



CALVARY BAPTIST ACADEMY

177 WEST KLEIN ROAD • NEW BRAUNFELS, TX 78130
PHONE: 830.629.0049 • FAX: 830.609.2529 • WWW.CBATEXAS.ORG

Office Use Only

Date Received: _____

Application Fee Paid: _____

Pastor's Reference: _____

Health Records Received: _____

Grade Applied For: _____

ATTACH RECENT
PHOTO HERE

Office Use Only

Entrance Test Given: _____

Test Score: _____

Interview: _____

Acceptance: YES NO CONDITIONAL

Entrance Date: _____

PLEASE FILL OUT BOTH SIDES COMPLETELY. INCOMPLETE APPLICATIONS WILL BE RETURNED.

Student's Name: _____ Name Usually Called By: _____
Last First Middle

Address: _____
Street City State ZIP Phone

SSN: _____ Birthdate: _____ Age: _____ Sex: Male Female

School Attending or Last Attended: _____ Last Grade Completed: _____

Address: _____
Street City State ZIP Phone

Father's Name: _____

Address: _____
Street City State ZIP Phone

Father's Place of Employment: _____

Occupation and Title: _____ Phone: _____

Mother's Name: _____

Address: _____
Street City State ZIP Phone

Mother's Place of Employment: _____

Occupation and Title: _____ Phone: _____

If parent's are separated or divorced, with whom does the child live? _____

Please list student's siblings below:

Name	Age	School Attending	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you plan to enroll any of these children? Yes No Not Sure

How did you hear about Calvary Baptist Academy? _____

Please make a brief statement as to why you want your child to attend CBA? _____

EDUCATION BACKGROUND

Please answer each of the items below honestly and as completely as possible. All information is confidential.

Student's Grades in the past have been:

- Superior Above Average Average Below Average First Year Attending School

Has the student ever failed a grade? _____ If yes, which grade? _____

Has the student ever been expelled or suspended from school? _____ If yes, please explain: _____

CHURCH BACKGROUND

Name of church family attends: _____

Address: _____

Street City State ZIP Phone

How long have you attended? _____ Does the family attend regularly? _____

Pastor's Name: _____

STATEMENT OF COOPERATION

In making application for my child I understand that the policy of the school is to make no refunds on registration fees. I also give permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises and absolve the school from liability to me or my child because of any injury to my child at school or during any school activity.

Parent's Signature: _____ Date: _____