



# Calvary Christian Academy

20 N Main St. Turner, ME 04282

207-225-3665

[secretary@ccaturner.org](mailto:secretary@ccaturner.org)

Administrator: Pastor Josh Giesefer

[pastorgiesefer@cbcturner.com](mailto:pastorgiesefer@cbcturner.com)

207-225-2237

## New Student Inquiry Form

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_

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

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

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

If not the parent - relationship to the child \_\_\_\_\_ Custody Yes No

Mailing Address: \_\_\_\_\_

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

Church Family Attends \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Pastor's Phone Number \_\_\_\_\_

### **Children**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade Going Into \_\_\_\_\_

Current School \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade Going Into \_\_\_\_\_

Current School \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade Going Into \_\_\_\_\_

Current School \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade Going Into \_\_\_\_\_

Current School \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_