

Citrus Valley Christian Academy PSP Application 2020-2021

"...the people who know their God shall be strong and do great things." Daniel 11:32b

Family name _____

Last
(Husband's First Name)
(Wife's First Name)

Email address _____ Phone number _____

Home address _____

Street
City
Zip

Church regularly attended: _____

Pastor's name and phone number: _____

We will endeavor to read God's word and pray daily and teach our children to do the same. Yes No

I have a copy of the Citrus Valley Christian Academy Handbook _____ (please initial)
 I have read the statement of faith, mission statement, code of conduct, the educational philosophy and academy policies and sign that I am in agreement with these. (Both parents' signatures required and students' if age twelve or older.)
 Father's signature _____ Mother's signature _____

Home School Legal Defense Association (HSLDA) is mandatory.
 HSLDA membership number: _____ Renewal date: Mo.: _____ Yr.: _____ OR
 We have applied for membership: Yes No Date applied: _____
Failure to keep HSLDA membership will result in termination of enrollment. Group# 299561

List all children 6 years (by 9-1-20) and older that you will be enrolling in CVCA this school year. Student Name <small>(First name only, unless last name different)</small>	Date of Birth	Entering Grade	How Many Years Home Schooled?

List all other children in your home.

Name	Age

Who is the primary teacher between the hours of 8am-2pm? _____

Does the primary teacher work outside of the home? Yes ___ No ___ How many hours/week? _____

Registration fees: Please circle and total applicable fees.

	<u>On or Before August 1st</u>	<u>After August 1st</u>
Returning PSP families	\$250.00	\$300.00
New PSP families	\$300.00	\$350.00
New student application fee (paid once upon entrance)	\$30.00	\$50.00
High school fee (paid once at the time of high school entrance)	\$170.00	\$180.00
Total	_____	_____

Please make checks payable to CVCA and mail to:
 Lisa Ross c/o CVCA
 1126 Via Barcelona, Redlands, CA 92374

If transferring to CVCA, provide the following information

Student Name	School Last Attended	School Address	School Phone #

