

# Calvary Road Christian School

6811 Beulah Street • Alexandria, VA 22310-3208  
(703) 971-8004 • Fax (703) 971-0130 • www.crcs.org

## NEW STUDENT APPLICATION

### For Official Use Only

Application Rec'd \_\_\_\_/\_\_\_\_/\_\_\_\_

Interview \_\_\_\_\_ Testing \_\_\_\_\_

Letter Sent \_\_\_\_/\_\_\_\_/\_\_\_\_ A R

**All questions must be answered and printed legibly.**

For School Year \_\_\_\_\_

Today's date \_\_\_\_\_

Grade applying for:    Preschool 3    Preschool 4    Kindergarten    1    2    3    4    5    6    7    8

Payment Schedule Requested:     10 Monthly Payments     20 Semi-Monthly Payments     Pay in Full

**Legal Name of Student** \_\_\_\_\_ Is student a U.S. citizen?     Yes     No

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone (H) \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

**Father's/Legal Guardian's name** \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Employer \_\_\_\_\_ Position \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Living in same home as student?     Yes     No

**Mother's/Legal Guardian's name** \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Employer \_\_\_\_\_ Position \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Living in same home as student?     Yes     No

Marital Status:     Married     Divorced     Separated     Single

Who has legal custody of the student?     Father     Mother     Both     Other

If divorced or separated, is there a specific court ordered pick up schedule for your child?     Yes     No

Have you included a copy of the court order?     Yes     No

(Without the court order we will allow each parent and/or their emergency designees to pick up the child on any school day.)

If you are attending kindergarten - eighth grade, is extended care needed?     Yes     No    (Already included in preschool)

If yes, more than two hours per day \_\_\_\_\_, or less than two hours per day \_\_\_\_\_

May we release the phone number and address listed under the student for the following?

Car pool requests:     Yes     No

Room leaders:     Yes     No

Student directory:     Yes     No

How did you hear about CRCS?     yellow pages     brochure mail out     another parent (name) \_\_\_\_\_

web site     sign in front of building     military yellow pages     Internet     other \_\_\_\_\_

Please list all other siblings in the home:

Name	Relationship to student	Age	If attends CRCS, grade enrolled

Name of last school attended \_\_\_\_\_ Phone \_\_\_\_\_

Director's name \_\_\_\_\_ Classroom teacher's name \_\_\_\_\_

I give my permission for Calvary Road Christian School to contact my child's current and former school to obtain verbal and/or written appraisals of my child's previous educational progress. I understand that this information will be used solely for the purpose of determining my child's acceptance and/or placement at CRCS.

Calvary Road Christian School agrees to notify the parent/guardian whenever the elementary student becomes ill, and the parent/guardian agrees to pick the student up as soon as possible. The parent/guardian authorizes CRCS to obtain immediate medical care if a medical emergency occurs.

I understand that a spot is reserved for my child for the entire year and I agree to pay full tuition if my child remains in school for the entire year. I understand that credit will not be given for missed days of school due to student illness or inclement weather (snow days). I understand that if I temporarily take my child out of school for purposes of vacation or other reasons during the school year that tuition is still due and payable during the time my child is out. If my child is out for an extended period of time (over three days) I agree to notify the school to make them aware. I understand that if I take my child out temporarily and do not notify the school and the school cannot get in contact with me or my bill is no longer current (whichever occurs first), the school reserves the right to withdraw my child after he/she has been absent for one (1) week and register another child in his/her place.

I understand that if my child is in extended care, the hours are from 6:45 a.m. to 8:15 a.m. and from 3:15 p.m. to 6:00 p.m. If I should arrive late in picking up my child, I agree to pay a late fee as outlined below. I understand that I will be required to discontinue extended care service and agree to pick up my child at 3:15 each day after I have been late five (5) times.

The following late policy is in effect for children picked up after 6:00 p.m.

\* The first two late occurrences during the school year will result in a fee of \$.75 per minute.

\* The third through fifth late occurrences during the school year will result in a fee of \$1.50 per minute.

\* The sixth occurrence will result in a fee of \$1.50 per minute plus dismissal from the extended care program.

I agree to have my child's tuition and extended care fees direct-debited from a designated bank account per school policy or I will pay the annual tuition in full.

I understand that if my first tuition payment is not received by August 5, the school reserves the right to cancel my child's enrollment and enroll another child in his/her place.

I understand the policies of the school administration and I agree to abide by the school rules and regulations. CRCS reserves the right to interview all students and parents before acceptance. I understand all students are admitted on a nine week probationary period. I understand that by omitting any information from the application paperwork or falsifying of documents, I am jeopardizing my child's acceptance and/or continued enrollment.

**(All parties having legal custody of the child must sign.)**

\_\_\_\_\_  
**Parent's/Guardian's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent's/Guardian's Signature**

\_\_\_\_\_  
**Date**

Calvary Road Christian School admits students of any race, color, national or ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national, or ethnic origin in the administration of its education, admissions, scholarships, athletics, or other school administered programs.

# *Calvary Road Christian School*

## **PARENTAL STATEMENT OF COOPERATION**

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I accept the challenge to “train up a child in the way he should go” in my home. In so doing I also recognize Calvary Road Christian School (CRCS) to be an extension of the home for purposes of instruction, discipline, and character building.

I do hereby state that having made a thorough investigation of the philosophy, curriculum, statement of faith, equipment, methods, discipline, and policies of the school, pledge to make this my glad-hearted choice for the coming year. I understand that my child will be taught according to the enclosed “Statement of Faith of Calvary Road Christian School.”

I sincerely pledge my loyal support to the school through praying for the faculty, administration, and programs; giving as I am able; and consistently supporting school activities and events. Following the Biblical principle for Matthew 18, I agree to share complaints, questions, and criticisms with only the teacher, administration, or person involved and not with my child or other people.

I understand that if at any time the school determines, in its sole discretion, that my actions do not support the ministry, or reflect a lack of cooperation and commitment to the home and school working together, the school has the right to request the withdrawal of my child(ren).

I hereby invest authority in the school to discipline my child as necessary. CRCS reserves the right to temporarily or permanently dismiss any student who does not cooperate with the educational process and policies of the school. If a student is dismissed for any reason, the tuition is still due up to the date of dismissal.

I give permission for our son/daughter to take part in all school activities including sports and school sponsored trips away from the school’s premises (including transportation whether by auto, bus, or metro). I absolve the school from liability for my child because of any injury at school or during any school activity not due to negligence. In case of accident or serious illness, I request the school to contact me. If immediate medical care is needed or the school is unable to reach a parent, I authorize the school to obtain immediate medical care for my child.

I grant permission for CRCS staff and designated contractors or volunteers to photograph/video my son/daughter for possible use in school projects and promotional materials. In addition, I grant CRCS, its employees, agents, successors, licensees, and assigns the irrevocable right and license to use the likeness of my son or daughter on photographs; to crop such photographs at their discretion; to incorporate such photographs into designated school projects and promotional materials at their discretion; and to use such photographs or any portion thereof in any manner connected with the above items. I understand that my child’s name will not appear in connection with any and all photographs containing his/her likeness that may be used in the above project.

I have read and understand the “Financial Policies and Fees”. I agree to pay my child’s tuition according to the schedule of payments. I understand that a 10% late fee will be charged if my account is overdue. I understand that CRCS reserves the right to temporarily suspend or permanently dismiss students whose accounts are over fifteen (15) days delinquent. If our account becomes delinquent more than once in a school year, I understand the account will have to be paid in full for the remainder of the school year. If I withdraw my child for any reason during the school year, I understand that registration/material fees are not refundable, and I agree to give the school twenty (20) days written notice by signing a withdrawal form. I understand that failure to give proper notice will result in additional tuition costs as discussed in the “Financial Policies and Fees”.

I pledge, as parent/guardian, my sincere support of the above stated standards and policies.

**(All parties having legal custody of the child must sign.)**

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**Parent’s/Guardian’s Signature**

**Date**

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**Parent’s/Guardian’s Signature**

**Date**

# Calvary Road Christian School

## EMERGENCY CARE INFORMATION

In case of an emergency, the school staff will contact 911.  
Every attempt will be made to contact a parent/guardian or a designated emergency contact

<b>STUDENT NAME</b>  Last _____  First _____ M. I. _____	Date of Birth: ____/____/____	Today's Date ____/____/____
	Sex:    M    F	Grade Level Applying For _____

Father's/Legal Guardian's name \_\_\_\_\_

Mother's/Legal Guardian's name \_\_\_\_\_

### CONTACT INFORMATION

List 3 persons that are authorized to remove your child from school or be called in case of an emergency if parents cannot be reached.

1. Name _____	Relationship to student _____
Work Phone _____	Cell Phone _____ Home Phone _____
2. Name _____	Relationship to student _____
Work Phone _____	Cell Phone _____ Home Phone _____
3. Name _____	Relationship to student _____
Work Phone _____	Cell Phone _____ Home Phone _____

### STUDENT INSURANCE INFORMATION

Name of Health Insurance _____	Policy Number _____	Name and Telephone of Physician _____
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### MEDICAL INFORMATION (Check all that are applicable)

Does your child have any of the following?

- |  |  |
|--|--|
| <input type="checkbox"/> Food Allergies, what foods              | <input type="checkbox"/> asthma or respiratory condition |
| <input type="checkbox"/> Medicine Allergies, what medicines      | <input type="checkbox"/> digestive condition             |
| <input type="checkbox"/> Insect Allergies (bees, wasps, etc)     | <input type="checkbox"/> diabetes                        |
| <input type="checkbox"/> Seasonal Allergies (pollen, grass, etc) | <input type="checkbox"/> hypoglycemia                    |
| <input type="checkbox"/> Other Allergies (please list)           | <input type="checkbox"/> heart problems                  |
|  | <input type="checkbox"/> hemophilia                      |
|  | <input type="checkbox"/> physical disability             |
|  | <input type="checkbox"/> seizures                        |
|  | <input type="checkbox"/> hearing problems                |
|  | other, please list _____                                 |

Are your child's allergies severe enough to require an Epi-pen?  Yes  No

Does your child use an inhaler?  Yes  No

List all medical conditions for which your child receives regular care

List all medications and dosages your child receives on a regular basis

**Any prescription or non-prescription medications will only be distributed to students if an approved consent form is filled out in advance. Please see the office for more details.**

The school has my permission, in a medical emergency, to take my child to the emergency room of the nearest hospital and its medical staff have my permission to provide treatment which a physician deems necessary for the well-being of my child.

**(All parties having legal custody of the child must sign.)**

Signature parent/legal guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature parent/legal guardian \_\_\_\_\_ Date \_\_\_\_\_

# FAMILY AND STUDENT QUESTIONNAIRE

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(one per each child must be filled out)

Parent/Guardian 1. \_\_\_\_\_

2. \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

1. Please describe your relationship to the Lord Jesus Christ.

Parent 1: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent 2: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Are both parents in agreement on enrollment?  Yes  No If not, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Are you a member of any church?  Yes  No If so, what is the name of the church and please describe your involvement in the church. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please explain your reasons for choosing CRCS as the educational choice for your student.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. What is your perspective concerning the school's responsibility in disciplining and guiding your child?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Will your child have any difficulty communicating in English?  Yes  No If yes, please explain.  
\_\_\_\_\_  
\_\_\_\_\_

*Continued on back*

7. Has your child ever been referred for a developmental or academic evaluation?  Yes  No  
If yes, please explain on a separate page.
8. Has your child been sent to a principal, director, or guidance counselor for previous disciplinary problems?  
 Yes  No If yes, how often and for what reason?  
\_\_\_\_\_  
\_\_\_\_\_
9. Why did you withdraw your child from your last school? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please fill out the "Permission to Release Information" form in the Registration Packet.

**QUESTIONS 10 - 14 (KINDERGARTEN - 8TH GRADE ONLY)**

10. Has your child ever been suspended, dismissed, or denied reenrollment from an educational or extended care program for academic, disciplinary, or other reasons?  Yes  No If so, explain on a separate page.
11. Has your child experienced any of the following academic accommodations?  
 Yes  No tutoring  
 Yes  No modification of grading scale  
 Yes  No modification of work load  
 Yes  No special classroom accommodations (oral testing, extended time)
12. Does your child have a history of:  
 Yes  No ADD, ADHD (copy of diagnosis by a licensed psychologist or physician must accompany application)  
 Yes  No Learning Disability (copy of testing and Individual Education Plan must accompany application)  
 Yes  No Physical Disability (copy of Individual Education Plan must accompany application)  
 Yes  No Other, please indicate \_\_\_\_\_

13. Has your child ever repeated a grade level?  Yes  No If yes, which grade and for what reasons.  
\_\_\_\_\_  
\_\_\_\_\_

14. Has your child received a physical, visual, and hearing examination in the last year?  Yes  No  
If so, please give results. \_\_\_\_\_

Students with academic difficulties applying for admission to Calvary Road Christian School must supply all confidential records, present school records, and any educational evaluations before the admissions process can proceed.

I acknowledge that I have accurately completed the Family and Student Questionnaire and have supplied all records, evaluations, IEP's and other information if applicable. I understand that by omitting any information, or falsifying of documents, I am jeopardizing my child's acceptance or continued enrollment.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# PERMISSION TO RELEASE INFORMATION

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I give the school personnel at \_\_\_\_\_  
School permission to release all pertinent educational information (verbal  
and written) on my child \_\_\_\_\_  
to the administration at Calvary Road Christian School.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## ***Calvary Road Christian School***

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*L. Harold Jones, Administrator*