



Calvary Christian Elementary School

Dr. B. Courtney McBath, Chancellor

"For I know the plans I have for you declares the Lord, plans to prosper you and not to harm you, plans to give you a hope and a future." Jeremiah 29:11

FOR OFFICE USE ONLY:

Family Number: _____ Date of Contract: _____ Accepted: _____

Verification:

Social Security Number: _____ - _____ - _____ BC: _____

ELEMENTARY EDUCATION APPLICATION FOR ADMISSION

A. GENERAL INFORMATION

DATE:

GRADE ENTERING:

Student's Name: _____

First

Middle

Last

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Social Security Number: _____ - _____ - _____

Birth Date: _____ Place of Birth: _____ Sex: Male Female
Month/Date/Year

B. FAMILY INFORMATION

Parent/Guardian 1: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Occupation: _____

Name of Business: _____ Business Phone: _____

Business Address: _____

City: _____ State: _____ Zip: _____

B. FAMILY INFORMATION (cont.)

Parent/Guardian 2: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Occupation: _____

Name of Business: _____ Business Phone: _____

Business Address: _____

City: _____ State: _____ Zip: _____

C. CHURCH AFFILIATION

Parent/Guardian 1: _____ Parent/Guardian 2: _____

D. OTHER INFORMATION

How did you learn about Calvary Christian Elementary School? _____

If there is a separation or divorce in the family or if the student resides with a legal guardian other than the parent, please complete this section.

Legal Guardian's Name: _____ Relationship to Applicant: _____

Address (if different from section B): _____

City: _____ State: _____ Zip: _____

If separated or divorced, with which parent does the child reside? _____

If divorced, please indicate the type of custody ordered by the court. Joint Sole
(Attach a copy of the of the court's decision regarding custody to application)

If divorced and you would like mail-outs to go to the other parent, please fill out the following:

Parent's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

E. REFERENCES (Non-Family Members)

1. Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

2. Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

F. HEALTH AND MEDICAL INFORMATION

Applicant's Physician: _____ Phone: _____

Are there any health conditions, past or present, (e.g. asthma, diabetes, seizures, emotional disorders) which would restrict physical activity? (If not, please reply with N/A)

Is the applicant taking any prescription medications? Please specify. No Yes

Has the applicant been tested for the following (please check)?

Speech/Language Attention Deficit Disorder Emotional Issues

Learning Disabilities Attention Deficit Hypertension Disorder Other (please explain)

G. ACADEMIC INFORMATION

Current School: _____ Phone Number: _____

Contact Information (Dean of Student or Guidance Counselor): _____

Any academic problems? No Yes. If yes, please explain _____

Any discipline problems? No Yes. If yes, please explain _____

G. ACADEMIC INFORMATION (cont.)

Has the applicant ever been retained? No Yes. Which grade(s)? _____

Has the applicant ever been expelled or withdrawn from a former school? No Yes

If yes, please explain _____

H. ADMISSIONS POLICY

Attending CCES is a privilege and not a right. As parents and students consider making CCES their school of choice, the following standards and policies must be considered:

ACADEMIC

- All grades earned in core subjects must be "C" or higher. (Core subjects are English, math, science and social studies.)
- Student(s) must not have an Individual Education Plan (IEP).
- Student(s) must not be ADHD, ADD or be on prescribed medication for treatment of any emotional disability or syndrome.
- All students must be open to instruction from a Christian perspective.

PERSONAL

- Student(s) must be an active member of a local church.

BEHAVIORAL

- Full cooperation is expected from both parents and student(s) in the educational process. If at any time the school determines cooperation is lacking, the student(s) may be asked to withdraw.
- If the behavior and/or attitude of the students(s) indicate(s) an uncooperative spirit or is not aligned with the spirit and standards of CCES, regardless to whether or not there has been any violation of conduct, he/she may be requested to withdraw.
- The behavioral standards of the student must extend to his/her life outside of school. Any use or involvement with illegal substances, alcohol, fighting, cheating, stealing, lying, sexual immorality, or any ongoing unchristian behavior may result in expulsion from CCES.
- The biblical and philosophical goal of CCES is to develop students into mature, Christian adults who will influence the world for Christ. All students are expected to exhibit the qualities of a Christian life espoused and taught by CCES and are to refrain from activities or behaviors that are in opposition. Students are expected to be an active member of a local church. CCES retains the right not to admit or to expel any student accordingly.

We support the Admissions Policy and the expectations/standards of Calvary Christian Elementary School and agree with its educational philosophy.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

I. APPLICATION CHECKLIST

All of the following must be received before admission can be considered:

- Application for Admission
- Commonwealth of Virginia School Entrance Health Form
- Emergency Contact Form
- Pastoral Reference Form
- Registration Fee \$75.00
- Original Birth Certificate
- Signed Contract - Mr. Bill Walker/Accountant (757) 583-9730, ext. 41



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FORMS

**COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM
Health Information Form/Comprehensive Physical Examination Report/Certification of Immunization**

Part I – HEALTH INFORMATION FORM

State law (Ref. Code of Virginia § 22.1-270) requires that your child is immunized and receives a comprehensive physical examination before entering public kindergarten or elementary school. **The parent or guardian completes this page (Part I) of the form.** The Medical Provider completes Part II and Part III of the form. This form must be completed no longer than one year before your child's entry into school.

Name of School: _____ Current Grade: _____
 Student's Name: _____
 Student's Date of Birth: ____/____/____ Sex: _____ State or Country of Birth: _____ Middle Main Language Spoken: _____
 Student's Address: _____ City: _____ State: _____ Zip: _____
 Name of Mother or Legal Guardian: _____ Phone: _____ - _____ - _____ Work or Cell: _____ - _____ - _____
 Name of Father or Legal Guardian: _____ Phone: _____ - _____ - _____ Work or Cell: _____ - _____ - _____
 Emergency Contact: _____ Phone: _____ - _____ - _____ Work or Cell: _____ - _____ - _____

Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drugs, latex)			Diabetes		
Allergies (seasonal)			Head injury, concussions		
Asthma or breathing problems			Hearing problems or deafness		
Attention-Deficit/Hyperactivity Disorder			Heart problems		
Behavioral problems			Lead poisoning		
Developmental problems			Muscle problems		
Bladder problem			Seizures		
Bleeding problem			Sickle Cell Disease (not trait)		
Bowel problem			Speech problems		
Cerebral Palsy			Spinal injury		
Cystic fibrosis			Surgery		
Dental problems			Vision problems		

Describe any other important health-related information about your child (for example, feeding tube, hospitalizations, oxygen support, hearing aid, etc.):

List all prescription, over-the-counter, and herbal medications your child takes regularly:

Check here if you want to discuss confidential information with the school nurse or other school authority. Yes No

Please provide the following information:

	Name	Phone	Date of Last Appointment
Pediatrician/primary care provider			
Specialist			
Dentist			
Case Worker (if applicable)			

Child's Health Insurance: None FAMIS Plus (Medicaid) FAMIS Private/Commercial/Employer sponsored

I, _____ (do ___) (do not ___) authorize my child's health care provider and designated provider of health care in the school setting to discuss my child's health concerns and/or exchange information pertaining to this form. This authorization will be in place until or unless you withdraw it. You may withdraw your authorization at any time by contacting your child's school. When information is released from your child's record, documentation of the disclosure is maintained in your child's health or scholastic record.

Signature of Parent or Legal Guardian: _____ **Date:** ____/____/____

Signature of person completing this form: _____ **Date:** ____/____/____

Signature of Interpreter: _____ **Date:** ____/____/____

**COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM**

Part II - Certification of Immunization

Section I

**To be completed by a physician or his designee, registered nurse, or health department official.
See Section II for conditional enrollment and exemptions.**

A copy of the immunization record signed or stamped by a physician or designee, registered nurse, or health department official indicating the dates of administration including month, day, and year of the required vaccines shall be acceptable in lieu of recording these dates on this form as long as the record is attached to this form.

Only vaccines marked with an asterisk are currently required for school entry. Form must be signed and dated by the Medical Provider or Health Department Official in the appropriate box.

Student's Name: _____ Date of Birth:

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	<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Mo.</i>	<i>Day</i>	<i>Yr.</i>
IMMUNIZATION	RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN					
*Diphtheria, Tetanus, Pertussis (DTP, DTaP)	1	2	3	4	5	
*Diphtheria, Tetanus (DT) or Td (given after 7 years of age)	1	2	3	4	5	
*Tdap booster (6 th grade entry)	1					
*Poliomyelitis (IPV, OPV)	1	2	3	4		
*Haemophilus influenzae Type b (Hib conjugate) *only for children <60 months of age	1	2	3	4		
*Pneumococcal (PCV conjugate) *only for children <2 years of age	1	2	3	4		
Measles, Mumps, Rubella (MMR vaccine)	1	2				
*Measles (Rubeola)	1	2	Serological Confirmation of Measles Immunity:			
*Rubella	1		Serological Confirmation of Rubella Immunity:			
*Mumps	1	2				
*Hepatitis B Vaccine (HBV) <input type="checkbox"/> Merck adult formulation used	1	2	3			
*Varicella Vaccine	1	2	Date of Varicella Disease OR Serological Confirmation of Varicella Immunity:			
Hepatitis A Vaccine	1	2				
Meningococcal Vaccine	1					
Human Papillomavirus Vaccine	1	2	3			
Other	1	2	3	4	5	
Other	1	2	3	4	5	

I certify that this child is **ADEQUATELY OR AGE APPROPRIATELY IMMUNIZED** in accordance with the MINIMUM requirements for attending school, child care or preschool prescribed by the State Board of Health's *Regulations for the Immunization of School Children* (Minimum requirements are listed in Section III).

Signature of Medical Provider or Health Department Official: _____ **Date (Mo., Day, Yr.):** ___/___/___

Section II
Conditional Enrollment and Exemptions

Complete the medical exemption or conditional enrollment section as appropriate to include signature and date.

MEDICAL EXEMPTION: As specified in the *Code of Virginia* § 22.1-271.2, C (ii), I certify that administration of the vaccine(s) designated below would be detrimental to this student's health. The vaccine(s) is (are) specifically contraindicated because (please specify):

DTP/DTap/Tdap:|__|; DT/Td:|__|; OPV/IPV:|__|; Hib:|__|; Pneum:|__|; Measles:|__|; Rubella:|__|; Mumps:|__|; HBV:|__|; Varicella:|__|

This contraindication is permanent: |__|, or temporary |__| and expected to preclude immunizations until: Date (*Mo., Day, Yr.*): |__|_|_|_|_|.

Signature of Medical Provider or Health Department Official: _____ **Date (*Mo., Day, Yr.*):**|__|_|_|_|_|

RELIGIOUS EXEMPTION: The *Code of Virginia* allows a child an exemption from receiving immunizations required for school attendance if the student or the student's parent/guardian submits an affidavit to the school's admitting official stating that the administration of immunizing agents conflicts with the student's religious tenets or practices. Any student entering school must submit this affidavit on a CERTIFICATE OF RELIGIOUS EXEMPTION (Form CRE-1), which may be obtained at any local health department, school division superintendent's office or local department of social services. Ref. *Code of Virginia* § 22.1-271.2, C (i).

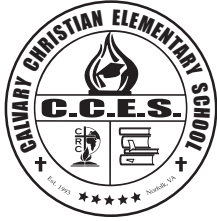
CONDITIONAL ENROLLMENT: As specified in the *Code of Virginia* § 22.1-271.2, B, I certify that this child has received at least one dose of each of the vaccines required by the State Board of Health for attending school and that this child has a plan for the completion of his/her requirements within the next 90 calendar days. Next immunization due on _____.

Signature of Medical Provider or Health Department Official: _____ **Date (*Mo., Day, Yr.*):**|__|_|_|_|_|

Section III
Requirements

For Minimum Immunization Requirements for Entry into School and Day Care, consult the Division of Immunization web site at <http://www.vdh.virginia.gov/epidemiology/immunization>

Children shall be immunized in accordance with the Immunization Schedule developed and published by the Centers for Disease Control (CDC), Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP), otherwise known as ACIP recommendations (Ref. *Code of Virginia* § 32.1-46(a)).
(requirements are subject to change.)



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EMERGENCY CONTACT FORM (confidential)

Student's Full Name: _____ Grade: _____

Home Address: _____

Phone Number: _____ Date of Birth: _____

Mother's Name: _____ Phone Number: _____

Home Email: _____ Work Email: _____

Father's Name: _____ Phone Number: _____

Home Email: _____ Work Email: _____

Guardian's Name: _____ Phone Number: _____

Home Email: _____ Work Email: _____

Emergency Contact: _____ Phone Number: _____

Home Email: _____ Work Email: _____

Please list four people who are authorized to pick up your child. **All authorized persons must bring a picture ID.**

Name	Phone	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

List of current medications/allergies: _____

Doctor's Name: _____ Phone Number: _____

Emergency Authorization: I, the undersigned, do hereby authorize officials at CCES to contact directly the persons named on this document. In the event that I cannot be reached in an emergency, I hereby give consent to secure appropriate treatment for my son/daughter from medical personnel or a health care facility selected by CCES medical personnel or staff. I will not hold CRC, CCES School Board or CCES staff members financially responsible for any medical fees or damages incurred in the emergency care and/or transportation of the student named above.

Parent/Guardian Signature: _____ Date: _____



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PASTORAL REFERENCE FORM

Please complete Part One of this application and give this form to your Pastor to complete and mail or fax directly to the following address:

CCES Admissions
2331 E. Little Creek Road
Norfolk, VA 23518
Fax: (757) 480-5689

PART ONE

Parent's Name: _____

Parent's Address: _____

This family has applied for their child to attend Calvary Christian Elementary School. Our goal is to compliment the value taught in a Christian home. We would appreciate specific information about the family so that we know their background and assess their suitability for our school.

PART TWO – To be completed by the Pastor

How long have you known this family? _____

Church membership: Mother Father Both Parents

Church attendance: Regular Occasional Seldom

Is the family active in your church beyond Sunday attendance? Yes No

If yes, please explain: _____

Are there any concerns about the family that should be considered before approving the application to CCES? _____

Print Pastor's/Designee's Name: _____

Pastor's/Designee's Signature: _____



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ELEMENTARY EDUCATION TUITION INFORMATION 2011 - 2012

FEES

Registration Fee per Child \$75.00 (one-time fee: non-refundable)

TUITION

GRADES	Annual Fee	Monthly Fee
K3 - 5 th	\$4,500.00	\$450.00

a.m. OR p.m. EXTENDED CARE

GRADES	Annual Fee	Monthly Fee
K3 - 5 th	\$800.00	\$80.00

a.m. AND p.m. EXTENDED CARE

GRADES	Annual Fee	Monthly Fee
K3 - 5 th	\$1,300.00	\$130.00

TRANSPORTATION

GRADES	Annual Fee	Monthly Fee
K3 - 5 th	\$1,000.00	\$100.00

SMART TUITION PAYMENT PLAN

SMART Tuition is a payment plan that offers parents a variety of options for paying tuition. These options include direct draft, monthly invoices and online payments. There is an annual fee of \$43.00 per child, per family.

The registration fee must be made via check, money order or credit card no longer than August 31, 2011. We do not accept cash. All subsequent payments must be made on either the 5th or 20th of each month using one of the SMART options. If your account falls 30 days in arrears, your student's name will be removed from CCES's Enrollment Roster.

Additional information on your payment options will be provided by the Accounting/Finance Department at the time your Enrollment Contract is signed. Please contact Bill Walker at (757) 583-9730, ext. 41 in order to schedule an appointment for the execution of your contract.