CALVARY BAPTIST CHRISTIAN ACADEMY
PROV. 4:7

191 Walkers Road
George Town KY1-1105
info@cbca.edu.ky
www.cbcacayman.com
1-(345)-946-5834

STUDENT ENROLLMENT APPLICATION FORM

Student Information

Student's Name _____

Student's Age _____ Birth Date: _____/_____/_____ Gender: ☐ Male ☐ Female

Last Grade Completed: ☐K5 ☐1st ☐2nd ☐3rd ☐4th ☐5th ☐6th ☐7th ☐8th ☐9th ☐10th ☐11th

Entrance Year: 20___ - 20___

Physical Address: _____ District:_____

P.O. Box_____ Grand Cayman KY1-_____

Place of Birth _____ Nationality _____

Student's Legal Guardian(s)	Student lives with… (mark all that apply)	Previous School Information
☐ Both Parents ☐ Mother ☐ Father ☐ Stepfather ☐ Stepmother ☐ Other _____	☐ Both Parents ☐ Mother ☐ Father ☐ Stepfather ☐ Stepmother ☐ Other _____	School:_____ Address: _____ _____ _____ Phone number: _____ Did you leave on good terms? ☐Yes ☐No

Medical Information

	Yes	No	Explain
Does your child have any medical conditions?			
Is your child taking any medications?			
Does your child have any allergies (insects, medications, foods etc.?)			
Does your child have any special needs?			
Does your child suffer from any known learning disabilities?			
Does your child have any known behavioral problems?			

Family Physician_____

Physician's phone: _____

Emergency Contact: _____

Name Relationship

_____

Address Phone

For Official Use Only

Date of Application: ____/____/_____ Acceptance: Approved □ Denied □

Acceptance letter sent □ Admitted to Grade: _____

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Family Information

☐**Father** ☐**Mother** ☐**Guardian** *(select one)*
Name: _____
Email:_____
Cell Phone:_____ Work:_____ Home: _____
Nationality: _____Employment: _____Occupation: _____

☐**Father** ☐**Mother** ☐**Guardian** *(select one)*
Name: _____
Email:_____
Cell Phone:_____ Work:_____ Home: _____
Nationality: _____Employment: _____Occupation: _____

Name(s) of school age children in family that are not applying:
_____ Age: _____
_____ Age _____

Religious Information

Religious Affiliation: _____ Church _____
How often do you attend your church?

☐ Rarely ☐ Monthly ☐ Weekly ☐ Every service

Has made a profession of faith in Christ? (*Check all that apply*.)

☐ Father ☐ Mother ☐ Student

Would you like more information about Calvary Baptist Church? ☐Yes ☐No

Scholastic Information

Has student ever been expelled, dismissed, suspended, or refused admission to another school?

☐No ☐Yes Explain_____

Has student ever been in trouble with the law or arrested, etc.?

☐No ☐Yes Explain_____

Has student ever used tobacco or drugs of any kind?

☐No ☐Yes Explain_____

Has student ever failed in school?

☐No ☐Yes Explain_____

Please indicate academic level of student's previous work:

☐ Excellent ☐ Good ☐ Average ☐ Poor

General Information

How did you hear about this school?

☐ Radio ☐ Newspaper ☐ Internet ☐ Friend ☐ Other:_____

What is your reason for selecting this school? _____
_____

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PARENTAL INFORMATION

- Fees must be paid in accordance with our financial policy in order for students to continue in school, be issued new material, receive report cards, have records transmitted, or receive awards. A late fee in the amount of CI$50.00 will be added to the outstanding bill each month unless prior satisfactory arrangement has been agreed. Families experiencing financial difficulties may be considered for a short-term payment plan during the specific period provided advance arrangements are made with administration. Failure to make such arrangement will result in the standard late fee together with any additional penalties which may apply at the time. If tuition is not received by the 5th day of the month, a late fee of CI$50.00 will be applied and if not received by the 30th day of the month, the student will be dis-enrolled until such time as the parents meet with administration. The school administration reserves the right to consider student re-enrollment only under stricter financial terms and rules for accountability. For qualified families, the option of re-enrolling under new terms will be considered "*financial probation*" and will include the following guidelines for payment:
    - Thirty-day promissory note signed by parents/guardians for any outstanding amount.
    - Six months financial probation period during which time students may be dismissed immediately for late payment or infraction of the newly agreed terms.
- There is a CI$200.00 non-refundable registration fee.
- I understand that if I withdraw my child from school or if my child is suspended or dismissed from school during any portion of a given month that I will still be responsible for payment of the fees for the entire month. All fees are NON-REFUNDABLE with the exception of tuition and lunch fees that are paid in advance. Tuition is based upon an annual fee which may be settled is 10 equal monthly payments, quarterly, or annually. Fees are not calculated by the number of days or weeks a child is in school but by an annual fee which can be divided into monthly, quarterly, or annual payments."
- I give permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises, and absolve the school from liability for me or my child because of any injury to my child at school or during a school activity.
- I agree to uphold and support the high academic standard of the school by providing a place at home for my child to study and giving my child encouragement in the completion of any homework or assignments.
- I appreciate the standards of the school and do not tolerate profanity, obscenity in word or action, dishonor to the Godhead or the Word of God, or disrespect to the personnel of the school. I hereby agree to support all regulations of the school on the applicant's behalf and authorize the school to employ discipline according to the school's behavior policy.
- I understand that the school reserves the right to dismiss a child who fails to comply with the established regulations and discipline or whose financial obligation remains unpaid.
- Should my child suffer any injury or illness while at school or on a school activity and the school staff is unable to contact me immediately, the school is hereby authorized to secure such medical attention and care for my child as may be necessary. I the parent or guardian will assume responsibility for payment of such services.

I have read the Student Handbook and understand and agree thereto the terms stated in this application.

_____ _____

Signature of Parent or Guardian | Date

_____ _____

Signature of School Staff | Date