

For office use only

App Fee _____ CK# _____

Date Rec'd _____

Notes _____

Interviewed by _____



CALVARY CHAPEL CHRISTIAN SCHOOL
2021/2022 SCHOOL YEAR
KINDERGARTEN/K4 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 reference.
3. Student's birth certificate and shot record **must accompany** application.
4. **Application Fee - \$50 per student is collected with the application.**

Student Data

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

Please specify: K4 Only: ___ 1/2 Day ___ Full Day

Student Name: _____

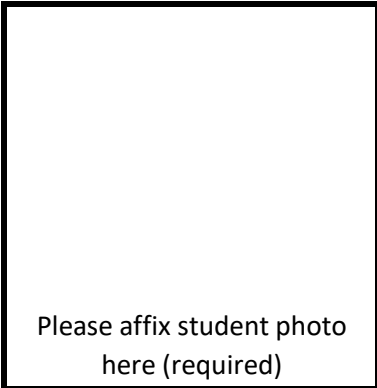
Address: _____

City & Zip: _____

Home Phone: () _____

Email: _____

Date of Birth: _____ Male Female



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

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): _____

List the ways in which you participate in the ministry of the church: _____

Do you attend another church? _____ If so, what church? _____

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

Name

Phone

Please list the ways in which you participate in the ministry of your church, if other than Calvary Chapel of Tucson:

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

The signatures of both parents are requested when 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- birth certificate and immunization record.

Date: _____

Parent's Signature (signature required)

Date: _____

Parent's Signature