



Calvary Academy

Application For Admission

1730 W. Jefferson — Springfield, IL 62702 — (217) 546-9700, x245
All information must be provided for this application to be considered

APPLYING FOR:

(circle one)

K/4 — mornings or afternoons

Grade: K/5 1 2 3

4 5 6 7 8

9 10 11 12

STUDENT

First time applicant
 Previously applied, but not attended

Previously attended _____
Give dates _____

Name _____ Date of application _____

Date of birth _____ Age _____ Sex _____ Race _____ Place of birth _____

Social Security number _____ U.S. citizen? _____

FAMILY

Natural father's/guardian's name _____

Address _____ City, Zip Code _____

Telephone – home _____ Telephone – business _____

Email Address: _____ Cell Phone _____

Occupation – company _____

Nature of business _____ Position _____

Business Address _____ City, State, Zip _____

Natural mother's/guardian's name _____

Address _____ City, Zip Code _____

Telephone – home _____ Telephone – business _____

Email Address: _____ Cell Phone _____

Occupation – company _____

Nature of business _____ Position _____

Business Address _____ City, State, Zip Code _____

If there are other children in your family, please complete the following:

Name _____ Age/Grade _____ School _____

Name _____ Age/Grade _____ School _____

Name _____ Age/Grade _____ School _____

Marital relationships (check all that apply):

Natural Parents are:

Together at home Natural mother _____ deceased

Separated Natural father _____ deceased

Legally divorced

Academy alumni:

Mother attended graduated

Father attended graduated

If parents are divorced or separated, who has legal custody of the child? _____

Is either parent forbidden by court order from having equal access to the child or the school records? Yes No

(written legal documentation is required prior to enrollment)

If student does not live with natural father and mother, student lives with: Natural mother only Natural father only

Natural mother/stepfather Natural father/stepmother Legal guardian

Legal Guardian/Stepparent's name _____

Occupation - company _____ Business address _____

City _____ State/Zip _____

Name and address of living grandparents:

Name	Address	City	State	Zip	Phone #

Name	Address	City	State	Zip	Phone #

FAMILY CHARACTERISTICS

The following are intended to acquaint you with:

- The essential matters in the development of students at our school.
- The kinds of topics we will discuss at the interview.
- What we look for and evaluate when making decisions about applicants.

They are not only intended to help us learn more about you, but also reveal to you significant characteristics of our school. There are no right or wrong answers. Lengthy essays are not required.

I. SPIRITUAL: The home is to be the center of spiritual growth and instruction for the child. Describe the family devotional activities you engage in to further develop your child(ren) spiritually.

II. FAMILY RELATIONSHIPS: How does your child relate to the other members of your family? For instance, are there brothers or sisters, grandparents, stepparents at home? Please mention those relationships or circumstances that are important to help us understand your child.

III. DISCIPLINE: What are your expectations for your student's general behavior, and how are deviations from this behavior handled at home. Describe your child's response to authority.

IV. DECISION MAKING: Who makes the decisions in your family about issues such as behavior, dress, dating, movies, music, television, etc.? Why?

V. SELF-ESTEEM: Describe your child's self-concept as best you know it. Include the strengths of that self-concept, and describe those areas where we could be of help.

VI. INTENTIONS: Is it your intention to have your child graduate from Calvary Academy? If not, please explain.

SCHOOL HISTORY

If this is your child's first school experience, please check here.

List all schools previously attended (including the Academy if previously enrolled):

School	Full Address & Zip	Dates	Grades Attended
_____	_____	_____	_____
_____	_____	_____	_____

Has your child ever been suspended? _____ Expelled? _____ Asked to withdraw? _____

Please give full details to any "yes" answer on a separate sheet of paper, including the principal's name, date of incident, address of the school, and grade at which incident occurred.

To your knowledge, has your child been involved with alcohol, drugs, tobacco, cheating, stealing, or sexual immorality?
_____ (If "yes", please give details on a separate sheet of paper.)

Has your child ever been charged, arrested or convicted of a crime? _____ (Please give details on a separate sheet.)

Has your child ever repeated a grade? _____ If so, state grade and year _____

Has your child ever been tested for or enrolled in a special program? (gifted, learning disabled, special needs) _____
(Please give details on a separate sheet.)

Has your child ever been diagnosed for autism, ADD, ADHD, a learning disability, psychiatric disorder or other condition that could affect his/her school progress? _____ (Please give details on a separate sheet.)

Reason for withdrawing from present school? _____

Are there current Calvary Academy parents who could be a spiritual reference for your family? If so, please list them.

Calvary Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities made available to students of the school. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admissions policies, financial assistance, athletics, or any other school administered programs.

I certify that statements made in this application are true and correct to the best of my knowledge.

Father/Legal Guardian's Signature

Mother/Legal Guardian's Signature

Administration Signature

Date

CALVARY ACADEMY

1730 W. Jefferson

Springfield, IL 62702

Office: (217) 546-9700, x245 – Fax: (217) 546-1926

Donna J. Squires – Education Administrator

Jay Hinckley – Principal

Phil Brown – Dean of Students

Request for Records Transfer

(Student Name): _____

has enrolled in the _____ grade at Calvary Academy effective _____

I hereby give permission for the transfer of all educational records, including the amount of credit earned per subject, health records and psychological records.

I hereby give Calvary Academy permission to contact any organization or adult who has had previous or current authority over my child named below to obtain information relevant to the child's admission to Calvary Academy. Examples of individuals who may be contacted are past & previous teachers, school counselors, principals, or pastors. The child's home church may also be contacted. Calvary Academy is not limited to the groups or individuals listed above.

Parent/Legal Guardian Signature _____

Date _____

Please list name and address of the last school your child attended:

School Name

Address

City

State/Zip

**CALVARY ACADEMY
MEDICAL INFORMATION
2008-2009**

Student Name: _____ Grade: _____
Mother/Guardian: _____ Daytime Phone #: _____
Father/Guardian: _____ Daytime Phone #: _____
Mother Cell Phone: _____ Father Cell Phone: _____
E-Mail Address: _____

Responsible adult to contact if parent cannot be reached:
_____ Relationship _____ Daytime Phone #: _____ Cell Phone # _____

Physicians Name: _____ Phone #: _____
Physicians Address: _____

Allergies or Physical Challenges: _____

***Please see back of page for Calvary Academy's "Health Information Policy".**

Permission to Administer Aspirin-Free Tablets

According to Calvary Academy's school policy to administer aspirin-free tablets to students, we must have written permission from parents/guardians at the beginning of each school year.

Please complete the form below for each child in school and return to the office with your contract. Thank you very much.

# of tablets:	Children's	Junior	Adult			
Student's Name:				<u>Chewables</u>	<u>Strength</u>	<u>Reg. Strength</u>
_____				_____	_____	_____

____ Yes, I hereby give permission for Calvary Academy to administer aspirin-free tablets as follows to my child when necessary.

____ No, I do not want my child to receive aspirin-free tablets while at Calvary Academy.

Calvary Academy has my permission to administer emergency treatment to my child in the event that parents or above named responsible adult cannot be contacted.

Parent/Guardian Signature _____ Date _____

1-17-08

Health Information

Breath Mints and Cough Drops

Students may use both breath mints and cough drops at their own discretion. It must be understood that this does not include Life Savers or other candy items.

Dispensing of Non-Prescription Drugs

Students sometimes have minor ailments and complaints insufficient to merit sending the student home but have sufficient discomfort to prohibit the student's maximum effort. Limited supplies of acetaminophen tablets (e.g., Tylenol) are kept in the school office. The parent must grant permission in writing every school year for each student enrolled in order for the school to dispense this medication as the need arises. All other non-prescription medication requires a doctor's authorization and suggested dosage.

Inhalers

All inhalers are to be kept in the school office unless a written note is received from the parent/guardian or physician requesting the inhaler be kept in the classroom.

Physical Exams and Immunizations

1. Physical exams are required for all K/4, Kindergarten, fifth, and ninth grade students entering Calvary Academy. Students participating in IESA or IHSA athletic activities must have an annual athletic physical.
2. All students must meet Illinois immunization requirements. Requirements may be obtained from your doctor.

Prescription Medication

All medications must be left in the school office. Prescription medications will only be administered if in a prescription bottle with appropriate pharmacy label attached. Label must state dosage to be administered and time the medicine is to be administered.

The school office must have a written request signed by the doctor, parents or guardians stating the following items:

1. The medication to be administered
2. The amount of the dosage
3. The time the medication is to be administered
4. Any adverse reactions that should be reported to the physician in case of an emergency
5. If the medication is prescription, it must be in the container in which it was dispensed from the physician or pharmacist.
6. All medications are to be dispensed by the Academy office unless the student is on a field trip. In this case the classroom teacher will dispense the medication.

Sending Students Home from School

Students will be sent home when it is deemed necessary. As a general rule, when a student has a fever of 102 degrees F or above and/or exhibits symptoms severe enough to prevent his being in the classroom, the student will be sent home. A student shall not return to school until he is symptom-free for 24 hours. If your student becomes ill while at school, please make arrangements to pick them up **promptly.**

Head Lice

Students may not attend school if they have contracted Head Lice. After treatment, the office staff will check the student's hair before they may return to class. **Students must be nit free to return to school.**

CALVARY ACADEMY TUITION PAYMENT PREFERENCE FORM

Parent/Guardian's Name: _____

Student Name: _____

Address: _____

I. Please choose one of the payment methods listed below and put an X in the box next to it.

_____ **Option 1** Single payment due on or before **July 2008** paid directly to Calvary Academy.

_____ **Option 2** Two Payment Plan - **July 2008 and January 2009** paid directly to Calvary Academy.

_____ **Option 3** The FACTS monthly payment plan. Automatic withdrawals from either a checking Or savings account over a 10, 11, or 12 month period.

If Option 3 is chosen:

A. What payment date would you prefer:

_____ the 5th _____ of the month

_____ the 20th _____ of the month

B. What months would you like to pay:

_____ July thru April (10 months)

_____ July thru May (11 months)

_____ July thru June (12 months)

II. Please add the 08-09 lunch fees to my account for the year.

_____ \$352 for elementary/Junior High

_____ \$396 for High School

I agree to make tuition payments for the 2008-2009 school year according to one of the options above.

Parent's signature

Date