



**Parent Not Living With the Child**

Father/Mother Name: \_\_\_\_\_

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

Contact Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Additional information about custody? \_\_\_\_\_  
\_\_\_\_\_

**Emergency Number's:** (Other than Parent's; must have at least 2)

Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Students of Calvary Chapel Christian School will not be allowed to leave campus with any person other than a parent without **written** authorization from a parent or guardian. Identification will be required from all authorized persons until they are easily recognized by CCCS staff. The above people are authorized to pick up my CCCS school-aged child from school or school-sponsored activities. I understand that no other persons will be allowed to pick up my child without my **written** consent.

**Doctor's Name:** \_\_\_\_\_ Phone No.: \_\_\_\_\_

**Dentist's Name:** \_\_\_\_\_ Phone No.: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Is your child taking any medications on a regular basis? (For example; for diabetes, heart condition, asthma, skin condition, etc.)  
 No  Yes

If yes, explain: \_\_\_\_\_

Any restricted activity or allergies? \_\_\_\_\_

**PARENT/GUARDIAN STATEMENT**

*The non-refundable Application/Evaluation Fee of \$50.00 must accompany this form.*

This **Application for Admission** is an expression of intent only, and is not binding upon the family or school. It is also understood that any offer of enrollment subsequently accepted is contingent upon the essential accuracy of the statements made in this application, and is further contingent upon the applicant's successfully completing his/her present academic program.

Signature of Father or Guardian: \_\_\_\_\_

Signature of Mother or Guardian: \_\_\_\_\_

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

Calvary Chapel Christian School admits students of any race, color, gender, or ethnic origin to all the rights, programs, and activities made available to students of the school. It does not discriminate on the basis of race, color, gender, national, and ethnic origin in the administration of its educational policies, admission policies, scholarships, athletics, or any other school-administered programs.

**STUDENT'S STATEMENT GRADES 7-10**

I desire to attend Calvary Chapel Christian School. If accepted, I will, to the best of my ability, comply with the purposes, rules, and standards of the school and be a constructive influence for the betterment of the school community.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**Student School History:**

Name of school presently attending: \_\_\_\_\_

School Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Student History:** Has your student ever been: (Y or N)

Suspended? \_\_\_ Expelled? \_\_\_ Asked to Withdraw? \_\_\_ Had Extended Absences? \_\_\_ Disciplined for Drugs? \_\_\_

Has student not been promoted or received D's or F's in any subject in the last two years? \_\_\_\_\_

What is the reason for leaving present school? \_\_\_\_\_

Has your child ever been identified as having any of the following? (Y or N)

ADD/ADHD(Attention Deficit Disorder) \_\_\_ Behavioral Disorder \_\_\_ Learning Disorder \_\_\_  
Mental Impairment \_\_\_ Emotional Impairment/ Disturbance \_\_\_ Physical Impairment \_\_\_  
Gifted/Talented \_\_\_ Speech/Language \_\_\_

Does your student have a present IEP? \_\_\_\_\_

Has your student ever been arrested, placed on probation, or otherwise charged with any crime (whether minor or major)?

If yes, please explain: \_\_\_\_\_

\*\*\* If any prior information is withheld at time of enrollment it may result in immediate dismissal from Calvary Chapel Christian School\*\*\*

**PARENT DECLARATION OF MORAL INTEGRITY**

CCCS is a discipleship school. We address education from a Christian perspective by allowing our students the opportunity to begin to understand themselves and the world around them from the Christian worldview. In doing this we believe that the parents and the school need to work together.

We require that one parent must be a born-again believer (has accepted Jesus Christ as their Savior) and attending a local Christian Church on a regular basis.

I declare (a) that during the past year I have not engaged in, (b) that at the current time I am not engaging in and (c) that I promise I will not engage in, during the term of my employment or volunteering, inappropriate sexual conduct. Inappropriate conduct includes but is not limited to, such behaviors as the following: heterosexual activity outside of marriage (e.g., premarital sex, cohabitation, and extramarital sex), homosexual or lesbian sexual activity, sexual harassment, use or viewing of pornographic material or websites, and sexual abuse or improprieties toward minors as defined by Scripture and federal or state law.

I declare that the above statement is factual and true. My signature below indicates that I meet the moral-integrity standards and Christian-role model lifestyle requirements of this Christian school.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***"Honor marriage, and guard the sacredness of sexual intimacy between wife and husband. God draws a firm line against casual and illicit sex."***

***Hebrews 13:4, The Message***



(To be filled out personally by the student applicant)

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

We at Calvary Chapel Christian School feel that this page of the registration packet is one of the most important pages of all. Please take your time and answer these questions thoroughly.

Church family attends and Pastor's name: \_\_\_\_\_

**Church Attendance:** Please use one of these descriptions for each person in the family.

**Regular:** 3-4 times per month **Occasional:** at least once per month **Seldom:** less than once per month

Father: \_\_\_\_\_  
Student: \_\_\_\_\_

Mother: \_\_\_\_\_

When did you receive Jesus Christ as your Lord and Savior?

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Student: \_\_\_\_\_

1. In John 1:1-2, the Bible says: *"In the beginning was the Word, and the Word was with God, and the Word was God. He was in the beginning with God."* Then in verse 14 it says: *"And the Word became flesh and dwelt among us, and we beheld His glory, the glory as of the only begotten of the Father, full of grace and truth."* Please explain in detail these scriptures and how they are related and the valuable points that are made.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How would you describe your child's spiritual life? \_\_\_\_\_

3. How would you describe your spiritual life? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Eligibility Requirement Acknowledgement**

Calvary Chapel Christian School is a Christ-centered school with Christian educational goals and objectives. We intend to encourage and enable students to receive all that God has for them academically, spiritually, socially, and physically. We recognize this to be the primary responsibility of the parents and for this reason, we believe the close cooperation of school and family is essential. We rely seriously upon the fact that your signature below affirms your support of our goals and purposes as a Christian school as they relate to the instruction of your child.

**I have read and understand the requirements for the entrance to Calvary Chapel Christian School that one parent MUST be a born-again believer and able to describe in writing their own statement of belief. One must also be a verifiable regular church attendee, attending a local Christian church (see attendance description above.)**

Signature of Parent and Guardian: \_\_\_\_\_

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

Name of Family: \_\_\_\_\_ Address: \_\_\_\_\_

Name of Pastor: \_\_\_\_\_ Church: \_\_\_\_\_

Name of Children Applying: \_\_\_\_\_

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


**TO BE COMPLETED BY PASTOR**

1. How long have you known the family? \_\_\_\_\_

2. How well do you know the applicant(s)? \_\_\_\_\_

3. Please describe the following:

Parent's relationship to church: Member \_\_\_\_\_ Non-member \_\_\_\_\_  
Active \_\_\_\_\_ Non-active \_\_\_\_\_

Family's attendance at your church:

Regular \_\_\_\_\_ Occasional \_\_\_\_\_ Seldom \_\_\_\_\_  
(3-4 times/month) (at least 1 time/month) (less than 1 time/month)

4. Which members of the family are born again Christians?

Father \_\_\_\_\_ Mother \_\_\_\_\_ Child \_\_\_\_\_ Name \_\_\_\_\_ Child \_\_\_\_\_ Name \_\_\_\_\_

5. Does the applicant participate in any church activities? Please describe: \_\_\_\_\_  
\_\_\_\_\_

6. Our school believes that in order to become a Christian and inherit eternal life, one must realize he is a sinner (Romans 3:10, 23). Believe that Jesus died for his sins (John 3:16; Romans 10:9, 10) and ask Jesus Christ to come into his life and take away his sins (John 1:12).

Do you feel these steps are necessary for salvation? \_\_\_\_\_Yes \_\_\_\_\_No

Do you feel there is anything additional, which a person must do in order to receive salvation? \_\_\_\_\_  
\_\_\_\_\_

7. Does the applicant have any problems of which we should be aware? \_\_\_\_\_  
\_\_\_\_\_

8. Please provide your overall recommendation as to the applicant's qualifications for admissions to Calvary Chapel Christian School.

\_\_\_\_Highly Recommend \_\_\_\_Recommend \_\_\_\_Hesitate to Recommend \_\_\_\_Do not Recommend

Signature \_\_\_\_\_ Position \_\_\_\_\_

Church \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Please return the completed form to: CALVARY CHAPEL CHRISTIAN SCHOOL  
4250 South 25<sup>th</sup> East, Idaho Falls, ID 83404**

**STUDENT QUESTIONNAIRE**

(To be filled out personally by the student applicant)

Full Name: \_\_\_\_\_ Goes By/Nickname: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

If you have personally received Jesus Christ as Savior, please write your personal testimony on a separate sheet of paper and attach it.

If you have not received Jesus Christ as Savior, are you open to the message of salvation through Christ?

Yes \_\_\_\_\_ No \_\_\_\_\_

If not, why do you feel we should consider you for admission to Calvary Chapel Christian School?

\_\_\_\_\_  
\_\_\_\_\_

Where do you attend church? \_\_\_\_\_ How often? \_\_\_\_\_

Do your closest friends attend church regularly? Yes \_\_\_\_\_ No \_\_\_\_\_

What is your definition as a Christian? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Write a brief statement explaining what you believe about the Bible. \_\_\_\_\_

Is it your personal desire to attend Calvary Chapel Christian School? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain why you would like to attend CCCS. \_\_\_\_\_

\_\_\_\_\_

What are some of your interests or favorite activities? \_\_\_\_\_

\_\_\_\_\_

Have you received any prizes, awards, or special recognition for in-school or out-of-school accomplishments?

If so, what? \_\_\_\_\_

\_\_\_\_\_

Have you held any offices at church or school? If so, what? \_\_\_\_\_

\_\_\_\_\_

What are some of your favorite subjects in school? \_\_\_\_\_

\_\_\_\_\_

What subjects are hard for you? \_\_\_\_\_

Have you ever been absent from school for a long period of time? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain.

\_\_\_\_\_

Have you ever, for any reason been in trouble with law authorities? Yes \_\_\_\_\_ No \_\_\_\_\_

Suspended? Yes \_\_\_ No \_\_\_ Expelled? Yes \_\_\_\_\_ No \_\_\_\_\_ Law authorities Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain. \_\_\_\_\_

\_\_\_\_\_

Have you ever had difficulty with teachers or fellow students in a previous school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Student Signature: \_\_\_\_\_

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

## STUDENT COMMITMENT FORM

In signing this form, I acknowledge and agree to the following:

- A. I have received the Student and Parent Handbook, reviewed it with my parents (particularly Dress Code, Conduct, and Discipline), and agree to abide by the rules and regulations outlined.
- B. I will accept personal responsibility for my own learning, understanding that I am accountable to God, myself, my parents, and teachers.
- C. I will stay on task, complete my assignments and persevere with difficult problems.
- D. I will do my part to contribute to a positive school atmosphere, showing respect for fellow teachers, fellow students, and their property.
- E. I will respond in a positive way to the encouragement and correction of teachers.
- F. I will strive to grow spiritually, applying biblical values in personal relationships, work assignments and, extracurricular activities.
- G. Check one or both:  
 It is my parent's desire that I enroll in CCCS.  
 It is my desire to be enrolled at CCCS.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date \_\_\_\_\_

As the parent guardian of the above named student, I have read the Student and Parent Handbook and have discussed it with my child. I will assist in the areas named above. I accept responsibility for the education and training of my child, will monitor his/her progress, encourage him/her to persevere, and commit myself to working closely with the teachers in all areas concerning training and education.

Parent's Name: \_\_\_\_\_ Date: \_\_\_\_\_

# K5 – 10<sup>th</sup> Grade Emergency Information 2011-2012

COMPLETE BOTH SIDES IN BLUE OR BLACK INK **ONLY**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Parent's Living with Child

Father's/Stepfather's Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Mother's/Stepmother's Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

## Parent's **NOT** Living with Child

Father's/Stepfather's Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Mother's/Stepmother's Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

## Emergency Number's: (Other than Parent's; must have at least 2)

Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

## **Health History**

How would you describe your child's overall health? \_\_\_\_\_

Has your child, to your knowledge, used any type of drugs, alcohol, or tobacco?  Yes  No

If yes, please comment on the circumstances. \_\_\_\_\_

Check any medical conditions that may apply to your child of which the school should be aware:

\_\_\_\_ Asthma      \_\_\_\_ Allergies      \_\_\_\_ Epileptic      \_\_\_\_ Chronic Illness      \_\_\_\_ Diabetic  
\_\_\_\_ Past Injuries      \_\_\_\_ Contacts Worn      \_\_\_\_ Other \_\_\_\_\_

Initial if you permission for:      \_\_\_\_ Tylenol      \_\_\_\_ Tums      \_\_\_\_ Motrin      \_\_\_\_ Benadryl

## **Medical Release Form**

Parent Release For \_\_\_\_\_: As a parent or legal guardian, I authorize a licensed physician to examine the above named student and in the event of an injury to render such emergency care as he/she deems necessary for the treatment of such injury, including consultation and treatment by a specialist, including a surgeon. I further authorize the school authorities to send the above named student to the most accessible hospital or physician. It is understood that an effort shall be made to contact the parent or guardian prior to rendering treatment. I am also releasing Calvary Chapel Christian School and any authorized agents for any liability arising from any acts or omissions by me.

**Signature of Parent or Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Field Trip Permission Slip**

We will be going on various field trips throughout the 2011-2012 school year. We need your permission for your child to participate. Please fill in the blanks below and turn in to the school office. This form **MUST** be completed and turned in, in order for your child to participate in the field trips. Thank you.

Child's Name: \_\_\_\_\_ Grade Child is in: \_\_\_\_\_ Teacher: \_\_\_\_\_

I, \_\_\_\_\_, give Calvary Chapel Christian School permission to take my child, \_\_\_\_\_ on field trips

throughout the 2010-2011 school year.

**Signature of Parent or Legal Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

We would appreciate any additional information that would help the teacher interact with your child in a more knowledgeable way. (Temperament, fears, physical limitations, family situations, social adaptation, extra-curricular activities, etc.) Please use an additional sheet of paper if you need additional space.

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**Pick up Information:** List the name and phone # of adults who are permitted to pick up your child.

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Please indicate who CAN NOT pick up your child: \_\_\_\_\_

**\*\*IMPORTANT NOTE: If there are parental restrictions, we must have legal documentation on file.**

**Discipline Permission**

We feel that God specifically indicates through His Word that parents are commanded to use a swat in love as a tool, when necessary, in the total program of training a child.

**Proverbs 22:15** Foolishness is bound up in the heart of a child; The rod of correction will drive it far from him.  
**Proverbs 29:15** The rod and rebuke give wisdom, But a child left to himself brings shame to his mother.

We also believe that school must act as an agent of the parent while that child is in our care. Therefore, in order to fulfill our responsibility we require your specific, rather than implied permission to use the paddle on your child should this technique be required while a student is at school.

We can assure you that a swat would be administered with love and prayer only when any other form of disciplinary action could not achieve the proper behavioral results. We often give grace as God leads.

Your signature acknowledges our policy to administer a swat should an occasion warrant this action. Such action would then be administered at the time of the offense so that the impact of the action has its proper reinforcement. Any questions regarding this policy can be discussed at the school office. We do not look at this as a yes/no option. We need your trust in us as a school and in agreement with our discipline policy.

**Corporal Punishment:** The administration is hereby given discretion in the discipline of our child.

Detention - Separate from activities; take away privileges; separate from classroom.

**Swatting** - Administered by administration. A swat is usually administered on and after the 3<sup>rd</sup> citation.

(A note will be sent home whenever a "swat" has taken place with description of the incident.)

\_\_\_ Please call me before a "swat" is administered.

\_\_\_ A phone call is not necessary, a note will be sufficient.

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Students Name

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Date

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Parents Signature

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Date