



Calvary Christian Academy

1401 Oakhurst Scenic Drive

Fort Worth, TX 76111

817.332.3351 www.calvaryacademy.com

Re-Enrollment Application

Please complete a separate form for each student in your family.

This application is for students presently enrolled who desire to return for the **2020-2021** school year. No student is automatically re-enrolled. *Your registration fee of **\$200 for first student, \$175 for the second student and \$150 for each additional student** must accompany this application. The application must be turned in to the school office by **April 30, 2020**.*

The book fee of **\$400 per Elementary student (kindergarten through 5th grade) and \$500 per Secondary student (6th through 12th grade)** is due by **June 1, 2020**. Please, remember that the registration, book & computer, and athletic fees are non-refundable. The first month's tuition is due by **August 1, 2020** for the 10 month payment plan or **July 1, 2020** for the 12 month plan. **Any tuition paid in full for the 2020 - 2021 school year by June 15, 2020 is eligible for a 10% discount.**

This completed re-enrollment along with the registration fee indicates your desire for your child to remain at Calvary Christian Academy. **All bills must be current before a student can re-enroll.**

Student Information

Grade to enter _____

Name (last) _____ (first) _____ (mid) _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Mobile Number _____

Parent/Guardian Email Address _____

IMPORTANT - Email is the primary medium for distribution of school information for enrolled students and families. This includes announcements, student progress reports, and teacher communications. Your email address also allows you access to Facts Parent Portal. Please make sure we have your *current, valid* email address.

Family Information

If any family information has changed, it is of the utmost importance that the Academy's records are updated. Any change in address, name, marital status, employment, email address, phone number, emergency contacts, doctor, health insurance, etc. must be submitted. This is for the safety of your student. If there has been any change, please change the information on the front and back of this form. Please contact the front office with any other changes.

Parent/Guardian Signature _____ Date ____/____/____



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Updated Medical Information

Primary Care Physician: _____ Phone _____

Medical Conditions:

List all allergies and/or allergic reactions to medications

List all medications student currently takes

Any other medical information for this student

Health Insurance: Company _____ Phone _____

Group/Plan number/ID _____ Policy number _____

Emergency Contact:

Parent/Guardian _____

Current email _____

Primary phone _____ Secondary phone _____

Other emergency contact _____ Relationship _____

Primary phone _____ Secondary phone _____

Updated Pick Up List

The following people can pick up my child for the 2020-2021 School Year:
