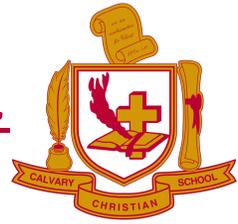


# CALVARY CHRISTIAN SCHOOL, INC.

1611 North Washington • Forrest City, AR 72335 • (870) 633-5333



## STUDENT APPLICATION

Student's Name: \_\_\_\_\_ Sex: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Grade Entering: \_\_\_\_\_ Date Entering: \_\_\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

School currently/last attended (New Students): \_\_\_\_\_  
Grade Average (New Students): \_\_\_\_\_  
Ever suspended or expelled? (New Students) \_\_\_\_\_  
Previously enrolled at CCS? (New Students) \_\_\_\_\_

### Father/Guardian Information

Full Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Church: \_\_\_\_\_  
Member? \_\_\_\_\_ Attend Regularly? \_\_\_\_\_  
Pastor: \_\_\_\_\_

### Mother/Guardian Information

Full Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Church: \_\_\_\_\_  
Member? \_\_\_\_\_ Attend Regularly? \_\_\_\_\_  
Pastor: \_\_\_\_\_

Does the student attend church regularly? \_\_\_\_\_ Spiritual Status: \_\_\_\_\_

Check if applicable: \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widower/Widow \_\_\_\_\_ Re-married

**FOR EMERGENCIES: Family Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Who to call if neither parent can be reached?** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Any special medical information? \_\_\_\_\_  
\_\_\_\_\_

Why do you wish to enroll your child in Calvary Christian School? \_\_\_\_\_  
\_\_\_\_\_

We agree to abide by all school regulations, uphold the authority of the teachers, authorize the school to administer appropriate disciplinary measures as deemed necessary by the administration, and agree to the timely payment of tuition in accordance with the school's tuition policy.

Father/Guardian Signature: \_\_\_\_\_ Mother/Guardian Signature: \_\_\_\_\_

**FOR OFFICE USE ONLY:**      **Date Received:** \_\_\_\_\_