



For office use only:	Date
Application received	_____
Pastor's Reference received	_____
Admissions Interview scheduled	_____
Admissions Interview conducted	_____
Application fee received	_____

FAMILY APPLICATION FOR ADMISSION

Please answer all application questions and deliver to Calvin Christian School.

For admissions consideration, the completed application and Pastor's Reference form must be received.

_____ Guardian Yes No
Father's Full Name

_____ City / State / Zip
Father's Address

_____ Father's Home Phone _____ Father's Cell Phone _____ Father's Email Address

_____ Father's Employer _____ Father's Position _____ Father's Work Phone

_____ Guardian Yes No
Mother's Full Name

_____ City / State / Zip
Mother's Address (If different from father's address above)

_____ Mother's Home Phone _____ Mother's Cell Phone _____ Mother's Email Address

_____ Mother's Employer _____ Mother's Position _____ Mother's Work Phone

If applicable, indicate the primary guardian or custodial parent. If child(ren) reside(s) at a location other than that which is stated above, provide additional address and guardian contact data here. _____

_____ (1) Student's First & Last Name _____ Current School _____ Current Grade _____ Start Grade

_____ Gender M/F _____ Date of Birth _____ Interests / Hobbies

_____ (2) Student's First & Last Name _____ Current School _____ Current Grade _____ Start Grade

_____ Gender M/F _____ Date of Birth _____ Interests / Hobbies

_____ (3) Student's First & Last Name _____ Current School _____ Current Grade _____ Start Grade

_____ Gender M/F _____ Date of Birth _____ Interests / Hobbies

Calvin Christian School
2000 North Broadway ~ Escondido, CA 92026
Phone 760.489.6430 ~ Fax 760.489.7055
www.calvinchristianescondido.org
admissions@calvinchristianescondido.org

Students applying to grades 6-12, please write a paragraph in the space below. Tell us why you wish to attend Calvin Christian School and share some of your academic and personal goals.

Family's church of membership or regular attendance _____

Pastor or church leader completing Pastor's Reference form _____

Parents, please briefly describe your beliefs concerning Jesus Christ. _____

Parents, please tell us why you wish to enroll your child(ren) in Christian education, and specifically at Calvin. If applicable, state how long your children have attended their current school(s) and the reasons for changing school(s).

Parents, please provide any additional information (academic, health, family dynamics, etc.) that you would consider important to assist us in the education of your child(ren).

In seeking admission for my child(ren) to Calvin Christian School, I acknowledge that I am willing to abide by the rules, regulations, and school policies as determined by the faculty, administration, and school board.

Parent / Guardian Signature

Relationship to student(s)

Date

Parent / Guardian Signature

Relationship to student(s)

Date

Nondiscrimination Policy

Calvin Christian School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not unlawfully discriminate on the basis of race, color, national and ethnic origin in the administration of its education policies, and athletic or other school-administered programs.

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