do we have your permission to give:

\_\_\_\_\_  
Student's Name

- \_\_\_\_\_ Tylenol (Amount: \_\_\_\_\_)
- \_\_\_\_\_ Tylenol Junior (Amount: \_\_\_\_\_)
- \_\_\_\_\_ Children's Tylenol (Amount: \_\_\_\_\_)
- \_\_\_\_\_ No Tylenol

\* \* \* \* \*

Your signature below indicates your permission for \_\_\_\_\_  
Student's Name  
to go on supervised field trips.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

# Social – Emotional Development

1. How does he/she behave in new situations? \_\_\_\_\_
2. Would you consider your child shy or outgoing? \_\_\_\_\_
3. What comforts him/her? \_\_\_\_\_
4. Are there other siblings in the home? \_\_\_\_\_ Outside the home? \_\_\_\_\_
5. What is their study environment like? Briefly describe. \_\_\_\_\_  
\_\_\_\_\_
6. Has he or she ever been in trouble with the law? \_\_\_\_\_  
If yes, please explain \_\_\_\_\_
7. Are there other children in the neighborhood with whom he/she plays? \_\_\_\_\_ What ages? \_\_\_\_\_
8. What relatives visit frequently in the home? \_\_\_\_\_
9. Does he/she have any disturbing habits? \_\_\_\_\_
10. Has he/she been in your home since birth? \_\_\_\_\_
11. Approximately how much television does he/she watch per week? \_\_\_\_\_
12. What are his/her favorite television shows? \_\_\_\_\_
13. Does he/she play video games? \_\_\_\_\_ Approximately how many hours per week? \_\_\_\_\_
14. Are there pets in the home? \_\_\_\_\_
15. Does your child read for pleasure? \_\_\_\_\_ How many books a year does he/she read on their own? \_\_\_\_\_
16. How well does he/she get along with others? \_\_\_\_\_
17. Does he/she go to church willingly? \_\_\_\_\_ How many times a week does he/she attend? \_\_\_\_\_
18. How does he/she deal with disagreements with peers? \_\_\_\_\_
19. How does he/she deal with disagreements with adults? \_\_\_\_\_
20. Please give any additional information which would be helpful in providing for your child's adjustment to group life. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_