



ENROLLMENT APPLICATION

Please submit a completed Enrollment Application and *original* copies of the following documents to the school office:

- Birth Certificate
- Child's Social Security Card
- Current Immunization Records

PLEASE PRINT

STUDENT INFORMATION:

STUDENT'S FULL NAME: _____

Goes By: _____ Male: _____ Female: _____ Race: _____

Date of Birth: _____ Age this child will be on 9/30/15: _____

Student's Social Security Number: _____

Grade entering: _____ Has this child ever repeated a grade? _____ If yes, what grade? _____

Name/Address of Previous School: _____

Church Affiliation: _____

CHILD LIVES WITH:

- () BOTH NATURAL PARENTS
- () MOTHER & STEP-FATHER
- () FATHER & STEP-MOTHER
- () OTHER—PLEASE SPECIFY

- () MOTHER ONLY
- () FATHER ONLY
- () GRANDPARENTS

WHO HAS LEGAL & PHYSICAL CUSTODY OF THE CHILD:

(If applicable, custody papers must be provided)

WHO WILL BE RESPONSIBLE FOR SCHOOL TUITION AND FEES:

PARENT INFORMATION:

FATHER'S NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE: _____ WORK PHONE: _____

OCCUPATION: _____ PLACE OF WORK: _____

CELLULAR NUMBER: _____ E-MAIL ADDRESS: _____

MOTHER'S NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE: _____ WORK PHONE: _____

OCCUPATION: _____ PLACE OF WORK: _____

CELLULAR NUMBER: _____ E-MAIL ADDRESS: _____

IF DIVORCED:

NAME OF STEP-PARENT: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE: _____ WORK PHONE: _____

OCCUPATION: _____ PLACE OF WORK: _____

CELLULAR NUMBER: _____ E-MAIL ADDRESS: _____

LEGAL GUARDIAN (IF CHILD DOESN'T RESIDED WITH MOTHER AND/OR FATHER):

NAME OF GUARDIAN: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE: _____ WORK PHONE: _____

OCCUPATION: _____ PLACE OF WORK: _____

CELLULAR NUMBER: _____ E-MAIL ADDRESS: _____

RESPONSIBLE ADULT IF PARENT CANNOT BE REACHED IN AN EMERGENCY:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE: _____ WORK PHONE: _____

OCCUPATION: _____ PLACE OF WORK: _____

CELLULAR NUMBER: _____ E-MAIL ADDRESS: _____

MEDICAL INFORMATION:

Does this child have any special problems of which we should be aware? (Physical, Educational, Emotional or Medical). If yes, please explain.

Does this child take daily medication that the office would be expected to administer? If yes, please explain.

Is there any other information that we may need to know about your child?

Has your child ever been suspended from any school? YES _____ NO _____

Please Explain:

Parent Signature: _____ **Date:** _____

CALVARY BAPTIST SCHOOL OF NEW ORLEANS admits students of any race, religion, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, religion, color, national and ethnic origin in administration of its educational policies.

MEMBERS ONLY

Active members of CALVARY BAPTIST CHURCH are eligible for reduced tuition rates. An active member is defined as follows: "An active member has first joined this church by profession of faith, transfer of letter, or by statement. These members must also be regular participants of the worship service and programs plus contribute regularly toward the operation of the church."

_____ is an active member of CALVARY BAPTIST CHURCH and is therefore, entitled to member tuition rates.

DATE: _____ SIGNATURE OF PASTOR: _____