

Calvary Murrieta Christian Academy  
24225 Monroe Ave  
Murrieta, CA 92562  
(951) 834-9190, Ext. 1057

<u>OFFICE USE ONLY</u>	
Date _____	
Cash _____	Check# _____
Amount \$ _____	

**ENROLLMENT APPLICATION**  
*(One per family. Please print **double-sided.**)*

**School Year**

Date of Application \_\_\_\_\_ Primary Teacher \_\_\_\_\_

Previously Enrolled?    No    Yes    If Yes, what Year? \_\_\_\_\_

Family Name \_\_\_\_\_  
*Last*                      *Husband's First Name*                      *Wife's First Name*

Home Address \_\_\_\_\_  
*Street*                      *City*                      *State*                      *Zip*

Mailing Address (if different) \_\_\_\_\_

Telephone Numbers: Home (\_\_\_\_) \_\_\_\_\_    Husband Cell (\_\_\_\_) \_\_\_\_\_    Wife Cell (\_\_\_\_) \_\_\_\_\_

Contact number for CMCA Roster (please check one):    Home    Husband Cell    Wife Cell

E-mail Address \_\_\_\_\_

Referred to school by \_\_\_\_\_    Number of years you have home schooled \_\_\_\_\_

Name of Church \_\_\_\_\_    Years Attended \_\_\_\_    Do you attend regularly? \_\_\_\_\_

**PARENT INFORMATION**

Husband's Occupation \_\_\_\_\_    Employer \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_    Working Hours \_\_\_\_\_    Believer    Non-Believer

Wife's Occupation \_\_\_\_\_    Employer \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_    Working Hours \_\_\_\_\_    Believer    Non-Believer

Status of Parents:    Married    Separated    Divorced    Father Remarried    Mother Remarried

Father Deceased    Mother Deceased

Please explain any visitation and/or custody arrangements.

Are there any restraining orders and/or special circumstances

If biological parents do not live at the same address, please list information of parent not living with child:

Name \_\_\_\_\_    Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Is this parent in agreement about home schooling the children?    Yes    No

OFFICE USE ONLY

Enrollmt. Signature Form _____	HSLDA _____	Student Code Conduct _____	Health Exam _____
Pastor's Ref. _____	Birth Certificate _____	New Stu. Quest. (7-12) _____	Cumulative File _____    Initials _____
Parent Code Conduct _____	Immunization Rec. _____	Transcript _____	Emergency Info. _____
Phil. of Ed. _____	Tdap _____	Athletic Dir. Worksheet _____	

**STUDENT INFORMATION AND TRANSFER OF RECORDS**

Please list all students you are enrolling in CMCA this year. If your child has previously attended another school, we will send for his/her cumulative record file. If you home schooled on your own you will need to bring the cumulative file to the enrollment interview. Please fill in the information **COMPLETELY** for the last school attended. **Do not forget to include the full address and phone number.**

---

First and Last Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Social Security # \_\_\_\_\_ Grade Enrolling \_\_\_\_\_

Relationship to "Husband" \_\_\_\_\_ Relationship to "Wife" \_\_\_\_\_

Last School Attended: \_\_\_\_\_

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
*Name Address State Zip Code Phone Number*

I hold this student's cumulative file:    Yes    No

---

---

First and Last Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Social Security # \_\_\_\_\_ Grade Enrolling \_\_\_\_\_

Relationship to "Husband" \_\_\_\_\_ Relationship to "Wife" \_\_\_\_\_

Last School Attended: \_\_\_\_\_

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
*Name Address State Zip Code Phone Number*

I hold this student's cumulative file:    Yes    No

---

---

First and Last Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Social Security # \_\_\_\_\_ Grade Enrolling \_\_\_\_\_

Relationship to "Husband" \_\_\_\_\_ Relationship to "Wife" \_\_\_\_\_

Last School Attended: \_\_\_\_\_

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
*Name Address State Zip Code Phone Number*

I hold this student's cumulative file:    Yes    No

---

---

First and Last Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Social Security # \_\_\_\_\_ Grade Enrolling \_\_\_\_\_

Relationship to "Husband" \_\_\_\_\_ Relationship to "Wife" \_\_\_\_\_

Last School Attended: \_\_\_\_\_

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
*Name Address State Zip Code Phone Number*

I hold this student's cumulative file:    Yes    No

---

Did you have a student(s) enrolled in Calvary Murrieta Christian School last year?    Yes    No

If Yes, please list:

\_\_\_\_\_

\_\_\_\_\_

**Please list below all other children who reside in your home:**

<u>First and Last Names</u>	<u>Age</u>	<u>Grade</u>	<u>School They Will Be Attending</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**DEMOGRAPHIC INFORMATION FOR NEW STUDENTS**

Use additional paper if needed. Please check one:

First and Last Name	African American	American Indian	Asian	Caucasian "White"	Hispanic	Native Hawaiian/Pacific Islander	Other/Specify

**SPECIAL CIRCUMSTANCES**

Have any of your students ever skipped or repeated a grade?      Yes      No      If Yes, list student's name(s) and grades they skipped or repeated. Briefly describe the circumstances.

Do any of your students have an IEP or a 504?      Yes      No      If Yes, list student's name(s). Please explain.

Have your students ever received any special tutoring?      Yes      No      If Yes, list student's name(s). Please explain.

**DISCIPLINARY PROBLEMS**

Have any of your students ever been suspended, expelled or asked to withdraw from a school?      Yes      No  
If Yes, list student's name(s). Please comment on circumstances.

Have any of your students had any problems with any type of drugs, alcohol, or tobacco?      Yes      No  
If Yes, list student's name(s). Please comment on circumstances.

**HOME SCHOOL LEGAL DEFENSE ASSOCIATION**

Are you currently a member?      Yes      No      If so, what is your renewal date? \_\_\_\_\_

What is your HSLDA #? \_\_\_\_\_ (Please submit a **COPY** of your membership card.)

You are required to join HSLDA. The only exceptions are families whose enrolled children are under 6 years of age or have reached age 18.

***I promise to pay any HSLDA renewal fee by the first of the month in which it is due. I realize that failure to do so, terminates my enrollment at CMCA retroactive to the HSLDA expiration date.***

Signed \_\_\_\_\_ Date \_\_\_\_\_