

Calvary Christian Academy

Supplemental Family Information Update Form – Web Download

Instructions for completing this form

IMPORTANT – READ THIS FIRST

The application form must be printed. If you do not have the ability to print from the computer where you are viewing this document you must obtain a preprinted application from the school. You may pick one up in person or call and request that one be mailed to you. If you **do** have a printer please continue with the following instructions.

TO FILL THIS FORM OUT BY HAND simply print the form then fill in blanks with a blue or black ink pen. 'YES', 'NO', or 'NOT SURE' items can be marked with a check mark or an 'X'. All date fields should be entered in standard American 'MM/DD/YYYY' format (example: 02/15/2008).

TO FILL OUT THIS FORM USING YOUR COMPUTER click on the first blank line at the top of the first page. A blinking cursor should appear indicating you can type information on that line. After entering information in a field you can advance to the next field by pressing the 'Tab' key or by clicking on the next field using the mouse. When you have filled in all the blanks print the form.

Sign and date the signature line. Mail or deliver the completed form along with the required fees to the school. If submitting the supplemental form(s) with your re-enrollment form by mail two or more postage stamps will be required. If your printer is capable of double-sided printing you may use that feature to reduce the number of pages, thereby reducing postage. *This instruction page does not need to be sent with your application.* Use the following address for mailing:

Calvary Christian Academy
ADMISSIONS DEPARTMENT
1401 Oakhurst Scenic Drive
Fort Worth, TX 76111

NOTE ON USING ADOBE ACROBAT READER TO COMPLETE THE FORM: You cannot save the data you enter in the fields if you are using the free Acrobat Reader. You must complete and print the form. The data you type will be lost when you close Acrobat Reader. If you have the full version of Acrobat, either Professional or Standard, you can save the data you enter into a file.

IMPORTANT - A note about email

Email is the primary medium for distribution of school information for enrolled students and families. This includes announcements, student progress reports, and teacher communications. An active email account also enables families to have web access to classroom information, lesson plans, homework assignments, grades, financial data and more. Our system allows for addresses for each student and each person listed in family records. Also, each family can have a general family address. **Please be sure to immediately notify the school office of any email address change.** All email addresses are kept confidential and are NEVER shared with anyone outside Calvary Christian Academy. Information about web services is available upon request.

Thank you for considering Calvary Christian Academy for the academic and spiritual education of your child. For help call (817) 332-3351.



Calvary Christian Academy

1401 Oakhurst Scenic Drive
Fort Worth, TX 76111

Phone (817) 332-3351, FAX (817) 332-4621, www.calvaryacademy.com

Supplemental Family Information Update Form

This form must be completed and submitted at re-enrollment if any time vital family information has changed. If you have more than one student in Calvary Christian Academy and the family information is the same for all then you may list all your students on one form. *In the case of multiple students with different sets of family information, you must submit a separate form for each student re-enrollment.*

Student 1 Information

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

Address _____

City _____ State _____ ZIP _____

Home Telephone (_____) _____

May we publish the above number in our Student Directory? YES ___ NO ___

Student's Email Address _____ @ _____

Birth Date ____/____/____ Age ____ Gender: Male ___ Female ____

Social Security Number _____ - _____ - _____

Student 2 Information

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

Address _____

City _____ State _____ ZIP _____

Home Telephone (_____) _____

May we publish the above number in our Student Directory? YES ___ NO ___

Student's Email Address _____ @ _____

Birth Date ____/____/____ Age ____ Gender: Male ___ Female ____

Social Security Number _____ - _____ - _____

Student 3 Information

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

Address _____

City _____ State _____ ZIP _____

Home Telephone (_____) _____

May we publish the above number in our Student Directory? YES ___ NO ___

Student's Email Address _____ @ _____

Birth Date ___/___/___ Age _____ Gender: Male ___ Female ___

Social Security Number _____ - _____ - _____

Family Information – Parent/Guardian 1

Relationship to student: Father _____ Step-Father _____ Mother _____ Step-Mother _____

Other _____ explain _____

Is the following person the primary legal guardian of this student? YES _____ NO _____

Is the following person financially responsible for school fees for this student? YES _____ NO _____

If 'YES' to the above indicate the percentage of responsibility: _____ %

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

Address _____

City _____ State _____ ZIP _____

Home Phone (_____) _____ Mobile Phone (_____) _____

Pager (_____) _____ Email _____ @ _____

Employer _____ Work Phone (_____) _____

Marital Status: Single ___ Married ___ Separated ___ Divorced ___ Widow(er) ___

Family Information – Parent/Guardian 2

Relationship to student: Father _____ Step-Father _____ Mother _____ Step-Mother _____

Other _____ explain _____

Is the following person the primary legal guardian of this student? YES _____ NO _____

Is the following person financially responsible for school fees for this student? YES _____ NO _____

If 'YES' to the above indicate the percentage of responsibility: _____ %

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

Address _____

City _____ State _____ ZIP _____

Home Phone (_____) _____ Mobile Phone (_____) _____

Pager (_____) _____ Email _____ @ _____

Employer _____ Work Phone (_____) _____

Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Widow(er) _____

Family Information – Parent/Guardian 3

Relationship to student: Father _____ Step-Father _____ Mother _____ Step-Mother _____

Other _____ explain _____

Is the following person the primary legal guardian of this student? YES _____ NO _____

Is the following person financially responsible for school fees for this student? YES _____ NO _____

If 'YES' to the above indicate the percentage of responsibility: _____ %

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

Address _____

City _____ State _____ ZIP _____

Home Phone (_____) _____ Mobile Phone (_____) _____

Pager (_____) _____ Email _____ @ _____

Employer _____ Work Phone (_____) _____

Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Widow(er) _____

Family Information – Parent/Guardian 4

Relationship to student: Father _____ Step-Father _____ Mother _____ Step-Mother _____

Other _____ explain _____

Is the following person the primary legal guardian of this student? YES _____ NO _____

Is the following person financially responsible for school fees for this student? YES _____ NO _____

If 'YES' to the above indicate the percentage of responsibility: _____ %

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

Address _____

City _____ State _____ ZIP _____

Home Phone (_____) _____ Mobile Phone (_____) _____

Pager (_____) _____ Email _____ @ _____

Employer _____ Work Phone (_____) _____

Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Widow(er) _____

Additional Family Information – Emergency Contacts

If we are unable to reach a parent or guardian please list another person or persons we may call. Please indicate if each person has permission to pick up the student from school.

Name _____ Relationship _____

Phone Number (_____) _____ Pick Up _____ NO Pick Up _____

Driver's License # _____ State _____

Name _____ Relationship _____

Phone Number (_____) _____ Pick Up _____ NO Pick Up _____

Driver's License # _____ State _____

Name _____ Relationship _____

Phone Number (_____) _____ Pick Up _____ NO Pick Up _____

Driver's License # _____ State _____

Medical Information

Student 1's primary physician _____

Physician's phone number (_____) _____

Does the student have any known physical problems, allergies, etc.? YES ___ NO ___

If 'Yes' please describe: _____

Is student 1 current on all immunizations? YES ___ NO ___ NOT SURE ___

Student 2's primary physician _____

Physician's phone number (_____) _____

Does the student have any known physical problems, allergies, etc.? YES ___ NO ___

If 'Yes' please describe: _____

Is student 2 current on all immunizations? YES ___ NO ___ NOT SURE ___

Student 3's primary physician _____

Physician's phone number (_____) _____

Does the student have any known physical problems, allergies, etc.? YES ___ NO ___

If 'Yes' please describe: _____

Is student 3 current on all immunizations? YES ___ NO ___ NOT SURE ___

Preferred hospital if emergency _____

Insurance _____ Phone (_____) _____

Group # _____ Policy # _____

To the best of my knowledge all the above information is accurate and complete. I authorize the Calvary Christian Academy to enter this data into the official school records, superseding previously recorded data.

Parent/Guardian Signature _____ Date ____/____/____