

Check number: \_\_\_\_\_

Date Received \_\_\_\_\_

Office initial \_\_\_\_\_

# Calvary Christian School Registration Form



***\*This form is not complete without the registration fee.***

**To reserve a position for Kindergarten through Eighth Grade, this form must be submitted along with the registration fee of \$75.00 *per family*.**

**Please make check payable to Calvary Christian School.**

**\*New Families to Calvary ONLY:** Please complete the New Student Application and set up an interview in order to complete the registration process.

**Student's Full Name:** \_\_\_\_\_

**Address (street, city, state, zip):** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ ***School District of Residence:*** \_\_\_\_\_

**Parent(s) Names:** \_\_\_\_\_ **Work Phone :** \_\_\_\_\_

**Grade entering for the coming school year:** \_\_\_\_\_

**Student's Birthdate:** \_\_\_\_\_

*(Kindergarten children must be 5 by September 1<sup>st</sup> of each year- maturity is also an important factor)*

*Submission of the registration form does not guarantee automatic acceptance.*