

For office use only

App Fee _____ CK# _____

Date Rec'd _____

Notes _____

Interviewed by _____



CALVARY CHAPEL CHRISTIAN SCHOOL
2019/2020 SCHOOL YEAR
6th-8th GRADE APPLICATION

1. Please write clearly. Please be as thorough as possible. Incomplete applications will not be given serious consideration.
2. All applicants **must attach** a copy of their most current report card.
3. All applicants **must attach** their most recent Standardized Testing scores (i.e. SAT10 or TerraNova)
4. All middle school student applicants **must attach** their testimony.
5. Return completed application to the CCCS office. Please keep the information sheet for your reference.
6. **Application Fee - \$50 per student is collected with the application.**

Student Data

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

Student Name: _____

Address: _____

City & Zip: _____

Home Phone: () _____

Date of Birth: _____ Male Female



Grade Presently enrolled In	School Presently Attending & City	School Phone Number

<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? _____

Why would you like your child to attend Calvary Chapel Middle School? _____

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-most recent report card, testing scores, and student testimony.

Date: _____

Parent's Signature (signature required)

Date: _____

Parent's Signature