



Application for Admission to Calvary Christian Academy

Date _____ Requested date of admission _____

Family Name _____ Phone (H) _____

Home Address _____

Mother/Guardian _____ email _____ cell _____

Father/Guardian _____ email _____ cell _____

Child's Name _____ M/F Grade _____
Surname First Middle

Child's Name _____ M/F Grade _____
Surname First Middle

Child's Name _____ M/F Grade _____
Surname First Middle

For Kindergarten Families please chose Part-time (M,W,F) ____ Fulltime (M-F) ____

Church (if applicable) _____

Name & address of previous school is applicable _____

Identified Special Educational / Behavioural Needs? _____

Additional Information / circumstances

Please include a Pastoral letter with your application submission. Thank you