



# CALVARY CHRISTIAN SCHOOL

## New Student Questionnaire

This form is confidential and will be used solely for admissions and placements.

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Student's Full Name

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Current Grade Level \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Home address

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Current School \_\_\_\_\_ Address \_\_\_\_\_

Phone number \_\_\_\_\_

Email address of school counselor \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

I hereby give permission for the following information regarding my son/daughter to be provided to Calvary Christian School as well as the attached Principal questionnaire.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Completed forms should be scanned and emailed to:

[nhatcher@ccstricities.org](mailto:nhatcher@ccstricities.org)

[mgaley@ccstricities.org](mailto:mgaley@ccstricities.org)

Please email forms back before this date: \_\_\_\_\_

Telephone: 509-396-0133

**Pages 2 & 3 are to be completed by Principal, Vice-Principal, School Counselor or Teacher**

Please complete and sign the remaining pages of this confidential form as accurately as possible and sign. If you would like a telephone conference to provide additional information, check the space provided. Note: Principals, if you do not know this applicant, please have the form completed by a teacher who has experience with this student.

