

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.

Release of Student's Photo or Video

I release pictures and/or video's of _____ to Calvary Chapel Christian School to use in media pertaining to our school including our facebook and website.

Signature of Parent: _____ 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

DECLARATION OF FAITH

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: _____

Mother: _____

Student: _____

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: _____

PASTOR REFERENCE

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 25th East, Idaho Falls, ID 83404**

K5 – 10th 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.

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

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 3rd 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.

Students Name

Date

Parents Signature

Date