

CALVARY BAPTIST ACADEMY
APPLICATION FOR ADMISSION ~ for Non-CBC Members

This application does not assure enrollment but provides necessary information upon which a decision will be based. The registration fee must be paid with this application and is not refundable unless your child is refused admission.

STUDENT INFORMATION:

Full Name _____ Sex M F Age _____
Last First Middle

Present Address _____
Street City State Zip

DOB _____ Place of Birth _____ S.S.# _____ Phone _____
(Needed for transcript/trips, etc.)

Church where you are a member _____

Pastor's Name _____ Church Phone # _____

Last School Attended _____ Address _____

Last Grade which the applicant satisfactorily completed _____

Has the child had any disciplinary difficulty in school? _____ If yes, please explain. _____

Any unusual factors in the child's life? (Absence of a father, or mother, serious illness of child or parents, adoption, etc.) _____

FAMILY INFORMATION: *E-MAIL ADDRESS (Home)* _____
E-MAIL ADDRESS (Work) _____

Name	Address	Marital Status	Living	Born Again
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Father _____

Mother _____

Guardian _____

Employment of father _____
Company occupation work phone

Employment of mother _____
Company occupation work phone

Education of father High School _____ years in College _____ years in Graduate School
 High School _____ years in College _____ years in Graduate School

EMERGENCY INFORMATION: If your child should need emergency medical care, we should contact:

Doctor _____ Address _____ Phone _____

Other than your home or work, whom should we contact in case of an emergency?

Name _____ Address _____ Phone _____

Parent/Guardian