

# APPLICATION FOR ADMISSION

Elementary Office Phone: (559) 734-2684 FAX: (559) 734-2051  
Middle School Office Phone (559) 734-5273 FAX: (559) 334-5283  
High School Office Phone (559)734-9481 FAX 734-7963



Please  
Photo  
Here

Grade for which applying: \_\_\_\_\_ Applying for School Year **20**\_\_\_\_ Date of Application \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Child's Legal Last Name Full First Name Middle Name month/day/year*

Name preferred: \_\_\_\_\_ Social Security # \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male  Female

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

**Living with:** Mother  Father  Both  Mother & Stepfather  Father & Stepmother  Other

If other, please give name and relationship \_\_\_\_\_

Does your child have any physical limitations, handicaps or learning disabilities? Yes  No  If yes, please explain \_\_\_\_\_

**\*PARENT/GUARDIAN INFORMATION:**

Father/Guardian Name _____ Last First	Mother/Guardian Name _____ Last First
Mailing Address: _____	Mailing Address: _____
City/State/Zip _____	City/State/Zip _____
Email address _____	Email address _____
Home Phone: _____	Home Phone: _____
Cell # _____	Cell# _____
Occupation: _____	Occupation: _____
Name of Business _____	Name of Business _____
Work Phone: _____ SSN# _____	Work Phone: _____ SSN# _____
Church: _____ Member: Yes <input type="checkbox"/> No <input type="checkbox"/>	Church: _____ Member: Yes <input type="checkbox"/> No <input type="checkbox"/>

**Marital Status:** Married  Separated  Divorced  Father deceased  Mother deceased

Who will be responsible for the tuition of the child/children? \_\_\_\_\_

**If biological parents are divorced or legally separated, the following forms must be provided:**  
\_\_\_\_ Legal & Physical Custody Arrangements \_\_\_\_ Legal Name Change ( if applicable) \_\_\_\_ Legal Guardianship

**Siblings/ Date of Birth/ School attending**

- 1. \_\_\_\_\_ 3. \_\_\_\_\_
- 2. \_\_\_\_\_ 4. \_\_\_\_\_

**\*SCHOOL INFORMATION AND BACKGROUND**

School last attended \_\_\_\_\_

Address \_\_\_\_\_ Telephone# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of: Previous Principal \_\_\_\_\_ Previous Teacher \_\_\_\_\_

Home Schooled? Yes  No  If so, which home school program? \_\_\_\_\_

Explanation \_\_\_\_\_

Has your child ever been retained or considered for retention? Yes  No

If yes, which grade? \_\_\_\_\_ Reason for retention? \_\_\_\_\_

Has your child ever received any special help in any academic area? Yes  No

If yes, what area? Reading/Phonics  Math  Speech  Tutoring

What kind of tutoring? Private/After school  Pulled out from classroom  Other  \_\_\_\_\_

Has your child ever been evaluated for special services? Yes  No

If yes, what kind? Speech  Hearing  Vision  Academic

Which academic areas? \_\_\_\_\_

Do you have written reports that can be shared with the CVC staff?

Individual Educational Plan (IEP)  Speech  Psychological Evaluation  Hearing  Vision

Has your child ever been considered for an accelerated or gifted program? Yes  No

Comments: \_\_\_\_\_

Please list previous schools attended:

School	Grades	Year
_____	_____	_____
_____	_____	_____

**\*BASIS OF INTEREST IN CENTRAL VALLEY CHRISTIAN SCHOOL**

How did you first become interested in Central Valley Christian School -? \_\_\_\_\_

Why do you wish to send your child to CVC? \_\_\_\_\_

What are your expectations of a Christian School? \_\_\_\_\_

Is it your intention to have your child graduate from Central Valley Christian Schools? Yes  No

If not please explain \_\_\_\_\_

**\*CHURCH MEMBERSHIP INFORMATION**

Of which church are you a member? \_\_\_\_\_

Church mailing address \_\_\_\_\_

What is the name of your pastor? \_\_\_\_\_ Church Phone # \_\_\_\_\_

What is the frequency of your family's church attendance? Weekly  Frequently  Occasionally

Please explain your involvement \_\_\_\_\_

Parents prepare a statement of your personal Christian Faith \* (use page 3 of application)

I hereby acknowledge the above information to be true to the best of my ability. I acknowledge that any false or undisclosed information may subject my child to withdrawal.

Father's Signature \_\_\_\_\_ Mother's Signature \_\_\_\_\_

Guardian's Signature(s) \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_

