

CALVARY WEST CHRISTIAN SCHOOL

Preparing Christian Youth for Today's World



Application for Enrollment

STUDENT INFORMATION:

Student Name _____ Preferred Name _____
First Middle Last

Date of Birth _____ Age _____ Gender _____

Complete Address _____ Applying for Grade _____
Street City State Zip

Home Phone _____ Social Security Number _____

Ethnicity (circle one) African-American Anglo Asian Hispanic Native American Other _____

ACADEMIC HISTORY:

Current School _____ Years of Attendance _____

Previous School _____ Years of Attendance _____

Has the applicant ever been asked to withdraw, put on probation or suspended from school (previous or current)? yes no
If yes, please explain: _____

Has the applicant ever had an encounter with law enforcement or juvenile authorities? yes no
If yes, please explain: _____

Has the applicant ever had to repeat a grade(s)? yes no If yes, which grade(s)? _____
Please state the reason for retention: _____

Has the applicant ever skipped a grade(s)? yes no If yes, which grade(s)? _____
Please state the reason for advancement: _____

Has the applicant received any academic honors and/or been enrolled in advanced programs such as gifted/talented?

Has the applicant ever been enrolled in any schools or programs designed for special learning needs? yes no
If yes, please explain: _____

Has the applicant been involved in any extra-curricular, fine arts or special programs? (Music, athletics, etc.) yes no

Has the applicant expressed a desire to attend CWCS? yes no. Please explain below:

NOTICE OF NON-DISCRIMINATORY POLICY

Calvary West Christian School admits students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, scholarships and loan programs, and athletic and other school-administered programs.

GENERAL INFORMATION:

Siblings:

Name	Age	Current Grade	School attending	Applying to CWCS?
_____	_____	_____	_____	_____
Name	Age	Current Grade	School attending	Applying to CWCS?
_____	_____	_____	_____	_____
Name	Age	Current Grade	School attending	Applying to CWCS?
_____	_____	_____	_____	_____

Grandparent Information:

Please provide the names and telephone/emails of grandparents so we can keep them informed of special events at CWCS:
(If deceased, please indicate)

Paternal Grandfather / Grandmother: _____

Maternal Grandfather / Grandmother: _____

CHURCH INFORMATION:

Denomination _____ Home Church _____

Attends How Often? Regularly Occasionally Family/Youth Pastor: _____

Please list any religious and/or civic organizations to which you belong: _____

HEALTH HISTORY:

Name any **medical** conditions, **past or present**, which would restrict physical or academic activities to safeguard this applicant at school (i.e. diabetes, seizures, asthma, etc.): _____

State any **behavioral** conditions, **past or present** (i.e. emotional disorders, ADHD, etc.): _____

Is the applicant taking any prescription medications? _____ if yes, please specify: _____

Is the applicant enrolled in any type of speech or language services? yes no

If yes, please explain _____

Has the applicant been tested for any of the following? (Please check ✓)

Speech/Language Attention Deficit Disorder Learning Disabilities Emotional Issues

Attention Deficit Hyperactivity Disorder Other _____

Has the applicant received any accommodations or modifications in the past? yes no

If yes, please explain _____

****If any of the above are check,****

****please provide the school with a copy of results and recommendations from the evaluator(s).****

Applicant's Doctor _____ Phone No. _____

Preferred Hospital _____ Phone No. _____

Applicant's Dentist _____ Phone No. _____

PARENT/GUARDIAN INFORMATION:

Parents are: married divorced

Applicant lives with: mother/father mother father mother/stepfather father/stepmother guardian

** This Section for Parent/Guardian Information With Whom Child Lives:

Parent/Guardian

Full Name _____

Parent/Guardian

Full Name _____

Employer _____

Position/Title _____

Business Phone (_____) _____

Cell Phone/Carrier (_____) _____

Relationship to Applicant _____

Maiden Name (if applicable) _____

****Complete Address** _____
Street City State Zip

Email Address Most Frequently Viewed _____

To whom should notices of school activities be sent? mother father stepfather stepmother guardian

Additional Parent/Guardian (if applicable)

If divorced, please indicate the type of custody ordered by the court: ____ Joint ____ Sole

(The school will require a copy of the court order concerning custody for school records once student is accepted at CWCHS)

Parent's Name _____ Relationship to Applicant _____

Cell Phone _____ Email: _____

Complete Address _____
Street City State Zip

We appreciate your interest in enrolling your child at Calvary West. We view ourselves as partners with you in training your child to fulfill all God has planned for him.

How did you first hear of Calvary West Christian School? Current Student/Parent CWCS Faculty Church

(If any of these are applicable, please give names so we can send proper thanks.)

Has your decision to pursue an education at Calvary West been influenced by any of the following?

____ Newspaper ____ Magazine ad ____ Realtor ____ Private School Fair
____ Word of mouth ____ Website ____ Radio ____ Referral from another school _____

The factor(s) most influencing us to apply to CWCS are:

____ Christian philosophy ____ Academic standards ____ Location
____ Reputation of CWCS ____ Desire to attend private school ____ Displeasure with local schools
____ Extra-curricular programs ____ Class size ____ Other _____

What goals are you hoping your child will achieve by enrolling him at Calvary West?

Why do you want your child to receive a Christian education?

***** On a separate sheet of paper, please submit parent(s) testimony and applicant's testimony.
Applicant's testimony must be submitted in his own handwriting *****

Declaration of Agreement with School Policies:

I have read and understand the mission statement, vision statement, Statement of Faith and Philosophy of Education of **Calvary West Christian School**. I agree, if accepted, to support and follow all rules and regulations of the school and understand that failure to do so could result in disciplinary action (which may include suspension or expulsion). Furthermore, I understand that all new students are accepted on academic and behavioral probation for a period of one calendar year. I certify that **no** information relevant to my child's application has been withheld and agree to the terms of this application and the policy of the school. Failure to note any situations that could influence acceptance could result in the student's separation from **Calvary West Christian School**. I understand that acceptance of this application by **Calvary West Christian School** in no way guarantees enrollment. All applicants are considered in accordance with the official admission policy, and final decisions will be made by the Administration of **Calvary West Christian School**. By my signature hereon, I certify that we understand these policies and that all information provided on this application is true and correct to the best of our knowledge.

Parent's Signature _____ **Date** _____

Parent's Signature _____ **Date** _____

OFFICE OF ADMISSIONS
Calvary West Christian School
7048 McNutt Road
Anthony, NM 88021
575-589-1433
office@cwchs.org
www.calvarywestchristianschool.com

Calvary West Christian School
Preparing Christian Youth for Today's World

MEDICAL INFORMATION

Name of Student: _____ Grade: _____

Date: _____ Date of Birth: _____

- My child does not have any known allergies.
- My child has asthma.
- My child has a severe allergy and will need an Allergy Action Plan.
- My child has an EPI-PEN and/or medication held in the school medicine cabinet.
Specify: _____

My child has the following drug allergies: _____

My child has the following food allergies: _____

My child has the following seasonal allergies: _____

Please list all other allergies: _____

My child has a medical condition which requires medication, monitoring, or special accommodations while at school (diabetes, ADD, etc.) Specify: _____

Comments: _____

Any information obtained will be held in the student's school medical file and will be confidential.

Calvary West Christian School

Preparing Christian Youth for Today's World

7048 McNutt Road La Union, NM 88021

Phone (575) 589-1433

Medical Statement to be completed by Physician

Student Name: _____

Date of Examination: _____

_____ has been examined by me and found to be free of infectious disease and is physically and mentally able to participate in _____ group activities _____ P.E. classes and _____ outdoor recess time.

Any allergies, special recommendations or restrictions: _____

_____.

Spinal Screening is required for all students entering 6th grade.

Screening date: _____ Results: _____

Physician's Signature: _____

Physician's Name (Printed): _____

Clinic: _____

Clinic Address: _____

Clinic Phone Number: _____

CHILDREN'S RISK ASSESSMENT

Name of Child: _____

Organization: Calvary West Christian School Date: _____

TB Questionnaire

Tuberculosis (TB) is a disease caused by TB germs and is transmitted by an adult with active TB pneumonia. It is spread to another person by coughing or sneezing TB germs into the air. The child may breathe in these germs.

Adults who have active TB disease usually have many of the following symptoms: cough for more than two weeks duration, loss of appetite, weight loss of ten or more pounds over a short period of time, fever, chills, and night sweats.

A person can have TB germs in their body but not have active TB disease (this is called latent TB infection or LTBI).

Tuberculosis is preventable and treatable. TB skin testing (often called the PPD or Mantoux test) is used to see if your child has been infected with TB germs.

The skin test is not a vaccination against TB.

We need your help to find out if your child has been exposed to Tuberculosis.

	Yes	No
TB can cause fever of long duration, unexplained weight loss, a bad cough (lasting over 2 weeks), or coughing up blood. As far as you know, Has your child been around any adult with these symptoms or problems? Has your child had any of these symptoms or problems? Has your child been around anyone sick with TB?		
Was your child born in or has your child traveled to Mexico or any other country in Latin America, the Caribbean, Africa or Asia for longer than 3 weeks? If so, which country/countries?		
Was your child born in or has your child spent time with anyone who is/has been an intravenous (IV) drug user, HIV-infected, in jail or prison or recently came to the United States from another country?		

Has your child been recently tested for TB? Yes _____ (if yes, specify date ___/___) No _____

Has your child ever had a positive TB skin test? Yes _____ (if yes, specify date ___/___) No _____

Parent Signature: _____ Date: _____

Calvary West Christian School

Preparing Christian Youth for Today's World

Student: _____ Grade: _____ Date: _____

EMERGENCY CONTACT

List telephone numbers where parents may be reached while student is in our care:

Mother's daytime phone number(s): _____

Father's daytime phone number(s): _____

Guardian's daytime phone number(s): _____

Give name of person to call in case of an emergency if parents cannot be reached:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

AUTHORIZATION FOR RELEASE OF STUDENT

I hereby authorize CWCS to allow my child to leave the school ONLY with the following persons:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Signature of Parent or Guardian: _____

Name of Parent/Guardian: _____ Date: _____

(Please Print)

Calvary West Christian School

Standards of Conduct Agreement

Attendance at Calvary West Christian School is a privilege. Our goal at CWCS is to provide an environment conducive to the academic growth and spiritual development of young people who are not yet mature Christians. A standard of conduct based on Biblical imperatives is necessary to provide such an environment. In order to accomplish this goal, the school must have the agreement and the support of the students and the parents.

Discipline will be designed to teach and train the student in the wisdom and principles of the Lord (Proverbs 22:6) and to encourage each student towards completion in Christ Jesus (Colossians 1:28). All students will be encouraged to achieve their maximum level potential, to exercise self-control and self-discipline and to show respect to themselves, others and for school property.

In this atmosphere of positive Christian standards of conduct, good scholastic planning, and genuine personal interest between faculty and student, there is fine opportunity for development of strong Christian character and scholastic achievement.

In light of these principles, CWCS has adopted the following standards that we believe to be conducive to providing an environment that fosters academic achievement and spiritual growth. CWCS, therefore, requests that each student whether at home, school or elsewhere:

1. Agree to abide by and support the Statement of Faith
2. Maintain Christian standards in courtesy, kindness, honesty, morality and modest attire and appearance.
3. Uphold the Code of Conduct and other rules outlined in the Student Handbook.
4. Will, at all times, refrain from swearing, indecent language or gestures, references to homosexuality or sexual perversion, threats or intimidation of others, hazing or harassment of other students, fighting, smoking, drinking of alcoholic beverages, abuse of drugs, gambling, involvement with inappropriate music or pornography, and any form of immoral activity, conduct, or behavior.
5. Will refrain from lying, stealing, cheating, and will not be involved with anyone who does.

Students are expected to abide by these standards throughout their enrollment, whether at home, school or elsewhere. Students who do not abide by the established rules of conduct or are not in harmony with the established standards of conduct may be invited to withdraw from CWCS at the discretion of the administration.

I HAVE READ THE STANDARDS OF CONDUCT AGREEMENT ABOVE. I AGREE TO ABIDE BY THESE STANDARDS TO THE FULLEST EXTENT. I ALSO AGREE TO ABIDE BY THE STANDARDS, GUIDELINES AND CODES AS OUTLINED IN THE CWCS HANDBOOK.

Student Signature

Date Signed

AS A PARENT, I HAVE READ THE STANDARDS OF CONDUCT AGREEMENT ABOVE AND THOROUGHLY DISCUSSED IT WITH MY CHILD. I AGREE TO COOPERATE FULLY WITH CWCS AND SUPPORT ITS ENDEAVOR TO MAINTAIN THESE HIGH CHRISTIAN STANDARDS.

Parent/Guardian Signature

Date Signed

Please review the following statements carefully.

<p>Mandatory Meeting</p>	<p>Throughout the year we have mandatory meetings here at CWCS where pertinent information is given to the parents. These meetings are usually held in the evening and in order for the staff to effectively communicate this information parent attendance is required. If you do not attend these meetings you will be charged a \$25 fine per meeting</p>	<p>INITIAL</p>	
<p>Volunteer Hours</p>	<p>We require a minimum of 18 hours per family of volunteer time. These hours can be met by helping out any of our school events, lunchroom duty or by helping with PTO (Parent Teacher Organization). There is a binder in the school office and you MUST log your volunteer hours under the family name. If these hours are not met you will be charged a \$100 fee at year's end.</p>	<p>INITIAL</p>	
	<p>PLEASE INITIAL and MARK YES or NO</p>	<p>Yes</p>	<p>No</p>
<p>Insect Repellent Spray Release</p>	<p>I authorize Calvary West Staff to spray my child with Insect Repellent Spray as needed.</p>		
<p>Photograph Release</p>	<p>Calvary West Christian School has my permission to use photographs of my child on the school website and other publications for the purpose of advertising or promoting the school. I understand that no names or personal information will appear with the photographs.</p>		

By signing, I acknowledge that I have read and understand the content of this form.

Student's Name _____

Parent Signature _____

Date _____

Calvary West Christian School
2024 – 2025
Check List

Student: _____

Grade: _____

- Application
- Medical Information
- Physical Evaluation (completed by a Physician)
- Vision Screening (Required for Kinder - 3rd)
- Copy of Shot Records
- Children's Risk Assessment
- Emergency Contact & Release Authorization
- Standards of Conduct Agreement
- General Information Form
- Pastoral Evaluation (new student)
- Math Teacher Evaluation (new student)
- English Teacher Evaluation (new student)
- Request for Transcripts (new student)
- Birth Certificate (new student)