

CCA

Calvary Christian Academy

13500 Philmont Avenue

Philadelphia, PA 19116

Elementary School (215) 969-1579

Jr./Sr. High School (215) 969-2404

School Fax (215) 969-9732

Dear Friend,

Thank you for your interest in Calvary Christian Academy. Enclosed you will find our student application packet, along with other information you need to know.

Our school was created to train young men and women who are dedicated to serving Jesus Christ. We want our academic program to be the best we can make it, with the intent that our students will use what they learn to serve the Lord.

If you choose to fill out the application, please complete all of the components necessary for us to proceed with the process of enrollment. Although our school was started to serve the people who attend Calvary Chapel regularly, we are blessed to review applications from all students who apply.

If you have any questions concerning this information, call us during the school day. Our switchboard is open from 8:00 a.m. to 4:00 p.m. The elementary number is 215-969-1579.

May God bless you as you seek His guidance in making a decision concerning the education of your child/children.

Your friend in Christ,



Dr. Samuel R. Pennington
Headmaster

**CALVARY CHRISTIAN ACADEMY
CRITERIA FOR STUDENT ADMISSION**

1. A clear profession of faith in Jesus Christ from at least one parent of the applicant.
2. Regular attendance at a Bible-believing church.
3. Parents understand and commit to the purpose of Calvary Christian Academy which provides children with a Christ-centered education acknowledging the Lordship of Jesus Christ in every subject taught and every area of living.
4. Parents commit to support the work of the school through regular prayer and participation in school activities.
5. Applicants give every indication of potential success in the school's academic program; based on past records, entrance tests, and interviews.
6. Applicants provide past evidence of emotional stability and a satisfactory record of behavior and attendance.

Application Checklist (Please mark each box as you check each one.)

- I have completed all parts of this application.
Incomplete applications will not be processed.
- I have enclosed a **copy** of the most recent report card and report cards from all past years.
- I have enclosed a **copy** of all achievement testing that has been done on my child.
- I have enclosed a **copy** of all psychological and educational testing done on my child.
- All applicable student information sheets are completed.
- I have attached a photo of my child. (for identification purposes)
- I have enclosed a \$50.00 (Calvary Member) \$75.00 (Non-Calvary Member) application fee. This fee is non-refundable.
- I have enclosed the **completed** Church Affiliation form

In signing this application I agree that:

- All of the information provided is accurate and complete.
- That CCA reserves the right to place my child at the appropriate grade level.
- That CCA reserves the right to dismiss any child that does not cooperate with the educational process.
- I have read the financial policy and will make payments at the appropriate time.
- I understand that if any information has been omitted or falsified on this application, my child's acceptance to CCA will be in jeopardy.

Father's Signature _____ Date: _____

Mother's Signature _____ Date: _____

CALVARY CHRISTIAN ACADEMY

13500 Philmont Avenue

Philadelphia, PA 19116

2010-2011

ELEMENTARY SCHOOL APPLICATION

3 YEAR OLDS – 6TH GRADE

Please copy pages 2-4 if you have more than one child

Date: _____

FATHER:

Name: _____ **Mr. Dr. Rev. Other** _____
Last, First, Middle Initial

Marital Status: Married Widowed Separated Remarried Single

Relationship to Child: Father Step-Father Grandfather Guardian

Ethnicity: White Asian African American Hispanic Other _____

Contact Information:

Home Phone *Work Phone*

Employer *Occupation*

Cell Phone *Email Address*

Home Mailing Address *City* *State* *Zip*

Church Attendance:

Do you regularly attend Calvary Chapel of Philadelphia? Yes No

If yes, how long have you been in regular attendance? _____ If yes, which services do you attend? Sunday 8:00AM 9:45AM 11:45AM Sunday PM Wednesday PM

If yes, list the ministries and activities that you are involved in at Calvary Chapel:

To be considered a "Calvary Chapel family" you need to be in attendance at Calvary Chapel of Philadelphia for at least one entire year, tithe in a recordable manner (by check), and have your child attending Sunday School.

If you do not attend Calvary Chapel of Philadelphia, please list name and address of church you attend. Also please describe your participation and ministry in this church. Also, please ask a pastor, school employee or church member involved in ministry that you know personally to complete and return the attached Church Affiliation Form.

Name *Address*

Please describe your personal relationship with Jesus Christ:

MOTHER:

Name: _____ Mrs. Miss Dr. Other _____
Last, First, Middle Initial

Marital Status: Married Widowed Separated Remarried Single

Relationship to Child: Mother Step-Mother Grandmother Guardian

Ethnicity: White Asian African American Hispanic Other _____

Contact Information:

Home Phone Work Phone

Employer Occupation

Cell Phone Email Address

Home Mailing Address City State Zip

Church Attendance:

Do you regularly attend Calvary Chapel of Philadelphia? Yes No

If yes, how long have you been in regular attendance? _____ If yes, which services do you attend? Sunday 8:00AM 9:45AM 11:45AM Sunday PM Wednesday PM

If yes, list the ministries and activities that you are involved in at Calvary Chapel of Philadelphia:

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Name _____ Address _____

Please describe your personal relationship with Jesus Christ:

FAMILY:

Names of all Children	Date of Birth	CCA Grade Applied for if Applicable	Date to be Entered

Please use the below space to provide any additional information about your family:

FOR STUDENTS APPLYING FOR THIRD GRADE THRU SIXTH GRADE.

Please have student answer using their best handwriting.

Please describe your personal relationship with Jesus Christ:

CALVARY CHRISTIAN ACADEMY
13500 Philmont Avenue
Philadelphia, PA 19116

2010-2011 CHURCH AFFILIATION

If you do not currently attend Calvary Chapel of Philadelphia, please have a pastor, elder, or someone in authority at the church you attend, fill out the form below and return it to:

Calvary Christian Academy
Mary Robbins, Admissions Coordinator
13500 Philmont Avenue
Philadelphia, PA 19116

Name of Applicant: _____ Grade _____

Name of Parents: _____

For what length of time have you known this family? _____

Name and Address of Church: _____

Is this family in regular attendance at your church and in good standing with your fellowship?

Please briefly describe your impressions of this family.

To the person filling out this form: Please print your name and phone number where you may be reached in case of any questions. This information will be kept confidential and will not be shown to the family. Thank you for your help.

Name

Title

Phone Number

Date

CALVARY CHRISTIAN ACADEMY

13500 Philmont Avenue

Philadelphia, PA 19116

2010-2011

ELEMENTARY STUDENT APPLICATION

For students entering 3yr old program – 6th grades

To be completed by parents of applicant – please copy pages 6-9 if you have more than one child.

1. Full Legal Name of Child _____

2. Child lives with: (Mr. & Mrs. etc.) _____

Relationship to child (parents, etc.) _____

3. Does child attend Calvary Chapel of Philadelphia? ? Yes No

If no, please list name and address of church where child attends:

4. Grade to be entered _____ Date to be entered _____

5. Has child ever repeated a grade? Yes No

Has been in gifted or accelerated classes? Yes No

If an answer above is yes, please explain: _____

6. Has child ever been suspended or removed from any school for misconduct? Yes No

If yes please explain: _____

7. Has child ever received a detention or demerit? Yes No

If an answer above is yes, please explain: _____

8. List all previous schools attended:

Current School _____ Grade(s) _____ Year(s) _____

Complete Address _____

Upon acceptance your child's records will be requested. Please provide complete address.

Please state reason for leaving _____

Prior School _____ Grade(s) _____ Year(s) _____

Complete Address _____

Other Schools Attended:

Name of School _____ Grade(s) _____ Year(s) _____

Name of School _____ Grade(s) _____ Year(s) _____

*If additional space is required; please list on a separate sheet of paper.

9. If is currently being home-schooled, please provide the name of any person or organization that is being used to evaluate your child.

9. What is child's attitude toward school and teachers?

10. Does child have a history of chronic physical condition, emotional condition, or learning disability, which has required professional attention or which may require special attention at Calvary Christian Academy? Yes No

If yes, please explain and include copies of all reports: _____

11. Has child ever been enrolled in a special class or received tutoring? Yes No

If yes, please explain: _____

12. Does child wear glasses or corrective lenses? Yes No

13. Has child had a history of ear infections or hearing difficulty? Yes No

If yes, please explain: _____

14. Check if school personnel have reported any of the following about child, or if you have observed these characteristics at home.

Characteristic	School	Home
Distractable		
Inattentive		
Disturbs other children		
Is often late in completing assignments		
Exhibits aggressive behavior		
Has difficulty following oral instructions		
Has difficulty following written instructions		
Has difficulty with oral expression		
Has difficulty with written expression		

****This Page To Be Completed ONLY By Parents Of
3 Year Old, Pre-Kindergarten and Kindergarten Students****

2010-2011

**3 YEAR OLD/PRE-KINDERGARTEN/KINDERGARTEN
STUDENT INFORMATION**

General Educational Information:

Has any evaluation or any other type of formal testing been done? Yes No

Is your child currently receiving any help such as speech or language therapy? Yes No

If yes, please describe: _____

Has your child had any discipline problems at home or Sunday School? Yes No

If yes, please describe: _____

How would you best describe your child's maturity level? _____

Health Information:

Child's Doctor: _____ Phone: _____

Does your child have any allergies? _____ If so, please list: _____

Does your child have any other health concerns? _____ Please list _____

What are your child's likes or dislikes?

Please list the names of ages of your child's brothers and sisters

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Please indicate your preferences:

	Time	3 Year Old	Pre-Kindergarten	Kindergarten
5 Day Full	8:45AM-2:45PM			
5 Day Half	8:45AM-12:00N			
3 Day Full (M,W,F)	8:45AM-2:45PM		N/A	N/A
3 Day Half (M,W,F)	8:45AM-12:00N		N/A	N/A
Before School Care	7:00AM-8:30AM			
After School Care	2:45PM-6:00PM			

**All Students must be completely potty-trained
before the start of the school year.**

