

Check number: _____

Date Received _____

Office initial _____

Calvary Christian School 2009-2010 Registration Form



****This form is not complete without the registration fee.***

To reserve a position for Kindergarten through Eighth Grade for the 2009-2010 school year, this form must be submitted along with the registration fee of \$50.00 *per family*.

Please make check payable to Calvary Christian School.

***New Families to Calvary ONLY:** Please complete the New Student Application and set up an interview in order to complete the registration process.

Student's Full Name: _____

Address (street, city, state, zip): _____

Home Phone: _____ ***School District of Residence:*** _____

Parent(s) Names: _____ **Work Phone :** _____

Grade entering for 2009-2010 school year: _____

Student's Birthdate: _____

(Kindergarten children must be 5 by 9/30/09– maturity is also an important factor)

Submission of the registration form does not guarantee automatic acceptance.