



Calvary Christian School  
1611 North Washington Street  
Forrest City, AR 72335

(870) 633-5333 (Elem. Campus); (870) 633-7986 (High School Campus)

### RETURNING STUDENT APPLICATION

Date: \_\_\_\_\_

Grade Entering: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parents/Guardian: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

FOR OFFICE USE ONLY	
Date Received:	_____
Reg. Fee Paid:	_____
Check/Receipt #:	_____
Interview:	_____
Accepted:	_____

#### Father's Information

Full Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Church: \_\_\_\_\_

Member? \_\_\_\_\_ Attend Regularly? \_\_\_\_\_

Pastor: \_\_\_\_\_

#### Mother's 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 desire to send your student to Calvary Christian School? \_\_\_\_\_

We agree to abide by all school regulations, upholding the authority of the teachers and authorizing the school to administer such disciplinary measures deemed necessary and proper by the administration; to have our student trained in accordance with the CCS Statement of Faith (over); and to the timely payment of tuition in accordance with the school's tuition policy.

Father's Signature: \_\_\_\_\_ Mother's Signature: \_\_\_\_\_

**The non-refundable Registration Fee MUST accompany this application.**