

**SUPPLEMENTAL INFORMATION**

Why do you want your child(ren) to attend Calvary Schools of Holland? \_\_\_\_\_

How did you hear of the school? \_\_\_\_\_

Are you here as a result of a referral from a CSH family?  No  Yes Family Name: \_\_\_\_\_

Has either parent graduated from CSH? \_\_\_\_\_

Have you been satisfied with the education your child has had until now? \_\_\_\_\_

If not, in what areas do you desire improvement? \_\_\_\_\_

What expectations do you have of the education your child will be receiving at Calvary Schools of Holland? \_\_\_\_\_

If your child is seeking admission at this time and will enter the 6<sup>th</sup> grade or above, please have him or her complete the following question.

Why do you want to attend or not to attend Calvary Schools of Holland?

I accept the policies of Calvary Schools of Holland and I authorize the school to hold my child accountable to Calvary standards and policies. Further, I agree to have my child taught according to the doctrinal position of the school. I accept the policies detailed in the Student Handbook and agree to abide by the school's discipline policies. I promise to pay my financial obligations to Calvary on or before the due date or accept the consequences of the delinquent tuition policy. I give consent for my child to take part in all school activities, including sports and school-sponsored trips away from school premises, and absolve the school of liability because of injury to my child during school activities except for the willful, wanton, or reckless misconduct of Calvary, its employees, or volunteers. I pledge my cooperation in regular tuition payments, practical service, prayer, and special gifts as the Lord enables me. I understand that any false information or significant omissions may disqualify my child from admission and may be justification for dismissal from Calvary if discovered at a later date. Finally, I give permission to have my son or daughter's photograph used in school related print and web-based publications.

*I have read the terms stated on this application and agree.* Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**NON-DISCRIMINATORY POLICY**

In accordance with Title VI of the Civil Rights Act of 1964, it is the policy of Calvary Schools of Holland to admit students of any race, color, national 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, color, national and ethnic origin in administration of its educational policies, admissions policies, class assignments, scholarship programs, and other school-administered programs.

**FOR OFFICE USE ONLY**

Child's Name: \_\_\_\_\_ Application Fee Paid:  Yes  No Interview Date: \_\_\_\_\_  
 Date Received: \_\_\_\_\_  
 Starting Date: \_\_\_\_\_ Birth Certificate: \_\_\_\_\_ Immunization Record: \_\_\_\_\_  
 Release Form: \_\_\_\_\_ Testing:  Yes  No



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www.calvaryschoolsholland.org

“Building Christian Character, Developing Servant Leaders, Delivering Quality Education”

# Student Application for Admission

*This application does not assure final enrollment, but provides information upon which a decision will be based*

Admission date desired: \_\_\_\_\_ Grade for which applying: \_\_\_\_\_  
If applying for K4, please specify AM or PM

**STUDENT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Male  Female Age: \_\_\_\_\_ Goes by: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 (\_\_\_\_\_) \_\_\_\_\_  
Home Telephone Family Email Address Social Security Number

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_

Please describe your son or daughter's characteristics and temperament: \_\_\_\_\_

**SCHOOL HISTORY**

Is this your child's first school experience?  Yes  No

List previous schools attended:

1) Name of School: \_\_\_\_\_ Telephone#: \_\_\_\_\_

School Address: \_\_\_\_\_  
Street Address City State Zip

Last Grade Level Completed/Currently in: \_\_\_\_\_ Dates of Enrollment: \_\_\_\_\_

2) Name of School: \_\_\_\_\_ Address: \_\_\_\_\_

School Address: \_\_\_\_\_  
Street Address City State Zip

Last Grade Level Completed/Currently in: \_\_\_\_\_ Dates of Enrollment: \_\_\_\_\_

How would you describe your child as a student? Check all that apply:

excels academically  above average  average  dislikes school  
 likes school  highly motivated  indifferent  struggles academically

Does your child have an identified learning disability? If so, please explain:

What school district do you currently reside in? \_\_\_\_\_



SEVIS APPROVED



The Community of Calvary Schools • Maturing students in Christ

Colossians 1:28

Indicate any mental, emotional, or special physical situation that may affect your child's activities or progress.

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Does your child receive medication?  No  Yes Type: \_\_\_\_\_

Does your child have allergies to: Medication:  No  Yes Type: \_\_\_\_\_  
Food:  No  Yes Type: \_\_\_\_\_  
Other:  No  Yes Type: \_\_\_\_\_

List any honors/awards your child has won: \_\_\_\_\_

List any special abilities or gifts your child possesses: \_\_\_\_\_

Has your child ever been retained in any grade? If yes, please explain: \_\_\_\_\_

Has your child ever been expelled, denied re-enrollment, counseled not to return to a school or been the subject of any major school disciplinary action? If yes, please explain.

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Has your child ever been to juvenile court? If yes, please explain.

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Has there been any known drug use by your child? If yes, please explain.

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Most difficult subject: \_\_\_\_\_ Least difficult subject: \_\_\_\_\_

#### FAMILY INFORMATION

##### FATHER:

Title  First Name  Last Name

Home Address

City  State  Zip

Home Phone  Cell Phone

##### Marital Status:

Married  Separated  Divorced  One Parent  Widower

Father's Occupation/Title

Place of Employment

Work Phone  Email Address

##### MOTHER:

Title  First Name  Last Name

Home Address

City  State  Zip

Home Phone  Cell Phone

##### Marital Status:

Married  Separated  Divorced  One Parent  Widower

Mother's Occupation/Title

Place of Employment

Work Phone  Email Address

If the student does not live with both parents, the student lives with: (indicate below)

birth mother only  birth father only  birth mother and stepfather  birth father and stepmother  
 guardian  adoptive parents

Who has legal custody of the student? \_\_\_\_\_  
(Written documentation is required prior to enrollment)

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

Primary Language spoken at home: \_\_\_\_\_ Second Language: \_\_\_\_\_

#### SIBLINGS:

Names  Age  Grade   
Present School  Applying to CSH?  Yes  No

Names  Age  Grade   
Present School  Applying to CSH?  Yes  No

Names  Age  Grade   
Present School  Applying to CSH?  Yes  No

#### PATERNAL GRANDPARENTS:

First Names  Last Name   
Address   
City  State  Zip   
Phone

#### MATERNAL GRANDPARENTS:

First Names  Last Name   
Address   
City  State  Zip   
Phone

#### CHRISTIAN COMMITMENT AND CHURCH INVOLVEMENT

Father accepted Christ as Savior? \_\_\_\_\_ Mother accepted Christ as Savior? \_\_\_\_\_

Church affiliation & denomination: \_\_\_\_\_ Church Members?  Yes  No

What activities are you or members of your family involved in besides Sunday worship? \_\_\_\_\_

What factors have provided the greatest impact on the spiritual life of your family? \_\_\_\_\_

What do you think are the characteristics of a Christian family? \_\_\_\_\_

How would you describe your child spiritually? \_\_\_\_\_

Has your child made a personal decision for Christ? \_\_\_\_\_ If yes, at what age? \_\_\_\_\_

Interest in spiritual matters:  strong  growing interest  indifferent  antagonistic