

**Calvary Christian Academy
New Student Inquiry Form**

Father's Name: _____

Phone: _____

Email: _____

Mother's Name: _____

Phone: _____

Email: _____

Physical Address: _____

Mailing Address (if different): _____

If not the parent, what is your relationship to the student? _____

Custody of student? Yes No

Church your family attends: _____

Pastor's Name: _____

--- Children Information ---

1. Name: _____ DOB: _____ Age: ____ Grade Entering: ____

Current School: _____ Grade: ____ Location: _____

2. Name: _____ DOB: _____ Age: ____ Grade Entering: ____

Current School: _____ Grade: ____ Location: _____

3. Name: _____ DOB: _____ Age: ____ Grade Entering: ____

Current School: _____ Grade: ____ Location: _____

4. Name: _____ DOB: _____ Age: ____ Grade Entering: ____

Current School: _____ Grade: ____ Location: _____

--- Office Use Only ---

Date Email or Call Received: _____

Follow-Up Date: _____ Method (circle one): Email / Phone / Text

Notes: _____
