

Calvary Christian School

A Ministry of Calvary Tabernacle since 1946

2012/2013 Re-enrollment form



RETURNING STUDENT INFORMATION

Has any returning student had any immunizations in the past 12 months? YES NO If yes, attach a copy of their updated immunization record.

Student Full Legal Name Preferred Name Grade

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Student Full Legal Name Preferred Name Grade

NEW STUDENT INFORMATION

Student Full Legal Name Preferred Name DOB Grade
(We will send you an application to fill out on this student)

MEDICAL HISTORY CHANGES OR OTHER COMMENTS

FAMILY INFORMATION

Has any of the Family Information changed from last year? YES NO If yes, please update information below.

What is your township of residence? _____

Parents of this student are: Married Separated Divorced Single Parent Mother Remarried Father Remarried Other: _____

Father/Guardian (please circle)

Name _____

If Guardian, Relationship to Student _____

Home Address _____

Employer _____

Home Phone Number _____

Cell Phone Number Work Phone Number Ext. _____

Email Address _____

Church Congregation Name _____

Church Denomination _____

Stepmother's Name (if applicable) Contact Number _____

Mother/Guardian (please circle)

Name _____

If Guardian, Relationship to Student _____

Home Address _____

Employer _____

Home Phone Number _____

Cell Phone Number Work Phone Number Ext. _____

Email Address _____

Church Congregation Name _____

Church Denomination _____

Stepfather's Name (if applicable) Contact Number _____

METHOD OF PAYMENT FOR TUITION (circle one)

FACTS Contract / Prepay / Employee / Other _____

Do you qualify for the Calvary Tabernacle member discount by being a tithe paying member? YES NO If yes, we will verify this through the office at Calvary Tabernacle.

If you are a member of an Affiliated Faith (Apostolic/Pentecostal) church, please submit the Pastor's Recommendation Form to continue to receive that discount.

Thank you for registering your child for the 2012/2013 School Year. If any of the information on this form changes, please contact the school office.

Parent Signature _____

Date _____