

Calvary Christian School

CANDIDATE IS APPLYING FOR

- MOMMY AND ME Birth - 1 year old 1 - 2 year old
- MOM'S DAY OUT Monday/Wednesday Tuesday/Thursday No preference for M/W or T/Th
- 3 YEAR OLD PRESCHOOL Morning Session Afternoon Session No preference for AM or PM
- 4 YEAR OLD PRESCHOOL Morning Session Afternoon Session No preference for AM or PM
- TK - 8 GRADE _____ YEAR APPLYING TO _____

Acceptance into a particular grade level and/or into a morning or afternoon session is not guaranteed. Priority is given to Calvary Church members and siblings of current students at Calvary Christian School.

CANDIDATE

Name Last _____ First _____ Middle _____ Preferred _____

Date of Birth ____/____/____ Birthplace _____ Male Female

Ethnicity Caucasian Latino-Hispanic Asian Pacific Islander Multiracial Middle Eastern Native American

African American None Specified Other _____

Home Address _____ City _____ State _____ Zip _____

(All correspondence regarding this application will be mailed to this address unless an alternate address is indicated.)

Home Phone (____) _____ Home Email _____

Cell Phone (____) _____ Preferred Day _____ Time to Call _____

CANDIDATE'S FATHER/GUARDIAN

Name Last _____ First _____ Middle _____ Preferred _____

Home Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Home Email _____

Employer _____ Position/Title _____

Business Address _____ City _____ State _____ Zip _____

Business Phone (____) _____ Business Email _____

CANDIDATE'S MOTHER/GUARDIAN

Name Last _____ First _____ Middle _____ Preferred _____

Home Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Home Email _____

Employer _____ Position/Title _____

Business Address _____ City _____ State _____ Zip _____

Business Phone (____) _____ Business Email _____

701 Palisades Drive Pacific Palisades, CA 90272 310.573.0082 fax 310.230.9268 www.calvarychristian.org

Calvary Christian School is a Ministry of Calvary Church of Pacific Palisades, California.

FAMILY DATA

Please give us the names, ages and schools of other children in the family.

Name _____ Age _____ School Attending _____ Grade _____

Name _____ Age _____ School Attending _____ Grade _____

Family's church affiliation _____ Members? Yes No

City _____ State _____ Zip _____

VISIT OUR CAMPUS

(Select the event you plan to attend)

- Admission Open House - October 7, 2009 (Mom's Day Out & Preschool)
- Admission Open House - October 21, 2009 (Transitional Kindergarten & Kindergarten)
- Admission Open House - November 4, 2009 (Mom's Day Out - Grade 8)

CAMPUS TOUR

- Campus Tour (Please check off if you want to be contacted to schedule a personalized tour).

Preferred date of your visit ____/____/____ (mm/dd/yyyy)

GUIDANCE AND ADMISSION DATA

(Attach additional sheets if needed)

Please list the schools attended for the past three years.

School _____ Phone _____ Dates _____

Address _____ City _____ State _____ Zip _____

School _____ Phone _____ Dates _____

Address _____ City _____ State _____ Zip _____

Have you previously applied to Calvary Christian School? Yes No When? _____

Please provide five adjectives that describe your child. _____

What activities does your family enjoy doing together? _____

REMARKS FROM THE FAMILY

(Attach additional sheets if needed)

Please share with the admissions committee why you want your child to attend Calvary Christian School.

How did you learn about Calvary Christian School? _____

Did anyone refer you to Calvary Christian School? If so, what is their affiliation with the school? _____

Do you wish to receive information about a need-based scholarship? Yes No

To apply online please go to the website at: www.nais.org/financialaid/sss

Please sign and submit this application with the non-refundable application fee by the stated deadline. Once submitted, the application and all supporting documents become the property of the school and may not be returned to you, nor may they be used for any other purpose.

My signature below certifies that this application form was completed by me and that information provided by me is true, correct and complete. I understand that any misrepresentation, falsification, or material omission of information in any part of my application for admission, or orally during a pre-admission interview may result in your child or children being denied admission, or if already admitted, being dismissed. I also understand that continual adherence to the ethical and behavioral standards affirmed by the school's "School Policies" (http://www.calvarychristian.org/school/about_policies.html) is a continuing condition of admission.

Date of application ____/____/____ Signature of parent or guardian _____

For office use only date _____ amt _____ ch# _____ ack _____