OFFICE USE ONLY
Start Date: _____

Calvary Christian School
General Registration Form

(Please Print)
Child's Name: _____
(Last) (First) (Middle) (Name Preference/Goes By)
Date of Birth: _____ **Age of Child:** _____

Previous School/Day Care Attended: _____ **Phone:** _____

Fax: _____ **Contact Person:** _____

School Year Enrolling: _____

Circle the grade/program your child is enrolling for:

Pre-K3 (circle one): 5-day 5-days w/ Extended Care Included.
Pre-K4 (circle one): 5-day 5-days w/ Extended Care Included.

Kindergarten	**3rd Grade**	**6th Grade**	**9th Grade**	**12th Grade**
1st Grade	**4th Grade**	**7th Grade**	**10th Grade**	
2nd Grade	**5th Grade**	**8th Grade**	**11th Grade**	

Father/Guardian: _____ **Home #:** _____ **Cell #:** _____
Email: _____
Mailing Address: Street_____City_____State____Zip_____
Employer: _____ **Work #:** _____

Mother/Guardian: _____ **Home #:** _____ **Cell#:** _____
Email: _____
Mailing Address: Street_____City_____State____Zip_____
Employer: _____ **Work #:** _____

This child lives with (circle one): both parents mother only father only other_____
If separated/divorced, who has primary custody? (Circle one): joint mother father other (explain below)
_____ **Legal documentation required if applicable.*

Please list other children in family:
1) _____ Age _____ Grade _____
2) _____ Age _____ Grade _____
3) _____ Age _____ Grade _____

Is your family attending church, and if so, where? _____

_____ _____
(Signature of School Administrator) (Date)

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Additional Information

Suicide & Crisis Lifeline
Call 988 or text HOME to 741741
NC Peer Warmline
Call 855-733-7762

To learn more about your students and their learning needs, please answer the following questions.

Does your student have an IEP / 504 or behavior plan? Yes, or No
If yes, what is the document in place for?

- ☐ ADHD
- ☐ SLD (specific learning disability)
- ☐ DCD (developmental cognitive disability)
- ☐ EBD (emotional behavioral disability)
- ☐ Other: _____

Please write any support your child received. (I.E: small group instruction, one on one instruction, extended time on test, and assignments, modified assignments):

_____

_____

What will help your student with their learning? Circle all that applies - breaks, extra time, testing in a private room, one-on-one instruction. If other, please specify:

_____

_____

Do you have documentation of your student's disability (for example: IEP, 504 Plan, a letter or document from a doctor or mental health professional? Yes or No

Does your student have a case worker or social worker? Yes or No

This consent form gives your permission to obtain or release your Protected Health Information (PHI) as required by the Health Insurance Portability and Accountability Act (HIPAA), in order to exchange information about the school and learning.

_____ _____
(Parent/Guardian Signature) (Date)

Family Physician Practice: _____
Dr. Name/Phone: _____

Is there any evidence of food or other allergies? (circle one): Yes No
If yes, explain: _____

I agree that the school may authorize the physician of their choice to provide emergency care if neither I nor the family physician can be contacted immediately.

My child has my permission to participate in all field trips during the school year. I understand that I will be informed in advance of the field trips.

_____ _____
(Parent/Guardian Signature) (Date)