



**Calvary Baptist Church School**  
**1821 Rhem Avenue**  
**New Bern, NC 28560**  
**252-633-5410**

Present grade \_\_\_\_\_

**STUDENT INFORMATION**

\_\_\_\_\_

Last name                      First                      Middle                      Phone Number

\_\_\_\_\_

Address                      City                      Zip

\_\_\_\_\_

Place of Birth                      Age                      Sex                      Birth date

\_\_\_\_\_

Name and Complete Address of Last School Attended

\_\_\_\_\_

Person/Number (other than parents) to contact in emergency and can pick up child at any time

**FAMILY INFORMATION**

\_\_\_\_\_

Father's Name                      Phone

\_\_\_\_\_

Address                      City                      State                      Zip

\_\_\_\_\_

Employment                      Position                      Business Phone

**FAMILY INFORMATION (continue)**

\_\_\_\_\_  
Mother's Name Phone

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Employment Position Business Phone

Does child live with both parents: \_\_\_\_\_ if not indicate with whom: \_\_\_\_\_

Other children in this family:

Names: \_\_\_\_\_ School \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Phone \_\_\_\_\_

Grandparent's Name

\_\_\_\_\_  
Address City State Zip

Phone \_\_\_\_\_

Grandparent's Name

\_\_\_\_\_  
Address City State Zip

Phone \_\_\_\_\_

## Church Affiliation

\_\_\_\_\_

Church Attending \_\_\_\_\_ Pastor \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father: Christian? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, briefly state your salvation experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mother: Christian? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, briefly state your salvation experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## MEDICAL INFORMATION

\_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Does child have any physical challenges or allergies? \_\_\_\_\_

Does Child have State required immunizations and can you provide the school with records to verify this (Only applies to Kindergarten or out of state applicants)? \_\_\_\_\_

**SCHOLASTIC INFORMATION**

Has child ever been expelled, dismissed, suspended, or refused admission to another school?

\_\_\_\_\_ Explain: \_\_\_\_\_  
\_\_\_\_\_

Has child ever had any disciplinary difficulties? \_\_\_\_\_ If yes, detail: \_\_\_\_\_

Has child ever been in trouble with the law, arrested, etc.? \_\_\_\_\_ Explain: \_\_\_\_\_  
\_\_\_\_\_

Has child ever used tobacco or drugs of any kind? \_\_\_\_\_ Explain: \_\_\_\_\_  
\_\_\_\_\_

Please indicate academic level of pupil's previous work: Excellent \_\_\_ Good \_\_\_ Average \_\_\_  
Poor \_\_\_ (Please enclose the applicant's last report card or copy)

Has child ever been moved ahead or held back a grade in school? \_\_\_\_\_ Explain: \_\_\_\_\_  
\_\_\_\_\_

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**GENERAL INFORMATION**

How did you hear about this school? \_\_\_\_\_  
\_\_\_\_\_

Reason for selecting Calvary Baptist Church School? \_\_\_\_\_  
\_\_\_\_\_

MEDICAL CONDITIONS OF WHICH TO BE AWARE:

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TELEPHONE NUMBER WHERE I MAY BE REACHED IN AN EMERGENCY:

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I DO NOT WISH MY CHILD TO PARTICIPATE IN THE FOLLOWING:

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\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

## Calvary Baptist Church School -Medical Form

Name of Child: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

Sex \_\_\_\_\_ Birth date \_\_\_\_\_

**I. Emergency Information (to be completed by parent/guardian)**

Child's Address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Phone Number \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

**II. Immunizations (to be completed by physician/Health Department)**

Type of Immunization	# of Doses Received	Date	Minimum by Law
DPT	0 1 2 3 4+	_____	5
Polio	0 1 2 3 4+	_____	4
Measles	0 1 2	_____	2
Mumps/Rubella	0 1	_____	1
HIB	0 1	_____	1
Hep B	0 1 2 3	_____	3
Varicella	0 1 2	_____	2

**III. Child's Physical Examination Results (to be completed by physician-check if normal)**

A. Height \_\_\_\_\_ Weight \_\_\_\_\_ Gen. Nutrition \_\_\_\_\_ Ears \_\_\_\_\_

Posture \_\_\_\_\_ Orthopedic \_\_\_\_\_ Skin & Scalp \_\_\_\_\_ Glands \_\_\_\_\_ Heart \_\_\_\_\_

Teeth \_\_\_\_\_ Permanent \_\_\_\_\_ Throat & Tonsils \_\_\_\_\_ Hernia \_\_\_\_\_ Nasal \_\_\_\_\_

Eyes & Conjunctives \_\_\_\_\_ Laboratory tests \_\_\_\_\_

**B. Please state any other physical findings which would be significant in relation to the child's school work.**

\_\_\_\_\_  
\_\_\_\_\_

Signature of Physician \_\_\_\_\_

Date \_\_\_\_\_

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

Grade \_\_\_\_\_

**INDIVIDUAL STUDENT RECORD**

\_\_\_\_\_ My child **MAY** take Tylenol during the day for sickness

\_\_\_\_\_ My child **May** take ibuprofen during the day for sickness

\_\_\_\_\_ My child **MAY NOT** take medicine during the day

\_\_\_\_\_ Topical benedryl may be applied as needed for insect bites

*\*No medicine will be given before 10:00 am or after 2:30 pm*



\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Parent or Guardian's Name \_\_\_\_\_

Student's mailing address \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent's work phone \_\_\_\_\_

Emergency Number/Who \_\_\_\_\_

Any Allergies? \_\_\_\_\_

Any special medical conditions the teacher should know about? \_\_\_\_\_

\_\_\_\_\_

Name any medication that your child is currently on \_\_\_\_\_

It is the parent's responsibility to keep the school informed of any changes to this medication list.

# Photography Consent and Release Form

I, (print name) \_\_\_\_\_, parent or official guardian of \_\_\_\_\_ hereby grant permission to Calvary Baptist Church School of New Bern, North Carolina, to take and use: photographs and/or digital images of **my child** for use in news releases and/or educational materials as follows: printed publications or materials, electronic publications, or Web sites. I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of Calvary Baptist Church School.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of parent or guardian)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)





## FINANCIAL RESPONSIBILITY AGREEMENT

I, \_\_\_\_\_ agree to be the person responsible for payment of tuition to Calvary Baptist Church School.

I realize that if my payment becomes 30 days delinquent, I will receive a letter reminding me of my payment. If I am 60 days delinquent on my payment, my child will not be allowed to return to school until my account has been settled.

I will adhere to this statement and am signing with no reservation to this fact.

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Parent's Signature

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Date

Student's Name \_\_\_\_\_ Grade in school \_\_\_\_\_

**STATEMENT OF COOPERATION**

It is my understanding that my child's attendance at Calvary Baptist Church School is a privilege and not a right; therefore the school reserves the right to terminate, at its discretion, my child's enrollment. The policy for the school is to make no refunds on registration fees.

I agree to be the person responsible for payment of tuition to Calvary Baptist Church School. I realize that if my payment becomes 30 days delinquent, I will receive a letter reminding me of my payment. If I am 60 days delinquent on my payment, my child will not be allowed to return to school until my account has been settled.

I give Calvary Baptist Church School permission for my child to take part in all school activities, including bus trips, sports activities, and school-sponsored trips away from school premises. Moreover, I absolve Calvary Baptist Church School of any liability to me or my child because of any injury at school or during any school activity. I also give any adult sponsor permission to obtain emergency medical help, and make any medical decisions for my child if I cannot be reached.

I pledge not to interfere with the school authorities in their enforcement of school rules and regulations (including corporal punishment) in a manner consistent with Christian principles and discipline as set forth in the Scriptures.

I agree to hold the school and its agents harmless for any liabilities to my child or any guardian or parent thereof because of any injury or alleged injury to my child. Should legal action, for any reason, be taken against Calvary Baptist Church School or any employee or agent thereof, on my child's behalf and the school or its agent not be found at fault, I agree to pay any attorney fees, court fees, damages or other costs that Calvary Baptist Church School or its agent should incur to defend itself against such action.

I have read and understand the CBCS school handbook. While my student is attending CBCS, I agree to the rules and regulations set forth.

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Date

**RELEASE OF SCHOOL RECORDS**



DATE: \_\_\_\_\_

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following student has enrolled in Calvary Baptist Church School. We would appreciate your sending the student's cumulative records, test data, health records, birth certificate, and any other information that you may have that would help us to place this student. Your prompt reply and attention will be greatly appreciated. If you are unable to send this information at this time, please telephone us with the reason for the delay.

NAME OF STUDENT

BIRTHDATE

GRADE

\_\_\_\_\_

I hereby give my permission to release the above child's permanent school records to Calvary Baptist Church School.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date