

**CALVARY CHRISTIAN SCHOOL
STUDENT APPLICATION**

7556 Old Moon Road • Columbus, Georgia 31909 • (706) 323-0467
www.calvaryknights.com

**ALL FEES ARE
NON-REFUNDABLE
AND NON-TRANSFERABLE**

Date _____ Grade Applying For _____

Child's Name _____
(please circle name child is to be called)

Sex _____ Age _____ Birthdate _____

Address _____ City _____ State _____ Zip Code _____

Home Phone Number _____ Social Security Number _____

Has student repeated any grade? _____ Yes _____ No If yes, what grade? _____

Father's Name _____ E-mail Address _____

Address if different from above:

Street _____ City _____ State _____ Zip Code _____

Employer _____ Work # _____

Occupation _____ Cell # _____

Mother's Name _____ E-mail Address _____

Address if different from above:

Street _____ City _____ State _____ Zip Code _____

Employer _____ Work # _____

Occupation _____ Cell # _____

Church now attending _____ Active _____ Inactive _____

Church Membership: Student ___ Yes ___ No Mother ___ Yes ___ No Father ___ Yes ___ No

Pastor's name _____ Phone (_____) _____

Parent or guardian with whom child lives _____

How did you hear about Calvary Christian School? _____

Other children in family:

Name	Age	Entering Grade	School

GRANDPARENTS

Maternal: Full Name _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

Paternal: Full Name _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

CURRENT SCHOOL

Grade _____ Name of School _____ Headmaster/Principal _____

Address _____ City _____ State _____ Zip Code _____

Telephone _____ In Attendance Since _____ (date)

Are there any problem areas or weaknesses at your child's current school? _____ Yes _____ No

What are they? _____

CONDUCT

Has the applicant ever been suspended or expelled from a school? _____ Yes _____ No

Is there disciplinary action at the student's current/previous school that has not been resolved? _____ Yes _____ No

Has the applicant had any previous discipline problems in school? _____ Yes _____ No
(If yes, please attach explanation.)

Will the applicant be allowed to re-enroll in the current school? _____ Yes _____ No

If no, please explain. _____

Has the applicant had any encounters with law enforcement or juvenile authorities? _____ Yes _____ No

If yes, please explain. _____

COUNSELING/TESTING

Has the applicant ever undergone an educational evaluation administered by a clinical psychologist, psychiatrist, or counselor? _____ Yes _____ No Date _____

Has the applicant ever undergone any psychological counseling? _____ Yes _____ No

Has the applicant ever been in any inpatient treatment program? _____ Yes _____ No

Has any attention - enhancing medication ever been prescribed for the applicant? _____ Yes _____ No

Medication Name _____ Dosage _____ Frequency _____

EMERGENCY INFORMATION

Responsible adult to contact if parents can't be reached

Name _____ Phone _____

The information contained in this application is complete and accurate.

Date _____ Signed _____
Father / Guardian

Date _____ Signed _____
Mother / Guardian