



CAA REENROLLMENT APPLICATION AND AGREEMENT FORM

Revision 6/1/2017

For Office Use Only		Grade: _____	Age at School Start: _____
Date Application Received: _____	Check#: _____	Amount: _____	
Medical Alert: _____			
___ Enrollment Agreement Signed		___ Immunization Record	
___ Curriculum Fee Paid Date: _____		___ Tuition and Fees Agreement	
___ Emergency Contact Information		Monthly Tuition Total: _____	

1. Student Information:

Student's Full Name: _____ Birth Date: _____
 Student's Address: _____ Zip: _____
 Gender (circle): M / F With Whom Does the Student Live? _____ Relation: _____

2. Parent / Guardian Information:

Mother's Name: _____	Father's Name: _____
Birth Date: _____	Birth Date: _____
Address: _____	Address: _____
Email: _____	Email: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Employer: _____	Employer: _____
Hours: _____ Work Phone: _____	Hours: _____ Work Phone: _____

If someone other than the parent has custody, please complete this section:

Person with Legal Custody: _____ Birth Date: _____
 Relationship to Student: _____ Phone Number: _____

Primary Emergency Contact Person Information:

Person Name: _____ Relationship: _____ Phone Number: _____

3. Family Information:

Brothers / Sisters:	Birth Date:	Lives with Child?	Current Grade:	At CAA?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. Student History:

- Does your student receive continuing medical care for a special condition? YES or NO If yes, please explain separately.
- Does your student use any medical device (i.e. wheelchair, inhaler)? YES or NO If yes, please list separately.
- Does your student take medication regularly? YES or NO If yes, please list separately.
- Does your student have any other special needs or required care? YES or NO If yes, please explain separately.

Important: List all known allergies: _____

Please sign below to agree that you understand that the information contained on this application will only be used to help determine your student's eligibility for enrollment to Calvary Apostolic Academy and will not be released to anyone other than necessary personnel. Completion of this application does not constitute acceptance.

Calvary Apostolic Academy reserves the right, as circumstances may arise, to discharge a student from our school. Parent/Guardian will be consulted before such action is taken.

I, _____, the parent/guardian of _____ have read, clearly understand, and agree to honor my commitment to all financial and school policies of CAA as stated in the CAA Handbook for this coming academic school year.

Parent/Guardian Signature: _____ **Date:** _____

Print Name: _____