



CALVARY
CHRISTIAN SCHOOL

Sharpening Minds · Transforming Hearts

1010 N. Tustin Avenue
Santa Ana, CA 92705
(714) 973-2056
Fax: (714) 558-8013

APPLICATION FOR ADMISSION

Jr. Kindergarten-8th Grade

(office use only)
Last Name: _____

First Name: _____

Student I.D.: _____

Application Year _____

APPLICATION PROCESS

The Admission Committee seeks students who demonstrate the capability to thrive in our community academically and socially. The first step to applying to CCS is completing this application in its entirety including the components described in the application checklist below. For students applying into Junior Kindergarten through 1st grade, a readiness assessment test must be taken through Chancey & Bruce Educational Resources, Inc. Next, applicants who meet the eligibility requirements will be contacted to set up an interview with a member of the Admission Committee. For students applying into 2nd-8th grade an entrance exam will also be scheduled to be taken through CCS. Following the interview, letters will be sent out to all students with a final acceptance decision.

APPLICATION CHECKLIST

Please use this checklist to ensure that the complete application is submitted to the School Office.

- Transcripts reflecting at least 2 years of work and teacher comments
- Standardized test scores for 1-8 grade students (i.e. STAR, SAT 10, or ISEE)
- Incoming Junior Kindergarten through 1st grade students must take a readiness test administered by Chancy and Bruce Educational Resources, Inc., located in Huntington Beach (714) 841-1257. A \$45 fee is payable at the time of testing.
- One letter of recommendation from previous/current classroom teacher

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APPLICATION FEE

Enclosed with this application is a non-refundable processing fee of \$30.

PARENT AGREEMENT

I certify that all information given in the application process is complete and accurate. I understand that failure to disclose information about the applicant's medical, educational or emotional history may affect the school's admission decision. Calvary Christian School reserves the right to reverse an admission decision, even after acceptance and enrollment, if such information has been withheld from the school.

Print Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

APPLICANT INFORMATION

ENTERING GRADE _____ FOR ACADEMIC YEAR _____

Applicant's Full Name: _____ Male Female

Date of Birth: ____ / ____ / ____ Student's Age: _____ Current Grade: _____

Home Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

PARENTS / GUARDIANS

Student lives at the address above with:

Father Mother Stepfather Stepmother Other (note)

The applicant's parent(s) are:

Married Separated Divorced Widowed Single

Father/Guardian Name: _____

Mother/Guardian Name: _____

Check if home address is same as student's address

Check if home address is same as student's address

Home Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Home Phone: _____ Cell Phone: _____

Primary E-Mail: _____

Primary E-Mail: _____

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EMPLOYMENT INFORMATION

Father/Guardian Employer: _____

Mother/Guardian Employer: _____

Title: _____

Title: _____

Business Address: _____

Business Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Cell Phone: _____

Work Phone: _____ Cell Phone: _____

E-Mail: _____

E-Mail: _____

BILLING INFORMATION

Check if billing address is same as student's address

Relationship to applicant:

Father Mother Stepfather Stepmother Other (note) _____

Mr./Mrs./Ms./Dr. _____

Home Address: _____ Apt. # _____

City _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

EDUCATIONAL HISTORY

Has this student applied for admission at Calvary Christian School previously? Grade: _____ Year: _____

Has this student been enrolled at Calvary Christian School previously? Grade: _____ Year: _____

Current School: _____ City, State: _____

Date Entered: _____ No. of years attended: _____ Current Grade: _____

Other schools attended:

_____ Dates Attended: _____

_____ Dates Attended: _____

Reason for interest in Calvary Christian? _____

Primary language spoken at home: _____ Additional languages: _____

List all siblings and the school they currently attend:

Full Name: _____ Age: _____ School: _____

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STUDENT INFORMATION

Academic strengths: _____

Academic weaknesses: _____

Has the applicant ever been evaluated for the following? (If yes, explain on a separate sheet of paper and provide professional reports).

Learning Differences No Yes Behavioral Problems No Yes

Psychiatric/Psychosocial Problems No Yes Visual Problems No Yes

Hearing Problems No Yes I.Q. No Yes

Does the applicant take any prescribed medication or need any special medical attention? No Yes (Explain)

Condition: _____ Medication: _____

Condition: _____ Medication: _____

Have there been any situations in the applicant's life that the school should know about in order to meet his/her learning or developmental needs? (i.e.: frequent moves, frequent changes of school, death in the family, divorce, etc.):

Has the student ever been subject to major disciplinary action (suspension or dismissal) in any school? No Yes
If yes, explain on a separate sheet of paper.

RELIGIOUS AFFILIATION

Name of church parent/guardian attends: _____ Duration: _____

Does your child attend church regularly? Yes No

CCS welcomes students of any religious affiliation; we do not discriminate based on these characteristics for admissions.

ADDITIONAL INFORMATION

How did you learn about Calvary Christian School? Please check all that apply.

Referred by friend/family Magazine Ad Mailing Online search (Google, etc.) Campus Signage

If by referral, please indicate referring family name _____

Please rank the following factors in your school selection according to importance:
(1=most important; 5=least important)

Enrichments _____ Convenience of Location _____ Facilities _____

Biblical Worldview _____ Strong Academics _____

OFFICE USE ONLY:

App. Received Date: _____ / _____ / _____ Grade: _____ Needs Testing (Y) _____ (N) _____ Date Tested: _____

Date of Enrollment: _____ / _____ / _____ Accepted By: _____