

Calvary Christian School Private School Satellite Program (CCS-PSP)

Application for Admission 20____ - 20____

“Train up a child in the way he should go, and when he is old, he will not depart from it.” Proverbs 22:6

Last	Student(s) Names			Date of Birth	Grade
	First	Middle			

Address _____
Street City Zip

Father and Mother's name _____

Email _____ Phone _____

Father's employer _____ Work Phone _____

Mother's employer _____ Work Phone _____

What church do you attend on a regular basis? _____

Please explain your reason(s) for educating your child(ren) at home: _____

Who will be the student(s) primary teacher? _____. Please state the primary teacher's education level _____ How many years have you home schooled? _____.

If the primary teacher works outside the home during traditional school hours (8am-2pm), what arrangements have been made for the student(s) care during this absence? _____

Previous school your child(ren) attended: _____

Was your child(ren) asked to leave? _____. If yes, please explain on a separate sheet of paper.

If you are transferring from Calvary Christian School, is your account paid in full? _____

