



APPLICATION FOR ADMISSION

TO BE COMPLETED BY PARENT OR GUARDIAN - PLEASE PRINT OR TYPE

GRADE ENTERING: ☐ PRE-K3 ☐ PRE-K4 ☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

APPLICANT INFORMATION

Applicant's Name: _____

Applicant known as: _____ Social Security Number: _____

Date of Birth: _____ Age: _____ Home Telephone Number: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Religion: _____

Applicant's Present School: _____

Other Schools Attended:

_____ Grade(s) _____

_____ Grade(s) _____

_____ Grade(s) _____

Grade(s) Repeated (if any): _____ Reason: _____

Check if applicable: ☐ Mother Deceased ☐ Father Deceased

Applicant lives with: ☐ Mother & Father ☐ Mother ☐ Mother & Stepfather ☐ Father ☐ Father & Stepmother

☐ Guardian (explain relationship) _____

FATHER / GUARDIAN

Name: _____ Religion: _____ Education: _____

Employment: _____ Business Phone: _____ Mobile Phone: _____

E-mail Address: _____

MOTHER / GUARDIAN

Name: _____ Religion: _____ Education: _____

Employment: _____ Business Phone: _____ Mobile Phone: _____

E-mail Address: _____



APPLICATION FOR ADMISSION

NAMES OF SISTERS AND BROTHERS

Name	Date of Birth	Current School & Grade

TELL US MORE ABOUT YOUR CHILD:

Physical limitations: _____

Are there any cognitive accommodations necessary for your child? : _____

How would you describe your child's learning style?: ☐ Visual ☐ Auditory ☐ Hands On

Share with us any additional information pertinent to your child's education: _____

WHAT INFLUENCED YOU TO APPLY TO CALVARY BAPTIST SCHOOL?

HOW DID YOU FIRST LEARN OF CALVARY BAPTIST SCHOOL? CHECK ALL THAT APPLY.

- | | | |
|----------------------------------|---|--|
| <input type="radio"/> Open House | <input type="radio"/> Calvary Baptist School students | <input type="radio"/> Social Media |
| <input type="radio"/> Website | <input type="radio"/> Calvary Baptist School teachers/staff | <input type="radio"/> Calvary Baptist Church |
| <input type="radio"/> Mailings | <input type="radio"/> Calvary Baptist School parents | <input type="radio"/> Other _____ |
| <input type="radio"/> Signage | <input type="radio"/> Friends/Family | |

DISCLAIMER AND SIGNATURE INFORMATION

Calvary Baptist School seeks to enroll any well-rounded, academically motivated students without regard to race, sex, and ethnic or national origin.

Parent or Guardian Signature: _____

Print Name: _____

PLEASE RETURN THE APPLICATION WITH THE FOLLOWING:

- Application Fee of \$50
- Copy of Birth Certificate of Applicant
- Copy of Valid, Up-to-Date Immunization Records
- Copy of Social Security Card
- Academic Transcripts from the Previous Three Years (Transcripts should include academic grades or report cards & standardized test scores)
- Current Report Card

SEND APPLICATION TO:

Office of Admissions
Calvary Baptist School
2401 General De Gaulle Dr.
New Orleans, LA 70114