



### 4s Program – Application for Admission

**Student Information** *Please print.*

**Application Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Student Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
(First) (Middle) (Last)

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Address: \_\_\_\_\_  
*Must be 4 on or before October 15<sup>th</sup>* (Street)

Home Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(City, State, Zip Code)

**Parent/Guardian Information**

Father  Stepfather  Guardian  Mother  Stepmother  Guardian  
 Mr.  Dr.  other: \_\_\_\_\_  Ms.  Mrs.  Dr.  other: \_\_\_\_\_

Full Name: \_\_\_\_\_ Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
(if different from student's address) (if different from student's address)

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Cell #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-Mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Parents are:  married  separated  divorced  other: \_\_\_\_\_

Student resides with:  both parents  father  mother  guardian: \_\_\_\_\_

Correspondence regarding school should be sent to:  both parents  father  mother  guardian

**Registration Information**

Are you currently a member of Calvary United Methodist Church?  Yes  No

Are you a current family returning to Calvary Center School?  Yes  No

Are you a past family returning to Calvary Center School?  Yes  No

How did you learn about Calvary Center School? \_\_\_\_\_

If referral or word-of-mouth, please note who referred you to CCS: \_\_\_\_\_

