

Application for Admission

Calvary Temple Christian School
4725 Evora Rd.
Concord, CA 94520
Phone 925-458-9870 Fax 925-458-9001
Web Address: ctes1.org
E-mail: office@ctes1.org

Student's Name _____ Nickname: _____

Street Address _____ Phone _____

City _____ Zip Code _____

Anticipated Grade level _____

Birth Date _____ Birthplace _____ Sex M / F

Family Church _____ Attendance :Regular ___ Occasional ___

Complete name, address and phone # of the school last attended:

Please proceed to page 2 & 3 including signature on page 3 to complete the application.

Testing Fee of \$95.00 must be received at the time of the readiness testing. Testing does not assure final enrollment, but provides some of the information upon which a decision will be based. Every question must be completed before your application will be considered. The \$300 Consumable Fee must be received within one week of the test results being mailed to guarantee your child's enrollment. The Testing Fee and Consumable Fee are non-refundable.

For Office Use Only:

Application Rec'd _____

Testing Fee Rec'd _____ Consumable Fee Rec'd _____

Testing Date: _____

Cumulative Record Requested : _____ Rec'd _____

Family Information: If there are more than two parents or guardians please indicate and attach a piece of paper with the additional information.

Name of Father / Guardian _____ Living with child? _____
Address (if different) _____

Home Phone _____ Work Phone _____
E-mail: _____ Cell #: _____
Employer : _____ Occupation: _____

Name of Mother / Guardian _____ Living with child? _____
Address (if different) _____

Home Phone _____ Work Phone _____
E-mail : _____ Cell # : _____
Employer: _____ Occupation: _____

Names and ages of brothers /sisters _____
Are they enrolled in CTCS? _____ CTC Pre-school ? _____

Emergency Contact Information Please list 2 people who may be contacted in case of an emergency if the parents/guardians are unavailable.

Name / Relationship _____ Phone #1 _____ Phone #2 _____

Name / Relationship _____ Phone #1 _____ Phone #2 _____

Family Physician _____
Name _____ Phone _____

Has your child ever been dismissed or suspended from school? If yes, please explain:

Does your child have any physical or emotional conditions that the school needs to be made aware of?

Has your child experienced any learning difficulties? _____

Why do you want your child to attend Calvary Temple Christian School?

Who referred you to CTCS? _____

Tuition:

Tuition is an annual fee that can be divided into 10 or 12 monthly payments for your convenience. It can also be paid in total with a 5% discount by September 15th. Tuition is due the first day of each month, August 1st through May 1st for the 10 month plan and June 1st through May 1st for the 12 month plan. Tuition becomes delinquent after the 15th of each month. Delinquent accounts and all returned checks are subject to a \$25.00 fee.

Please choose one of the following payment options:

- Annual tuition, with a 5% discount, in one payment by September 15th
- 10 monthly installments from August 1st through May 1st
- 12 monthly installments from June 1st through May 1st

Please provide your signature(s) to verify that information on this application is correct and true to the best of your knowledge and to verify that you are in agreement with the statement below.

I give my 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 to me or my child because of injury to my child at school or during any school activity.

(Father / Guardian) Date: _____

(Mother / Guardian) Date: _____