

Date of Application_____

CALVARY CHRISTIAN SCHOOL
1140 Rush Avenue * Bellefontaine, OH 43311
(937) 599-6847

Email – ccs@calvarybellefontaine.org
APPLICATION FOR STUDENT ADMISSION

This application does not assure acceptance but provides information upon which a decision will be based. The registration fee of \$100.00 must accompany the completed application and is non-refundable. Calvary Christian School admits students of any race, color, nationality, or ethnic origin so long as they meet the entrance requirements set by the school board.

NAME IN FULL _____ SEX _____
Last First Middle

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE _____ SOC.SEC.# _____ AGE _____ DOB _____

PLACE OF BIRTH _____ GRADE FOR WHICH ADMISSION IS BEING SOUGHT _____

Email address _____

WHEN WOULD YOU LIKE STUDENT TO BEGIN ATTENDING C.C.S? _____

LAST SCHOOL ATTENDED _____ ADDRESS _____ PHONE _____

IF STUDENT HAS BEEN RETAINED, STATE IN WHICH GRADE(S) _____

SCHOLASTIC AVERAGE OF STUDENT (CIRCLE ONE) A/B C D/F HAS STUDENT HAD ANY DISCIPLINARY PROBLEMS IN SCHOOL? _____ IF SO, STATE BRIEFLY _____

ANY AREAS OF DISABILITY? _____ IF SO, STATE THEM _____

STATE ANY UNUSUAL FACTORS IN STUDENT'S LIFE (Absence of father or mother, serious illness, grandparents or other relatives in the home, etc.) _____

CHURCH ATTENDANCE	Regularly	Occasionally	Seldom
SUNDAY SCHOOL	[]	[]	[]
MORNING WORSHIP	[]	[]	[]

NAME OF CHURCH ATTENDED: _____ ADDRESS _____

PASTOR'S NAME _____ PHONE _____

INFORMATION CONCERNING THE FAMILY

FATHER'S
NAME _____ OCCUPATION _____

PLACE OF EMPLOYMENT _____ WORK PHONE NUMBER _____

EDUCATION: COMPLETED HIGH SCHOOL? _____ YRS. OF COLLEGE _____

HAS FATHER PERSONALLY ACCEPTED CHRIST AS HIS SAVIOUR? _____ WHEN? _____

CHURCH PRESENTLY ATTENDED _____ MEMBER? _____

PRESENT MARITAL STATUS: MARRIED WIDOWED DIVORCED SEPARATED

MOTHER'S NAME _____ OCCUPATION _____

PLACE OF EMPLOYMENT _____ WORK PHONE NUMBER _____

EDUCATION: COMPLETED HIGH SCHOOL? _____ YRS OF COLLEGE _____

HAS MOTHER PERSONALLY ACCEPTED CHRIST AS HER SAVIOUR? _____ WHEN? _____

CHURCH PRESENTLY ATTENDED _____ MEMBER _____

PRESENT MARITAL STATUS: MARRIED WIDOWED DIVORCED SEPARATED

BROTHERS & SISTERS:

NAME _____ AGE _____

NAME _____ AGE _____

NAME _____ AGE _____

WHY DO YOU WISH TO ENROLL YOUR CHILD IN CALVARY CHRISTIAN SCHOOL? _____

WHO REFERRED YOU TO CALVARY CHRISTIAN SCHOOL? _____

DO YOU ANTICIPATE ANY DIFFICULTY IN MEETING YOUR FINANCIAL OBLIGATIONS TO OUR SCHOOL? _____

MEDICAL RECORD
 Calvary Christian School
 Bellefontaine, OH 43311

I. Name _____ Sex _____ Date of Birth _____
 Father _____ Mother _____ Guardian _____
 Occupation(s) _____ Family Physician _____

II. **FAMILY HISTORY:**
 Serious illnesses in the family (indicate member);
 Diabetes _____ Epilepsy _____ Rheumatic Fever _____ Heart _____
 Cancer _____ Mental Illness (type) _____ Tuberculosis _____
 Speech, Hearing, or Visual Handicaps _____

III. **IMMUNIZATIONS**

	Date	Date	Date	Date
DPT	_____	_____	_____	_____
Tetanus	_____	_____	_____	_____
Polio Sabin (Tri)	_____	_____	_____	_____
Rubeola (10 day/old fashioned measles)	_____	_____	_____	_____
Rubella (German 3 day measles)	_____	_____	_____	_____
Mumps	_____	_____	_____	_____
Tuberculin (Tine)	_____	_____	_____	_____
Other _____	_____	_____	_____	_____

IV. **PUPIL'S DISEASE & ILLNESS HISTORY:**

Chicken Pox _____	Streptococcus _____	Tuberculosis _____
Whooping cough _____	Sore Throat _____	Poliomyelitis _____
Rubeola _____	Diphtheria _____	Meningitis-type _____
Rubella _____	Rheumatic Fever _____	Kidney Infection _____
Mumps _____	Tonsillitis _____	Heart Disease _____
Scarlet Fever _____	Pneumonia _____	Diabetes _____
On Insulin _____	Arthritis-type _____	Other _____

Epilepsy/convulsions-type (explain) _____
 Menstrual History _____
 Any known physical handicaps? _____ (explain) _____
 Other illnesses (types & dates) _____
 Frequent colds/sore throats/earaches (explain) _____
 Allergies/Asthma/hay Fever (explain) _____
 Injuries or operations (types & dates) _____
 Hospitalizations (reasons & dates) _____
 Has the student had difficulty with his/her hearing? Yes _____ No _____
 Does the student have a good appetite? Yes _____ No _____
 Has the student had heart trouble? Yes _____ No _____ If so, please explain: _____
 Is there any reason why the student should not take regular physical education? Yes _____ No _____
 If so, please explain: _____
 Date _____ Signature of Parent/Guardian _____

IF YOUR CHILD SHOULD NEED EMERGENCY MEDICAL CARE, CONTACT:

DOCTOR _____ PHONE _____

DENTIST _____ PHONE _____

Your completed application form should be mailed or delivered to the school office. The \$100.00 application fee must accompany the application. You will be contacted regarding a personal interview after your application has been received.

OPTIONAL:

If your child is accepted to attend Calvary Christian School, please check the following areas that you are willing to serve as a volunteer.

- | | | |
|--|---|--|
| <input type="checkbox"/> Classroom aide | <input type="checkbox"/> Office help | <input type="checkbox"/> Chaperone Field Trip |
| <input type="checkbox"/> Art Instruction | <input type="checkbox"/> School library | <input type="checkbox"/> Assist/School plays |
| <input type="checkbox"/> Tutorial Assistance | <input type="checkbox"/> School lunchroom | <input type="checkbox"/> Room Parent |
| <input type="checkbox"/> Phys. Ed. Instruction | <input type="checkbox"/> Recess Supervision | <input type="checkbox"/> School promotion at your church |