



CALVARY
CHRISTIAN SCHOOL

3639 S. Keystone Ave
Indianapolis, IN 46227
p: 317-789-8710 f: 317-789-8718
Go2CCS.org

New Student Application

Student Information

Student's Full Legal Name _____ Preferred Name _____

Name of adult with whom student lives _____ Relationship to student _____

Student's Home Address _____ City _____ State _____ Zip _____

Township _____ Student's Home Phone Number _____ Primary Family E-mail Address _____
Yes/No _____

Date of Birth _____ Birthplace _____ US Citizen _____ Age _____ Sex _____

Grade entering _____ For Semester Beginning (month/year) _____ State Assigned Testing Number _____

Parents of this student are: Married Separated Divorced Single Parent Mother Remarried Father Remarried Other: _____

The primary language spoken in the home: English Spanish Other: _____

Ethnic Origin: American Indian Black Asian or Pacific Islander Hispanic White Multiracial

Payment Interest: State Voucher Scholarship Monthly Payment Pay in Full

Calvary Christian School admits students of any race, color, nationality, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at CCS. We do not discriminate on the basis of race, color, nationality, or ethnic origin in the administration of its educational policies, scholarship and discount programs, or athletic and other school administered programs. We ask this information for reporting purposes only.

Family Information

Father/Guardian (please circle)

Name _____

If Guardian, Relationship to Student _____

Home Address (if different from Student's) _____

Employer _____

Cell Phone Number _____ Work Phone Number _____ Ext. _____

Email Address _____

Church Denomination _____

Church Congregation Name _____

Stepmother's Name (if applicable) _____ Contact Number _____

Mother/Guardian (please circle)

Name _____

If Guardian, Relationship to Student _____

Home Address (if different from Student's) _____

Employer _____

Cell Phone Number _____ Work Phone Number _____ Ext. _____

Email Address _____

Church Denomination _____

Church Congregation Name _____

Stepfather's Name (if applicable) _____ Contact Number _____

Additional Family Information

Brother(s) and/or Sister(s) Names	Age	Grade	School Attending

Purpose of Enrollment

Why are you considering Calvary Christian School? _____

Please rank from 1-5 the following reasons for enrollment, #1 being the most important.

Christian Emphasis Quality Academics Safety Location Other: _____

How did you hear about Calvary Christian School?

Home church Family or Friend Website Sign Other: _____

If you heard about us from a family member or a friend, what is the name of your family member or friend: _____

Previous Academic Information

School	Address	Dates attended	Grade completed
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School	Address	Dates attended	Grade completed
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Please answer YES or NO to the following questions:

Has student been placed in a talented or gifted program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Received honors and/or rewards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been retained in a grade?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Been recommended for tutoring?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been recommended for academic or psychological testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Received an IEP or a 504 Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been placed in a special education program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Struggled with mental or emotional issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Not passed ISTEP or GQE testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Experienced learning difficulties in Math?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Experienced discipline problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Experienced learning difficulties in Reading?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been tested or diagnosed with ADD/ADHD	<input type="checkbox"/> Yes <input type="checkbox"/> No	Experienced learning difficulties in any other subject?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Experimented with drugs, alcohol, or tobacco?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Been in any type of trouble with legal authorities?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide details on any of the above questions that were answered YES (you may attach a separate sheet if necessary):

Please describe this student's educational strengths: _____

Please describe this student's educational weaknesses: _____

Please describe any interests, talents, and abilities that this student has: _____

Family Enrollment Agreement

- If accepted, I/we agree that I/we will read and follow the school rules included in the Policy Manual of Calvary Christian School.
- I/We agree that I/we will take an active role in my child's education, including supporting my child's teachers, assuring that my child arrives to school on time, encouraging my child to complete all homework and classroom assignments in a timely manner, and allowing my child to participate in school activities such as fieldtrips and other school functions.
- I/We agree that should I/we have a concern of any kind regarding Calvary Christian School and any associated party, that I/we will go through the proper channels to resolve the matter.
- I/We agree to cooperate with school staff regarding discipline of my/our child.
- I/We understand that all new students, including my/our own, are required to take an entrance placement test and will be on a 30-day probation period to determine if Calvary Christian School is the right fit for my/our child.
- I/We agree that weekly parent and child church attendance, Bible study, and prayer are necessary components to a spiritual healthy life, and will assure that my family strives for these components.

Father/Guardian Signature	Mother/Guardian Signature	Date
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Responsible Party for Bill

I agree to pay all tuition payments, before and after school care charges, and any other fee in a timely manner. If applicable, I will also pay for my child's lunches in a timely manner.

Individual Responsible for Bill (please print name)	Signature	Relationship to Student
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Street Address	City	State	Zip
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For Office Use Only: Accepted _____ Acceptance letter sent _____

Date of tour: _____ Date of receipt of application and fee: _____ Check #: _____

Documents received: Complete Transcripts Immunization record Birth Certificate IEP/504 FACTS Contract See Paperwork Form