

Calvary Temple Christian Academy
3301 S. 20th Street
Philadelphia, PA 19145
215.462.2822 Fax: 215.551.7951

Application for Admission

Date: _____

Student Form General Information

Full Legal Name of Student: _____

Preferred: _____ Birth Date: _____ SS# _____

Grade Completed: _____ Entering Grade: _____ Sex: M F Race: _____

Home Address: _____

City: _____ State & Zip Code: _____

Home Phone: _____ School District: _____

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

Student Lives With (circle one): Father & Mother Father Only Mother Only Guardian Other _____

Legal Custody (circle one): Father & Mother Father Only Mother Only Guardian Other _____

Church attended by the Student: _____

Student Church Attendance (circle one):
Regularly (3-4x/month) Irregularly (1-2 x month) Seldom (less than once a month)

Academic Information

Please list all previous schools attended (*start with most recent*):

Name	City/State	Dates Attended	Grades
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Reason for leaving the most recent school: _____

** Please list any additional schools on a separate sheet of paper**

Has the student repeated a grade? _____ Explain: _____

Has the student ever attended summer school? _____ Explain: _____

Has the student ever been tested for learning disabilities? _____ Explain: _____

Has the student ever been tested for gifted or accelerated classes? _____
Explain: _____

Has the student ever had disciplinary problems? _____

Has the student ever been suspended or dismissed from any school? _____
Explain: _____

Has the student ever been tested for emotional/psychological problems? _____
Explain: _____

Does the student take prescription medication on a regular basis? _____
Explain: _____

Does the student have any health challenges that would require special consideration? _____

Does the student want to attend CTCA? _____ If not, please explain: _____

Please list any other information that you think would be beneficial to effectively teach your child:

Brief explain why you wish to enroll your child at CTCA: _____

Family Form
General Information

Father

Name: _____ Mr. Dr. Rev. Other _____

Full Address: _____

School District: _____ Home Phone Number: () _____

E-mail Address: _____ Cell Number: () _____

Employer: _____ Phone Number: () _____

Church currently attending: _____

Pastor's Name: _____

Are you: Member Regular attendee Other (explain): _____

Mother

Name: _____ Miss Ms. Mrs. Dr. Other: _____

Full Address: _____

School District: _____ Home Phone Number: () _____

E-mail Address: _____ Cell Number: () _____

Employer: _____ Phone Number: () _____

Church currently attending: _____

Pastor's Name: _____

Are you: Member Regular attendee Other (explain): _____

I certify that all of the information presented to me in this application is, to the best of my knowledge, true, complete and accurate. I further certify that I have not withheld any information available to me that would be pertinent to the admission or class placement of my child(ren) at Calvary Temple Christian Academy.

Father/Guardian Signature: _____

Mother/Guardian Signature: _____

OFFICE USE ONLY

Application Received _____
Student Reference ○
Disciplinary Records ○
Immunizations ○

Application Fee ○
Family Reference ○
Testing ○

Birth Certificate ○
Report Card ○
Previous test results _____

