



# 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 (circle one):    *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:

- Enrollment Fee
- 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