



CALVARY
BAPTIST SCHOOL

STUDENT APPLICATION

1380 S Valley Forge Rd – Lansdale, PA 19446

215-368-1100 Phone – 215-368-1003 Fax

STUDENT DATA

Name: _____ Application Date: _____

Name That Student Prefers: _____ Gender: ☐ Male ☐ Female Date of Birth: _____

Grade to enter: _____ School Yr: ☐ 18-19 ☐ 19-20 ☐ 20-21 Kindergarten only: ☐ AM ☐ PM ☐ Full Day

Ethnicity: ☐ African American ☐ Caucasian ☐ Native American ☐ Asian ☐ Hispanic ☐ Other _____

Last School Attended: _____ School Phone: _____

School Address: _____ Has student been retained? _____ grade retained _____

Are there special circumstances regarding the student's general health or learning abilities? If yes, please explain: _____

FAMILY INFORMATION

Father's Name: _____ Mother's Name: _____

Legal Guardian: ☐ Both Parents ☐ Father ☐ Mother ☐ Other _____

Student Lives With: _____

Address: _____

Home Church: _____ Attendance: ☐ Regular ☐ Infrequent ☐ No Attendance

Father's Info: Cell Phone: _____ Work Phone: _____

Employer: _____ Email: _____

Mother's Info: Cell Phone: _____ Work Phone: _____

Employer: _____ Email: _____

Home Phone: _____ Preferred Emergency Call #: _____

Siblings: (include name, age and school) _____ Referred by: _____

ADMISSION CHECKLIST

The following items are necessary for enrollment to Calvary Baptist School:

- ☐ 1. A completed and signed application
- ☐ 2. A personal interview with the administrator including student and parents or guardian
- ☐ 3. Transcripts from previous school (must be sent prior to final acceptance - partial transcripts may be used in certain circumstances)
- ☐ 4. Application fee
- ☐ 5. An original birth certificate/passport (A copy of the certificate will be made and placed in the student's file)
- ☐ 6. An up-to-date immunization record before entry
- ☐ 7. Doctor's Physical (If entering kindergarten, 6th grade or 11th grade or if transferring from out of state)
- ☐ 8. Dental (If entering Kindergarten, 3rd grade or 7th grade or if transferring from out of state)
- ☐ 9. A copy of student's Social Security Card
- ☐ 10. Custody documents (if applicable)
- ☐ 11. Request for Transportation Form

EMERGENCY INFORMATION SHEET

FAMILY INFORMATION

Last Name of Child:		First Name:	Middle	Date of Birth:
Address:				Home Phone:
Father's Name:	Work Phone:		Father's Cell:	
Mother's Name:	Work Phone:		Mother's Cell:	
Who would you like contacted first in the event of illness or injury?				

MEDICAL INFORMATION

Student's Primary Care Physician (PCP):		Physician Phone:
Student's Dentist:		Dentist Phone:
Specify special health conditions of student (i.e. Asthma, seizure history, etc.) or any special required care needed.		
Medical Allergies:	Chronic Illness:	Other:
Does your child have an epi pen? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>New written doctor's orders/action plan and new epi pen must be submitted to the school staff nurse by Orientation</i>		Does your child have an inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>New written doctor's orders/action plan and new inhaler must be submitted to the school staff nurse by Orientation</i>

MEDICATION AUTHORIZATION

I authorize Calvary Baptist School to administer an age-appropriate dosage of the following medications as needed to my child. Please check "Yes" or "No" for each item below:

Ibuprofen (grades 6-12) ☐ Yes ☐ No Mylanta (age 12-grade 12) ☐ Yes ☐ No Benadryl (age 6-grade 12) ☐ Yes ☐ No
 Acetaminophen (i.e. Tylenol) ☐ Yes ☐ No Kaopectate (age 12-grade 12) ☐ Yes ☐ No Itch cream ie hydrocortisone ☐ Yes ☐ No
 Chewable Antacid (age 12-grade 12) ☐ Yes ☐ No

NOTE: Any medication (prescription or over-the-counter) to be given during school hours must be delivered by a parent/guardian to the school office. Medication must be in original packaging and must include a note identifying the drug, dosage, and time to be administered. The note must also be signed and dated by a parent/guardian or the student's PCP. Any medication (prescription or over-the-counter to be given long term (over 3 weeks) must be accompanied by a note from the student's PCP.

LOCAL EMERGENCY CONTACTS

List two responsible adults who in the case of an emergency will assume responsibility for your child if parents/guardians cannot be reached. **Must be someone other than parents.**

Name/relationship:	Daytime Phone:
Name/relationship:	Daytime Phone:

STUDENT DATA

I give permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises. I authorize my child to ride as a passenger in a vehicle owned or leased by Calvary Baptist Church and School. I understand that each individual field trip (off school premises) will require a parent or guardian signature prior to the event taking place. I understand that all possible precautions will be taken to insure the health and safety of my child and absolve the school from liability to me or to my child because of any injury to my child at school or during any school activity. _____ Yes / No

I understand that Calvary Baptist School reserves the right to expel any child who fails to comply with the established regulations and discipline. I give permission to administer such discipline as the school deems wise and expedient for my child with parental consent. _____ Yes / No

I agree that any pictures taken of my child at Calvary Baptist School may be used for promotional purposes, including stories, news, advertising, and church/school web sites. _____ Yes / No

I agree if emergency care is deemed necessary and I cannot be contacted, I authorize the staff member in charge to act on my behalf in granting permission for my child to receive emergency treatment. _____ Yes/No

One of the reasons Calvary Baptist School exists is to teach and promote biblical values and lifestyles. While we do not require parents to subscribe to a doctrinal position, as an institution and a ministry of Calvary Baptist Church, we devoutly hold to a core set of beliefs which form the basis of what we advocate and teach our students. These beliefs can be found in our doctrinal statement and are represented in the literature we publish about CBS. By enrolling your child(ren) at Calvary Baptist School, you understand and consent to our efforts to teach these beliefs to them and to oppose the teaching of beliefs to the contrary. _____ Yes/No

I agree to pay tuition according to arrangements that shall be made to conclude all required payments on or before the end of the school year. I agree to pay any assessments that are made to cover damage to school property caused by my son/daughter. I agree to keep my financial obligations current (including any and all miscellaneous billing) and will contact the school office if a balance remains unpaid after the due date. I understand that students may not attend Calvary Baptist School if a balance exceeds 60 days past due. I understand that report cards and cumulative records will be withheld if required payments are not made. _____ Yes / No

I understand that my child will not be considered enrolled until all requested documents are received and recorded by school office. _____ Yes / No

Signature of Parent/Guardian _____ Date _____

Print Name _____

FINANCIAL INFORMATION

■ Tuition payment options for K5 -12th grade:

- ☐ Yearly (payment due August 15) 4% discount
- ☐ 12-month (payments due July-June)
- ☐ 10 -month (payments due August - May)

■ I am willing to make an extra monthly donation of ☐ \$5.00, ☐ \$10.00, ☐ \$25.00, or ☐ _____ to help fund the Calvary Baptist School Tuition Scholarship Program for needy students who would otherwise be unable to attend CBS.

■ K-12 New Student Enrollment Fee: \$100.00 per child, non-refundable, due at time of enrollment

For office use only

Received By / Date: _____ / _____ Check # (Cash) Amount: _____ / _____

Processed By / Date: _____ / _____ Trans. Req. Submitted: _____ / _____

Reg: _____ Cur: _____ Reo: _____ Ref: _____ Sch: _____ Spr: _____ Stat: _____