

# Calvary Christian School

A Ministry of Calvary Tabernacle since 1946

## 2012/2013 Re-enrollment form



### RETURNING STUDENT INFORMATION

Has any returning student had any immunizations in the past 12 months? YES NO If yes, attach a copy of their updated immunization record.

Student Full Legal Name Preferred Name Grade

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### NEW STUDENT INFORMATION

Student Full Legal Name Preferred Name DOB Grade  
(We will send you an application to fill out on this student)

### MEDICAL HISTORY CHANGES OR OTHER COMMENTS

### FAMILY INFORMATION

Has any of the Family Information changed from last year? YES NO If yes, please update information below.

What is your township of residence? \_\_\_\_\_

Parents of this student are: Married Separated Divorced Single Parent Mother Remarried Father Remarried Other: \_\_\_\_\_

#### Father/Guardian (please circle)

Name \_\_\_\_\_

If Guardian, Relationship to Student \_\_\_\_\_

Home Address \_\_\_\_\_

Employer \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone Number Work Phone Number Ext. \_\_\_\_\_

Email Address \_\_\_\_\_

Church Congregation Name \_\_\_\_\_

Church Denomination \_\_\_\_\_

Stepmother's Name (if applicable) Contact Number \_\_\_\_\_

#### Mother/Guardian (please circle)

Name \_\_\_\_\_

If Guardian, Relationship to Student \_\_\_\_\_

Home Address \_\_\_\_\_

Employer \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone Number Work Phone Number Ext. \_\_\_\_\_

Email Address \_\_\_\_\_

Church Congregation Name \_\_\_\_\_

Church Denomination \_\_\_\_\_

Stepfather's Name (if applicable) Contact Number \_\_\_\_\_

### METHOD OF PAYMENT FOR TUITION (circle one)

FACTS Contract / Prepay / Employee / Other \_\_\_\_\_

Do you qualify for the Calvary Tabernacle member discount by being a tithe paying member? YES NO If yes, we will verify this through the office at Calvary Tabernacle.

If you are a member of an Affiliated Faith (Apostolic/Pentecostal) church, please submit the Pastor's Recommendation Form to continue to receive that discount.

Thank you for registering your child for the 2012/2013 School Year. If any of the information on this form changes, please contact the school office.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_