

**Calvary Christian Academy
New Student Inquiry Form**

Father's Name _____ Phone _____

E-mail Address _____ @ _____

Mother's Name _____ Phone _____

E-mail Address _____ @ _____

If not the parent - relationship to the child _____ Custody Yes No

Mailing Address: _____

City _____ State _____ Zip _____

Church Family Attends _____ City _____ State _____

Pastor's Name _____

Children

Child's Name _____ Date of Birth _____ Age _____ Grade Going Into _____

Current School _____

City _____ State _____

Child's Name _____ Date of Birth _____ Age _____ Grade Going Into _____

Current School _____

City _____ State _____

Child's Name _____ Date of Birth _____ Age _____ Grade Going Into _____

Current School _____

City _____ State _____

Child's Name _____ Date of Birth _____ Age _____ Grade Going Into _____

Current School _____

City _____ State _____

Office Information:

Date email or call came in: _____

Follow Up:

Date _____ Email, Phone, Text _____ Notes: _____

Date _____ Email, Phone, Text _____ Notes: _____

Date _____ Email, Phone, Text _____ Notes: _____

Date _____ Email, Phone, Text _____ Notes: _____