

**Calvary Temple Christian Academy**  
**Middle School Student Information**

To be completed by the student applicant in his/her own handwriting. If needed, feel free to use another sheet of paper when answering the following.

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

**General/Spiritual:**

Please give an account of your relationship with Jesus Christ and when He became your Savior.

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What does this relationship mean to you? \_\_\_\_\_

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Where do you attend church? \_\_\_\_\_

What church activities/ministries are you involved in? \_\_\_\_\_

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Do you want to attend Calvary Temple Christian Academy? \_\_\_\_\_

Please explain why or why not? \_\_\_\_\_

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**Academic:**

Do you get your homework done at school or do you take it home with you every day? \_\_\_\_\_

What subject is most challenging for you? \_\_\_\_\_

What subject do you enjoy the most? \_\_\_\_\_

What was your average grade in school last year? \_\_\_\_\_

Have you ever been on the honor roll?        Yes            No

Have you ever failed a subject?            Yes            No

    If yes, what subject? \_\_\_\_\_

What is your goal/dream regarding an occupation to pursue? \_\_\_\_\_

**Personal/Behavior:**

What do you enjoy doing in your free time? \_\_\_\_\_

Do you participate in sports?                Yes            No

If yes, what sport(s)? \_\_\_\_\_

How often do you read a book? \_\_\_\_\_

What was the last book you read? \_\_\_\_\_

What radio stations do you listen to? \_\_\_\_\_

How many hours a week do you spend watching TV or playing video games? \_\_\_\_\_

How many hours a week do you spend on the internet/computer? \_\_\_\_\_

Name the last three movies you saw at the theater:

Are most of your friends and acquaintances Christians?    Yes            No

Are most of your friends your age?                            Yes            No

Do you know any current students at CTCA?                Yes            No

If yes, who are these students? \_\_\_\_\_

List three adjectives that friends might use to describe you. \_\_\_\_\_

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Have you ever used tobacco products?                      Yes                      No

Have you ever used drugs?                                      Yes                      No

Have you ever used alcoholic products?                      Yes                      No

If yes to any of the above, please explain. \_\_\_\_\_

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By signing below, I attest that I have answered the above questions honestly and accurately.

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*Student Signature*

*Date*