



**Calvary Christian Academy**  
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[www.calvarychristianacad.org](http://www.calvarychristianacad.org)

“A comprehensive learning experience with Christian Education”

Mr. Bernard Perry, Principal • Mrs. E. Owens-Belcher, Vice Principal • Mr. Michael Owens, Dean

## 2015 – 2016 STUDENT APPLICATION (Elementary/Middle School)

Please fill in the following completely and accurately, writing “none” in the spaces that do not apply.

Name of Child: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip Code Telephone Number

Boy \_\_\_\_\_ Girl \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Child's current grade \_\_\_\_\_ Grade entering 2015 - 2016 School Year \_\_\_\_\_

**All students must be 5 years old by December 31, 2015. ALL STUDENTS ARE ACCEPTED ON A FIRST COME FIRST SERVE BASIS.**

Last school attended and Address \_\_\_\_\_

How often has child changed schools? \_\_\_\_\_ What grade levels? \_\_\_\_\_

Any unusual factors in the child's life? (Absence of father or mother, invalidism of either, in-laws or grandparents in home, unusual accidents or serious illness, adoption)

Comments: \_\_\_\_\_

Name, age, and grade of other brothers and sisters

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Who referred you to CCA? \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_

Phone No. \_\_\_\_\_ Cell No. \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_

Phone No. \_\_\_\_\_ Cell No. \_\_\_\_\_

Address: \_\_\_\_\_

Father's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Home # \_\_\_\_\_

Cell # \_\_\_\_\_

Work # \_\_\_\_\_

Email address \_\_\_\_\_

Mother's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Home # \_\_\_\_\_

Cell # \_\_\_\_\_

Work # \_\_\_\_\_

Email address \_\_\_\_\_

Please check any/all that apply:

Married  Separated  Divorced  Single

Please check any/all that apply:

Married  Separated  Divorced  Single

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Date

\_\_\_\_\_  
Court Appointed/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved By

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Extended Hours AM / PM / AM-PM

Grade to Enter \_\_\_\_\_

Date Started \_\_\_\_\_

Date Appl Rec'd \_\_\_\_\_

Parent Signatures \_\_\_\_\_

Registration Fee Pd \_\_\_\_\_

Release Form Signed \_\_\_\_\_

8<sup>th</sup> Grade Graduation Fee Pd \_\_\_\_\_

Immunization Record \_\_\_\_\_

Emergency Data Card \_\_\_\_\_

Teacher Info Card Rec'd \_\_\_\_\_

Date Tested \_\_\_\_\_

B/A Care Appl \_\_\_\_\_

Calendar Rec'd \_\_\_\_\_

Financial Agreement \_\_\_\_\_

Withdrawal Date \_\_\_\_\_

Transfer Date \_\_\_\_\_

Book Fee Pd \_\_\_\_\_