

CALVARY CHRISTIAN ACADEMY

A Ministry of Calvary Chapel Aurora
18900 E. Hampden Avenue, Aurora, CO 80013 • 303.628.7200 • info@calvaryacademyaurora.org

APPLICATION CHECKLIST • 2012/2013

OPEN ENROLLMENT TO CALVARY CHAPEL AURORA: Completed applications will be accepted on a first-come, first-served basis.

- All applications will be considered.
- Calvary Christian Academy (CCA) will call to schedule student testing (this will demonstrate curriculum readiness) and the family interview upon receipt of completed applications.

SUBMIT THESE ITEMS:

- | |
|--|
| <input type="checkbox"/> Enrollment Application: Please complete this form completely and accurately. |
| <input type="checkbox"/> Birth Certificate: A <u>copy</u> of the student's original birth certificate is required for new enrollments only. |
| <input type="checkbox"/> School Recommendation: Please send this form to your student's current or most recent school. This form is to be returned directly by that school. |
| <input type="checkbox"/> Church Leader Recommendation: Please schedule a 15-minute appointment with your pastor (Calvary – please choose any one of our pastors) and ask them to complete the form. |
| <input type="checkbox"/> Health Information: Please complete this form completely and accurately. |
| <input type="checkbox"/> Records Release: Please complete this form completely and accurately. CCA will mail this form to the school cited upon acceptance and enrollment. |
| <input type="checkbox"/> Private School Accreditation: Please complete this form completely and accurately. This information is used solely to collect demographic data for accreditation purposes. |
| <input type="checkbox"/> Current Photograph of your entire family with member names written on the back in non-smear ink. This photo helps us for a variety of reasons, including security. |
| <input type="checkbox"/> Current and Complete Immunization Record , signed by authorized medical personnel. |
| <input type="checkbox"/> Current Report Card/Progress Report (except students entering Jr. Kindergarten/Kindergarten) |
| <input type="checkbox"/> Current or most recent standardized test (SAT10, CSAP, Iowa) scores (except students entering Jr. Kindergarten/Kindergarten), where available. |
| <input type="checkbox"/> Registration Fee: The registration fee must be paid by check or money order, payable to Calvary Christian Academy. Cash will not be accepted. |

Calvary Christian Academy admits students of any race, color, national and 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, admissions policies, athletic and other school-administered programs, nor in the hiring of faculty or administrative staff. It does, however, screen applicants and personnel on the basis of Christian faith and lifestyle, character, and academic ability.

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ENROLLMENT APPLICATION • 2012/2013

1. Please write clearly. Please be as thorough as possible. Original applications are preferred. One student per application.
2. All applicants **must attach** a copy of their most current report card and current transcript and their most recent standardized (SAT9, SAT10, CSAP) test scores.
3. Return completed application to the school office with the registration fee.

STUDENT INFORMATION					
STUDENT NAME (LAST, FIRST, MIDDLE) <small>FULL LEGAL NAME</small>				NICKNAME	
GENDER <input type="radio"/> Male <input type="radio"/> Female	DATE OF BIRTH	AGE	HOME PHONE	APPLICATION/GRADE STATUS: Application for <input type="radio"/> Jr. Kindergarten ¹ <input type="radio"/> Kindergarten ² <input type="radio"/> Grade 1 <input type="radio"/> Grade 2 <input type="radio"/> Grade 3 <input type="radio"/> Grade 4 <input type="radio"/> Grade 5 <input type="radio"/> Grade 6 <input type="radio"/> Grade 7 <input type="radio"/> Grade 8	
HOME ADDRESS (include City, State, ZIP)					
STUDENT IS LIVING WITH <input type="radio"/> Both parents in the same home <input type="radio"/> Father only <input type="radio"/> Mother only <input type="radio"/> Shared <input type="radio"/> Guardian					
Are there unique, blended, or restricted family situations? <input type="radio"/> Yes <input type="radio"/> No Please attach a description of the conditions on a separate piece of paper. Please note: it is the parents' responsibility to keep the school informed of current conditions, restrictions, and any changes in this area.					
PRIMARY LANGUAGE SPOKEN IN THE STUDENT'S HOME					
FAMILY INFORMATION					
FATHER'S INFORMATION			MOTHER'S INFORMATION		
NAME			NAME		
DATE OF BIRTH	DRIVER'S LICENSE	STATE OF ISSUE	DATE OF BIRTH	DRIVER'S LICENSE	STATE OF ISSUE
CELL PHONE	WORK PHONE	OCCUPATION	CELL PHONE	WORK PHONE	OCCUPATION
EMPLOYER & EMPLOYER'S ADDRESS			EMPLOYER & EMPLOYER'S ADDRESS		
IF SELF-EMPLOYED, TYPE OF BUSINESS			IF SELF-EMPLOYED, TYPE OF BUSINESS		
HOME ADDRESS & PHONE (if different than student)			HOME ADDRESS & PHONE (if different than student)		
E-MAIL ADDRESS			E-MAIL ADDRESS		
Are you financially able to meet the monthly tuition requirement? <input type="radio"/> Yes <input type="radio"/> No			Are you financially able to meet the monthly tuition requirement? <input type="radio"/> Yes <input type="radio"/> No		
LIST OTHER CHILDREN IN YOUR FAMILY					
NAME _____		AGE/GRADE _____		SCHOOL _____	
NAME _____		AGE/GRADE _____		SCHOOL _____	
NAME _____		AGE/GRADE _____		SCHOOL _____	
NAME _____		AGE/GRADE _____		SCHOOL _____	
NAME _____		AGE/GRADE _____		SCHOOL _____	

¹ Students entering Jr. Kindergarten must be 4 years old on or before October 1, 2012.

² Students entering Kindergarten must be 5 years old on or before October 1, 2012.

STUDENT NAME

CHURCH INFORMATION

NAME OF CHURCH	PASTOR	DENOMINATION
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CHURCH ADDRESS	CHURCH PHONE
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IS FATHER A CHRISTIAN? Yes No **IS MOTHER A CHRISTIAN?** Yes No **HAS THIS STUDENT EVER MADE A PROFESSION OF FAITH?** Yes No

BELIEF STATEMENT

PARENTS AND STUDENTS ENTERING GRADE 5 OR HIGHER: In the space provided below, briefly share about your personal relationship with Jesus Christ, where you go to church and your involvement, if any, in that church. Please briefly share your beliefs regarding the Bible, Jesus Christ, Christianity and your Christian experience. Please indicate when you received Jesus as your personal Lord and Savior. Use additional paper if necessary. Please type or print carefully.

FATHER

MOTHER

HOW WOULD YOU DESCRIBE YOUR STUDENT'S SPIRITUAL LIFE?

STUDENTS ENTERING GRADE 5 or HIGHER: *In your own handwriting, please write two paragraphs and explain your current relationship with Jesus Christ.*

Yes, I want to attend Calvary Christian Academy No, I do not want to attend Calvary Christian Academy. *Please explain your answer below:*

STUDENT NAME

STUDENT ACADEMIC INFORMATION

SCHOOL LAST ATTENDED	CURRENT GRADE LEVEL
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SCHOOL ADDRESS <i>(include City, State, ZIP) This information is needed to request student records</i>	SCHOOL PHONE
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OTHER SCHOOL(S) ATTENDED, DATES ATTENDED, AND REASONS FOR TRANSFER

SCHOOL _____	DATES ATTENDED _____	REASON FOR TRANSFER _____
SCHOOL _____	DATES ATTENDED _____	REASON FOR TRANSFER _____
SCHOOL _____	DATES ATTENDED _____	REASON FOR TRANSFER _____
SCHOOL _____	DATES ATTENDED _____	REASON FOR TRANSFER _____

1. If this student is home-schooled, please provide the name of any person or organization that is being used to evaluate the student: _____
2. May this student re-enroll at this previous school? Yes No *IF NO, PLEASE EXPLAIN:* _____
3. Has this student ever been under academic or disciplinary suspension, disqualification, expulsion, dismissed, refused admission, or similar action at any school? Yes No *IF YES, PLEASE EXPLAIN:* _____
4. Has this student experienced difficulties in a previous or current school? Yes No *IF YES, PLEASE EXPLAIN:* _____
5. Has this student ever skipped or repeated a grade? Yes No *IF YES, PLEASE EXPLAIN:* _____
6. Indicate the level of this student's previous academic work: Excellent Good Average Poor
7. Has this student ever received any special tutoring? Yes No *IF YES, PLEASE EXPLAIN AND LIST ANY SUBJECTS IN WHICH HE/SHE HAS DIFFICULTY:* _____
8. Is this student currently on an Individualized Education Plan (IEP)? Yes No *IF YES, PLEASE EXPLAIN:* _____

BRIEFLY DESCRIBE YOUR STUDENT'S CHARACTER, PERSONALITY, TASTE, AND INTERESTS:

WHAT DO YOU SEE AS THE PARENT'S ROLE IN THEIR CHILD'S EDUCATION?

WHY ARE YOU SEEKING A CHRISTIAN EDUCATION FOR THIS STUDENT?

STUDENT'S NAME

PLEASE PROVIDE ANY ADDITIONAL INFORMATION ABOUT YOUR STUDENT YOU WOULD LIKE CONSIDERED DURING THE ADMISSIONS PROCESS:

ELIGIBILITY REQUIREMENTS AND ACKNOWLEDGEMENT

Calvary Christian Academy is a Christ-centered school with Christian educational goals and objectives. We intend to encourage and enable students to receive all that God has for them spiritually, academically, physically, and socially. We recognize this to be the primary responsibility of parents and for this reason, we believe the close cooperation of school and family is essential. *We rely seriously upon the fact that your signature below affirms your support of our goals and purposes as a Christian school as they relate to the instruction of your child.*

I have read and understand the following requirements for admission into Calvary Christian Academy.

1. The primary custodial parent must be a born-again believer in Jesus Christ, and living a life that is pleasing to God.
2. Student and parents understand, agree, and expect to hear about Jesus Christ.
3. Student must complete a curriculum readiness examination, administered by the school.
4. Student must have a satisfactory citizenship record in the school they are presently attending.
5. Student and parent will be asked to interview with school administration. Final approval of admission is not given until AFTER the application packet is processed and the interview completed.
6. An incomplete admissions packet will not be processed immediately, and will be placed at the end of the queue until all documents are received.

FATHER'S NAME (PLEASE PRINT)

MOTHER'S NAME (PLEASE PRINT)

FATHER'S SIGNATURE

MOTHER'S SIGNATURE

DATE

DATE

STUDENT'S NAME (GRADE 5 & HIGHER: PLEASE PRINT)

STUDENT'S SIGNATURE

DATE

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SCHOOL RECOMMENDATION • 2012/2013

Dear Parent/Guardian,

Please read and sign the statement below before giving this form to your student's most recent school. The previous school must mail this form back to us before the enrollment process is complete.

I understand and agree that the information on this form will only be used for enrollment purposes, and will not become part of my student's permanent record. I also understand that the completed form will be kept confidential, and I, as the parent, will not have access to it. By signing I acknowledge this document to be a confidential piece of my student's cumulative file.

 PARENT/GUARDIAN NAME (PLEASE PRINT)

 PARENT/GUARDIAN SIGNATURE & DATE

Dear Teacher/Administrator,

_____ has applied for enrollment with Calvary Christian Academy for the upcoming school year. Please help us serve this student better by candidly completing *both* sides of the following appraisal and returning it to us as soon as possible to the address below. If sending by FAX, please mail the original as well. Thank you very much for your help.

Admissions
Calvary Christian Academy
18900 E. Hampden Avenue
Aurora, CO 80013

Phone: 303.628.7200
FAX: 303.628.7205

STUDENT INFORMATION	
STUDENT NAME (LAST, FIRST)	NICKNAME (KNOWN BY, AT YOUR SCHOOL)
HOW LONG HAVE YOU KNOWN THIS STUDENT?	CURRENT GRADE:
HOW OFTEN DO YOU HAVE CONTACT WITH THIS STUDENT?	

CHARACTER & CITIZENSHIP	EXCELLENT	GOOD	FAIR	POOR	REMARKS
Trustworthiness/Maturity					
Disciplinary Record					
Participation/Cooperation					
Responsibility/Initiative					
Leadership					
Attendance					
Ability to be prompt to class or arriving/departing school					
Caring for Others					
Attitude towards authority					
Attitude of peers toward student					

ACADEMICS						
Demonstrated Academic Competency (CHOOSE ONE)	ABOVE GRADE LEVEL	SOME SUBJECTS ABOVE GRADE LEVEL	AT GRADE LEVEL	SOME SUBJECTS BELOW GRADE LEVEL	BELOW GRADE LEVEL	EXPLAIN
Aptitude in Math						
Aptitude in Reading						
Aptitude in the Arts						

PLEASE COMMENT ON THE STUDENT'S STRENGTHS:

PLEASE NOTE ANY AREA OF CONCERN WITH THE STUDENT (*challenges, health concerns, special needs, other pertinent information of which we should be made aware*):

FAMILY	EXCELLENT	GOOD	FAIR	POOR	REMARKS
Home Environment					
Parent Participation with Student					
Parent Cooperation with School					
Timeliness of Meeting Obligations to School					

PLEASE NOTE ANY AREA OF CONCERN WITH THE FAMILY (*challenges, parent cooperation with the teachers/school, other pertinent information of which we should be made aware*):

RECOMMENDATION

- I enthusiastically recommend this student for enrollment at Calvary Christian Academy.
 I recommend this student for enrollment at Calvary Christian Academy with some reservation.
 I do not recommend this student for enrollment at Calvary Christian Academy. *PLEASE EXPLAIN*

This section must be completed for this form to be valid:

NAME OF PERSON COMPLETING THE FORM (PLEASE PRINT)

TITLE

SIGNATURE

DATE

SCHOOL NAME AND ADDRESS

SCHOOL PHONE NUMBER

You may call me if you have any further questions about this student: Yes No

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CHURCH LEADER RECOMMENDATION • 2012/2013

Dear Parent/Guardian,

Calvary Christian Academy is a Christ-centered school with Christian educational goals and objectives. We intend to encourage and enable students to receive all that God has for them spiritually, academically, physically, and socially. We recognize this to be the primary responsibility of parents and for this reason, we believe the close cooperation of school and family is essential. *This questionnaire will help us get to know you better, particularly as it relates to your participation in worship services and ministry.* Please read and sign the statement below before giving this form to your pastor, children's or youth pastor, or another church leader. This recommender should know your family, but should not be related to you. The church leader must mail this form back to us before the enrollment process is complete.

*I understand and agree that the information on this form will only be used for enrollment purposes, and will not become part of my student's permanent record. I also understand that the completed form will be kept confidential. **By signing I acknowledge this document to be a confidential piece of my student's cumulative file.***

PARENT/GUARDIAN NAME (PLEASE PRINT)

PARENT/GUARDIAN SIGNATURE & DATE

Dear Church Leader,

_____ has applied for enrollment with Calvary Christian Academy for the upcoming school year. It is our desire to receive information from you about the family prior to their acceptance. Would you assist us by answering the brief questionnaire below? Please feel free to make a copy of this questionnaire before returning it to us and share its contents with the family, if you so desire. Thank you very much for your help.

Admissions
Calvary Christian Academy
18900 E. Hampden Avenue
Aurora, CO 80013

Phone: 303.628.7200
FAX: 303.628.7205

FAMILY INFORMATION (TO BE COMPLETED BY PARENTS)

FAMILY NAME		FAMILY HOME/PRIMARY TELEPHONE NUMBER	
FATHER'S NAME		MOTHER'S NAME	
HOME ADDRESS (include City, State, ZIP)			
CHURCH NAME		CHURCH TELEPHONE NUMBER	
CHURCH ADDRESS (include City, State, ZIP)			
ARE YOU A MEMBER? <input type="radio"/> Yes <input type="radio"/> No	WHAT SERVICES DO YOU REGULARLY ATTEND? <input type="radio"/> Weekly <input type="radio"/> AM Worship <input type="radio"/> PM Worship <input type="radio"/> Midweek Services <input type="radio"/> Prayer Meetings <input type="radio"/> Small Group Fellowship <input type="radio"/> Children's/Youth Activities <input type="radio"/> Other _____		
HOW LONG HAVE YOU ATTENDED?	_____		

LEADER RECOMMENDATION (TO BE COMPLETED BY CHURCH LEADER)

DO YOU PERSONALLY KNOW THE FAMILY? <input type="radio"/> Yes <input type="radio"/> No	DO YOU BELIEVE AT LEAST ONE PARENT IS A BORN-AGAIN CHRISTIAN? <input type="radio"/> Yes <input type="radio"/> No
DESCRIBE THE PARENT'S RELATIONSHIP WITH THE LORD AND CURRENT FELLOWSHIP: _____ _____ _____	

IS THE FAMILY ACTIVE IN THE WORK OF THE CHURCH? Yes No IF YES, PLEASE EXPLAIN:

Please comment on the following as it relates to the student:

CHARACTER & CITIZENSHIP	EXCELLENT	GOOD	FAIR	POOR	REMARKS
Trustworthiness/Maturity					
Participation/Cooperation					
Responsibility/Initiative					
Leadership					
Church Attendance					
Caring for Others					
Attitude towards authority					
Attitude of peers toward student					

PLEASE COMMENT ON THE STUDENT'S STRENGTHS:

PLEASE NOTE ANY AREA OF CONCERN WITH THE STUDENT (*challenges, health concerns, special needs, other pertinent information of which we should be made aware*): **HAVE YOU SHARED THESE CONCERNS WITH THE PARENTS?** YES NO

FAMILY	EXCELLENT	GOOD	FAIR	POOR	REMARKS
Home Environment					
Parent Participation					
Parent Cooperation					

PLEASE NOTE ANY AREA OF CONCERN WITH THE FAMILY (*challenges, parent cooperation with the teachers/school, other pertinent information of which we should be made aware*):

RECOMMENDATION

- I enthusiastically recommend this student for enrollment at Calvary Christian Academy.
- I recommend this student for enrollment at Calvary Christian Academy with some reservation.
- I do not recommend this student for enrollment at Calvary Christian Academy. *PLEASE EXPLAIN*

This section must be completed for this form to be valid:

NAME OF PERSON COMPLETING THE FORM (PLEASE PRINT)

TITLE

SIGNATURE

DATE

You may call me if you have any further questions about this student/family: Yes No

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ALLERGY & HEALTH INFORMATION • 2012/2013

If your child has any medication that needs to be left at school, it must be clearly labeled, prescribed by a doctor with dosage instructions included. Please provide the office with the medication in a reclosable plastic bag with your child's name along with the signed permission form by your physician.

Please mark below any allergies your child may have that the school needs to be aware of. Due to food allergies and other complications, we do not allow food to be shared with a child who has forgotten their lunch.

STUDENT INFORMATION				
STUDENT NAME (LAST, FIRST, MIDDLE) <i>FULL LEGAL NAME</i>			GRADE: <input type="radio"/> Jr. Kindergarten <input type="radio"/> Kindergarten <input type="radio"/> Grade 1 <input type="radio"/> Grade 2 <input type="radio"/> Grade 3 <input type="radio"/> Grade 4 <input type="radio"/> Grade 5 <input type="radio"/> Grade 6 <input type="radio"/> Grade 7 <input type="radio"/> Grade 8	
GENDER <input type="radio"/> Male <input type="radio"/> Female	DATE OF BIRTH	AGE	HOME PHONE	
MY CHILD:				
<input type="checkbox"/> Does not have any known food allergies or health concerns.				
<input type="checkbox"/> Has food allergies. (please list) _____ _____				
<input type="checkbox"/> This allergy is life-threatening and requires immediate medical attention. I understand it is my responsibility to provide the school with appropriate documentation and medicine(s) as listed above.				
<input type="checkbox"/> Has allergies other than food. (please list) _____ _____				
<input type="checkbox"/> This allergy is life-threatening and requires immediate medical attention. I understand it is my responsibility to provide the school with appropriate documentation and medicine(s) as listed above.				
<input type="checkbox"/> Has health concerns. (please list) _____ _____				
<input type="checkbox"/> Is on the following medications (dose, time given) on a regular basis. (please list) _____ _____				
Student's Physician: _____ Physician Phone: _____			Student's Dentist: _____ Dentist Phone: _____	
PARENT OR LEGAL GUARDIAN NAME (PLEASE PRINT) _____			PARENT OR LEGAL GUARDIAN NAME (PLEASE PRINT) _____	
PARENT OR LEGAL GUARDIAN SIGNATURE _____			PARENT OR LEGAL GUARDIAN SIGNATURE _____	
DATE	EMERGENCY PHONE NUMBER		DATE	EMERGENCY PHONE NUMBER

2010 Summary of ACIP/AAP/AAFP Recommended Immunization Schedule for Ages 0–6 Years

Colorado Department of Public Health and Environment/Colorado Clinical Guidelines Collaborative

Current as of January 1, 2010. For updated information on pediatric immunizations, visit the CCGC website at www.coloradoguidelines.org or the CDPHE website at www.cdphe.state.co.us/dc/immunization.

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B ¹	HepB		HepB			HepB						
Rotavirus ²				RV	RV	RV ²						
Diphtheria, Tetanus, Pertussis ³				DTaP	DTaP	DTaP	See footnote 3	DTaP				DTaP
<i>Haemophilus influenzae</i> type b ⁴				Hib	Hib	Hib ⁴	Hib					
Pneumococcal ⁵				PCV	PCV	PCV	PCV				PPSV	
Inactivated Poliovirus ⁶				IPV	IPV	IPV						IPV
Influenza ⁷						Influenza (Yearly)						
Measles, Mumps, Rubella ⁸							MMR		See footnote 8			MMR
Varicella ⁹							Varicella		See footnote 9			Varicella
Hepatitis A ¹⁰							HepA (2 doses)				HepA Series	
Meningococcal ¹¹												MCV

 Range of recommended ages

 Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed vaccines, as of December 15, 2009, for children aged 0 through 6 years. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations, including high-risk conditions: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

Footnotes

- Hepatitis B vaccine (HepB). (Minimum age: birth)**
At birth:
 - Administer monovalent HepB to all newborns before hospital discharge.
 - If mother is hepatitis B surface antigen (HBsAg)-positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
 - If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine mother's HBsAg status as soon as possible and, if HBsAg-positive, administer HBIG (no later than age 1 week).**After the birth dose:**
 - The HepB series should be completed with either monovalent HepB or a combination vaccine containing HepB. The second dose should be administered at age 1 or 2 months. Monovalent HepB vaccine should be used for doses administered before age 6 weeks. The final dose should be administered no earlier than age 24 weeks.
 - Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg 1 to 2 months after completion of at least 3 doses of the HepB series, at age 9 through 18 months (generally at the next well-child visit).
 - Administration of 4 doses of HepB to infants is permissible when combination vaccines containing HepB are administered after the birth dose. The 4th final dose should be administered no earlier than age 24 weeks.
- Rotavirus vaccine (RV). (Minimum age: 6 weeks)**
 - Administer the first dose at age 6 through 14 weeks (maximum age: 14 weeks 6 days). Vaccination should not be initiated for infants aged 15 weeks or older (i.e., 15 weeks 0 days or older).
 - The maximum age for the final dose in the series is 8 months 0 days.
 - If Rotarix[®] is administered at ages 2 and 4 months, a dose at 6 months is not indicated.
- Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). (Minimum age: 6 weeks)**
 - The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.
 - Administer the final dose in the series at age 4 through 6 years.
- Haemophilus influenzae* type b conjugate vaccine (Hib). (Minimum age: 6 weeks)**
 - If PRP-OMP (PedvaxHIB[®] or Comvax[®] [HepB-Hib]) is administered at ages 2 and 4 months, a dose at age 6 months is not indicated.
 - The maximum age for the final dose in the series is 8 months 0 days. TriHiBit[®] (DTaP/Hib) and Hiberix[®] (PRP-T) should not be used for doses at ages 2, 4, or 6 months for the primary series but can be used as the final dose in children aged 12 months through 4 years.
- Pneumococcal vaccine. (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPSV])**
 - PCV is recommended for all children aged younger than 5 years. Administer 1 dose of PCV to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.
 - Administer PPSV 2 or more months after last dose of PCV to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant.
- Inactivated poliovirus vaccine (IPV) (Minimum age: 6 weeks)**
 - The final dose in the series should be administered on or after the 4th birthday and at least 6 months following the previous dose.
 - If 4 doses are administered prior to age 4 years an additional (fifth) dose should be administered at age 4 through 6 years. See *MMWR* 2009;58(No. 30):829–30.
- Influenza vaccine. (Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 2 years for live, attenuated influenza vaccine [LAIV])**
 - Administer annually to children aged 6 months through 18 years.
 - For healthy children aged 2 through 6 years (i.e., those who do not have underlying medical conditions that predispose them to influenza complications) and those aged 2 through 4 years who have not had wheezing in the past year, either LAIV or TIV may be used.
 - Children receiving TIV should receive 0.25 mL if aged 6 through 35 months or 0.5 mL if aged 3 years or older.
 - Administer 2 doses (separated by at least 4 weeks) to children aged younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but only received 1 dose.
 - For recommendations for use of influenza A (H1N1) 2009 monovalent vaccine see *MMWR* 2009;58(RR-10).
- Measles, mumps, and rubella vaccine (MMR). (Minimum age: 12 months)**
 - Administer the second dose at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 28 days have elapsed since the first dose.
- Varicella vaccine. (Minimum age: 12 months)**
 - Administer the second dose at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 3 months have elapsed since the first dose.
 - For children aged 12 months through 12 years the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.
- Hepatitis A vaccine (HepA). (Minimum age: 12 months)**
 - Administer to all children aged 1 year (i.e., aged 12 through 23 months). Administer 2 doses at least 6 months apart.
 - Children not fully vaccinated by age 2 years can be vaccinated at subsequent visits.
 - HepA also is recommended for older children who live in areas where vaccination programs target older children, who are at increased risk for infection, or for whom immunity against hepatitis A is desired.
- Meningococcal vaccine. (Minimum age: 2 years for meningococcal conjugate vaccine [MCV4] and for meningococcal polysaccharide vaccine [MPSV4])**
 - Administer MCV4 to children aged 2 through 10 years with persistent complement component deficiency, anatomic or functional asplenia, and certain other conditions placing them at high risk.
 - Administer MCV4 to children previously vaccinated with MCV4 or MPSV4 after 3 years if first dose administered at age 2 through 6 years. See *MMWR* 2009; 58:1042–3.

Catch-up immunization schedule for persons aged 4 months–6 years who start late or who are more than 1 month behind

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses.

Vaccine	Minimum age for Dose 1	Minimum interval between doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B ¹	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Rotavirus ²	6 weeks	4 weeks	4 weeks ²		
Diphtheria, Tetanus, Pertussis ³	6 weeks	4 weeks	4 weeks	6 months	6 months ³
<i>Haemophilus influenzae</i> type b ⁴	6 weeks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose) if first dose administered at age 12–14 months No further doses needed if first dose administered at age 15 months or older	4 weeks ⁴ if current age is younger than 12 months 8 weeks (as final dose) ⁴ if current age is 12 months or older and second dose administered at younger than age 15 months No further doses needed if previous dose administered at age 15 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months	
Pneumococcal ⁵	6 weeks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose for healthy children) if first dose administered at age 12 months or older or current age 24 through 59 months No further doses needed for healthy children if first dose administered at age 24 months or older	4 weeks if current age is younger than 12 months 8 weeks (as final dose for healthy children) if current age is 12 months or older No further doses needed for healthy children if previous dose administered at age 24 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months or for high-risk children who received 3 doses at any age	
Inactivated Poliovirus ⁶	6 weeks	4 weeks	4 weeks	6 months ⁶	
Measles, Mumps, Rubella ⁷	12 months	4 weeks			
Varicella ⁸	12 months	3 months			
Hepatitis A ⁹	12 months	6 months			

Footnotes

1. **Hepatitis B vaccine (HepB).**
 - Administer the 3-dose series to those not previously vaccinated.
2. **Rotavirus vaccine (RV).**
 - The maximum age for the first dose is 14 weeks 6 days. Vaccination should not be initiated for infants aged 15 weeks or older (i.e., 15 weeks 0 days or older).
 - The maximum age for the final dose in the series is 8 months 0 days.
 - If Rotarix[®] was administered for the first and second doses, a third dose is not indicated.
3. **Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).**
 - The first dose is not necessary if the fourth dose was administered at age 4 years or older.
4. ***Haemophilus influenzae* type b conjugate vaccine (Hib).**
 - Hib vaccine is not generally recommended for persons aged 5 years or older. No efficacy data are available on which to base a recommendation concerning use of Hib vaccine for older children and adults. However, studies suggest good immunogenicity in persons who have sickle cell disease, leukemia, or HIV infection, or who have had a splenectomy; administering 1 dose of Hib vaccine to these persons is not contraindicated.
 - If the first 2 doses were PRP-OMP (PedvaxHIB[®] or Comvax[®]), and administered at age 11 months or younger, the third (and final) dose should be administered at age 12 through 15 months and at least 8 weeks after the second dose.
 - If the first dose was administered at age 7 through 11 months, administer 2 doses separated by 4 weeks and a final dose at age 12 through 15 months.
5. **Pneumococcal vaccine.**
 - Administer 1 dose of pneumococcal conjugate vaccine (PCV) to all healthy children aged 24 through 59 months who have not received at least 1 dose of PCV on or after age 12 months.
 - For children aged 24 through 59 months with underlying medical conditions, administer 1 dose of PCV if 3 doses were received previously or administer 2 doses of PCV at least 8 weeks apart if fewer than 3 doses were received previously.
6. **Inactivated poliovirus vaccine (IPV).**
 - Administer pneumococcal polysaccharide vaccine (PPSV) to children aged 2 years or older with certain underlying medical conditions (see *MMWR* 2000;49[No. RR-9]), including a cochlear implant, at least 8 weeks after the last dose of PCV.
 - The final dose in the series should be administered on or after the 4th birthday and at least 6 months following the previous dose.
 - A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months following the previous dose.
 - In the first 6 months of life, minimum age and minimum intervals are only recommended if the person is at risk for imminent exposure to circulating poliovirus (i.e., travel to a polio-endemic region or during an outbreak).
7. **Measles, mumps, and rubella vaccine (MMR).**
 - Administer the second dose at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 28 days have elapsed since the first dose.
 - If not previously vaccinated, administer 2 doses with at least 28 days between doses.
8. **Varicella vaccine.**
 - Administer the second dose routinely at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 3 months have elapsed since the first dose.
 - For persons aged 12 months through 12 years, the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.
9. **Hepatitis A vaccine (HepA).**
 - HepA is recommended for children older than 23 months who live in areas where vaccination programs target older children, who are at increased risk of infection or for whom immunity against hepatitis A is desired.

2010 Summary of ACIP/AAP/AAFP Recommended Immunization Schedule for Ages 7–18 Years

Colorado Department of Public Health and Environment/Colorado Clinical Guidelines Collaborative

Current as of January 1, 2010. For updated information on pediatric immunizations, visit the CCGC website at www.coloradoguidelines.org or the CDPHE website at www.cdphe.state.co.us/dc/immunization.

Vaccine ▼	Age ▶	7–10 years	11–12 YEARS	13–18 years
Tetanus, Diphtheria, Pertussis ¹		See footnote 1	Tdap	Tdap
Human Papillomavirus ²		See footnote 2	HPV (3 doses)	HPV Series
Meningococcal ³		MCV	MCV	MCV
Influenza ⁴		Influenza (Yearly)		
Pneumococcal ⁵		PPSV		
Hepatitis A ⁶		HepA Series		
Hepatitis B ⁷		HepB Series		
Inactivated Poliovirus ⁸		IPV Series		
Measles, Mumps, Rubella ⁹		MMR Series		
Varicella ¹⁰		Varicella Series		

 Range of recommended ages

 Catch-up immunization

 Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed vaccines, as of December 15, 2009, for children aged 7 through 18 years. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations, including high-risk conditions: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

Footnotes

- Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap). (Minimum age: 10 years for BOOSTRIX® and 11 years for ADACEL®)**
 - Administer at age 11 or 12 years for those who have completed the recommended childhood DTP/DTaP vaccination series and have not received a tetanus and diphtheria toxoid (Td) booster dose.
 - Persons aged 13 through 18 years who have not received Tdap should receive a dose.
 - A 5-year interval from the last Td dose is encouraged when Tdap is used as a booster dose; however, a shorter interval may be used if pertussis immunity is needed.
- Human papillomavirus vaccine (HPV). (Minimum age: 9 years)**
 - Two HPV vaccines are licensed: a quadrivalent vaccine (HPV4) for the prevention of cervical, vaginal and vulvar cancers (in females) and genital warts (in females and males), and a bivalent vaccine (HPV2) for the prevention of cervical cancers in females.
 - HPV vaccines are most effective for both males and females when given before exposure to HPV through sexual contact.
 - HPV4 or HPV2 is recommended for the prevention of cervical precancers and cancers in females.
 - HPV4 is recommended for the prevention of cervical, vaginal and vulvar precancers and cancers and genital warts in females.
 - Administer the first dose to females at age 11 or 12 years.
 - Administer the second dose 1 to 2 months after the first dose and the third dose 6 months after the first dose (at least 24 weeks after the first dose).
 - Administer the series to females at age 13 through 18 years if not previously vaccinated.
 - HPV4 may be administered in a 3-dose series to males aged 9 through 18 years to reduce their likelihood of acquiring genital warts.
- Meningococcal conjugate vaccine (MCV4).**
 - Administer at age 11 or 12 years, or at age 13 through 18 years if not previously vaccinated.
 - Administer to previously unvaccinated college freshmen living in a dormitory.
 - Administer MCV4 to children aged 2 through 10 years with persistent complement component deficiency, anatomic or functional asplenia, and certain other groups at high risk.
 - Administer to children previously vaccinated with MCV4 or MPSV4 who remain at increased risk after 3 years (if first dose administered at age 2 through 6 years) or after 5 years (if first dose administered at age 7 years or older). Persons whose only risk factor is living in on-campus housing are not recommended to receive an additional dose. See *MMWR* 2009;58:1042–3.
- Influenza vaccine.**
 - Administer annually to children aged 6 months through 18 years.
 - For healthy nonpregnant persons aged 7 through 18 years (i.e., those who do not have underlying medical conditions that predispose them to influenza complications), either LAIV or TIV may be used.
 - Administer 2 doses (separated by at least 4 weeks) to children aged younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but only received 1 dose.
 - For recommendations for use of influenza A (H1N1) 2009 monovalent vaccine see *MMWR* 2009;58(RR-10).
- Pneumococcal polysaccharide vaccine (PPSV).**
 - Administer to children with certain underlying medical conditions, including a cochlear implant. A single revaccination should be administered after 5 years to children with functional or anatomic asplenia or an immunocompromising condition.
- Hepatitis A vaccine (HepA).**
 - Administer 2 doses at least 6 months apart.
 - HepA is recommended for children aged older than 23 months who live in areas where vaccination programs target older children, who are at increased risk for infection, or for whom immunity against hepatitis A is desired.
- Hepatitis B vaccine (HepB).**
 - Administer the 3-dose series to those not previously vaccinated.
 - A 2-dose series (separated by at least 4 months) of adult formulation Recombivax HB® is licensed for children aged 11 through 15 years.
- Inactivated poliovirus vaccine (IPV).**
 - The final dose in the series should be administered on or after the 4th birthday and at least 6 months following the previous dose.
 - If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.
- Measles, mumps, and rubella vaccine (MMR).**
 - If not previously vaccinated, administer 2 doses or the second dose for those who have received only 1 dose, with at least 28 days between doses.
- Varicella vaccine.**
 - For persons aged 7 through 18 years without evidence of immunity (see *MMWR* 2007;56[No. RR-4]), administer 2 doses if not previously vaccinated or the second dose if they have received only 1 dose.
 - For persons aged 7 through 12 years, the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.
 - For persons aged 13 years and older, the minimum interval between doses is 28 days.

Catch-up immunization schedule for persons aged 7–18 years who start late or who are more than 1 month behind

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses.

Vaccine	Minimum age for Dose 1	Minimum interval between doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Tetanus, Diphtheria/Tetanus, Diphtheria, Pertussis ¹	7 years ¹	4 weeks	4 weeks if first dose administered at younger than age 12 months 6 months if first dose administered at age 12 months or older	6 months if first dose administered at younger than age 12 months	
Human Papillomavirus ²	9 years	Routine dosing intervals are recommended ²			
Hepatitis A ³	12 months	6 months			
Hepatitis B ⁴	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Inactivated Poliovirus ⁵	6 weeks	4 weeks	4 weeks	6 months ⁵	
Measles, Mumps, Rubella ⁶	12 months	4 weeks			
Varicella ⁷	12 months	3 months if the person is younger than age 13 years 4 weeks if the person is aged 13 years or older			

Footnotes

- Tetanus and diphtheria toxoids vaccine (Td) and tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).**
 - Doses of DTaP are counted as part of the Td/Tdap series
 - Tdap should be substituted for a single dose of Td in the catch-up series or as a booster for children aged 10 through 18 years; use Td for other doses.
- Human papillomavirus vaccine (HPV).**
 - Administer the series to females at age 13 through 18 years if not previously vaccinated.
 - Use recommended routine dosing intervals for series catch-up (i.e., the second and third doses should be administered at 1 to 2 and 6 months after the first dose). However, the minimum interval between the first and second doses is 4 weeks. The minimum interval between the second and third doses is 12 weeks, and the third dose should be given at least 24 weeks after the first dose.
- Hepatitis A vaccine (HepA).**
 - HepA is recommended for children older than 23 months who live in areas where vaccination programs target older children, who are at increased risk of infection or for whom immunity against hepatitis A is desired.
- Hepatitis B vaccine (HepB).**
 - Administer the 3-dose series to those not previously vaccinated.
 - A 2-dose series (separated by at least 4 months) of adult formulation Recombivax HB[®] is licensed for children aged 11 through 15 years.
- Inactivated poliovirus vaccine (IPV).**
 - The final dose in the series should be administered on or after the 4th birthday and at least 6 months following the previous dose.
 - A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months following the previous dose.
 - In the first 6 months of life, minimum age and minimum intervals are only recommended if the person is at risk for imminent exposure to circulating poliovirus (i.e., travel to a polio-endemic region or during an outbreak).
- Measles, mumps, and rubella vaccine (MMR).**
 - If not previously vaccinated, administer 2 doses with at least 28 days between doses.
- Varicella vaccine.**
 - For persons aged 12 months through 12 years, the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.
 - For persons aged 13 years and older, the minimum interval between doses is 28 days.

Immunization Program Resources



Colorado Department of Public Health and Environment

General Immunization Questions: (303) 692-2650
Vaccine Orders: (303) 692-2797
Vaccines for Children (VFC) Program: 1-866-530-1813 x22
Hepatitis B Project: (303) 692-2673
Disease Reports: 1-800-866-2759

Vaccine Adverse Event Reporting System (VAERS):
 (970) 323-6056, 1-866-896-1586. Clinically significant adverse events that follow immunization should be reported to VAERS. Guidance about how to obtain and complete a VAERS form is also available at <http://www.vaers.hhs.gov>.

Vaccine Information Statements (VISs):
<http://www.cdc.gov/vaccines/pubs/vis>

Family Healthline (Parent Information): (303) 692-2229 (Denver metro area) or 1-800-688-7777

CDC Information Contact Center (for immunization questions):
 1-800-CDC-INFO (1-800-232-4636); NIPINFO@cdc.gov

COLORADO CLINICAL GUIDELINES COLLABORATIVE

Background

The Colorado Clinical Guidelines Collaborative was formed in 1996 to address the challenges for the use and implementation of clinical guidelines across health care systems in Colorado. Current membership represents 50 health care organizations.

Mission Statement

CCGC is a Colorado coalition of healthcare stakeholders (health plans, physicians, hospitals, employers, government agencies, quality improvement organizations and other entities) working collaboratively to implement systems and processes, using evidenced-based clinical guidelines to improve healthcare outcomes in Colorado.

COLORADO LAW REQUIRES THAT THIS FORM BE COMPLETED FOR EACH STUDENT ATTENDING COLORADO SCHOOLS

Name _____ Date of Birth _____

Parent/Guardian _____

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT—CERTIFICATE OF IMMUNIZATION

Vaccine	Enter the month, day and year each immunization was given					
Hep B	Hepatitis B					
DTaP	Diphtheria, Tetanus, Pertussis (pediatric)					
DT	Diphtheria, Tetanus (pediatric)					
Tdap	Tetanus, Diphtheria, Pertussis					
Td	Tetanus, Diphtheria					
Hib	Haemophilus influenzae type b					
IPV/OPV	Polio					
PCV	Pneumococcal Conjugate					
MMR	Measles, Mumps, Rubella					
Varicella	Chickenpox					
Vaccines recorded below this line are recommended. Recording of dates is encouraged.						
HPV	Human Papillomavirus					
Rota	Rotavirus					
MCV4/MPSV4	Meningococcal					
Hep A	Hepatitis A					
TIV/LAIV	Influenza					
Other						

Healthcare Provider Documentation Date _____ Lab Verification Date _____

THIS SECTION CAN BE COMPLETED BY CHILD CARE/SCHOOL/HEALTH CARE PROVIDER

- A) Child Care Up to Date**
Up to date through 6 months of age for Colorado School Immunization Requirements
Update Signature _____ Date _____
- B) Child Care Up to Date**
Up to date through 18 months of age for Colorado School Immunization Requirements
Update Signature _____ Date _____
- C) Child Care/Pre-school/Pre-K***
Up to date for Child Care/Pre-School/Pre-K for Colorado School Immunization Requirements
Update Signature _____ Date _____
- D) Complete for K–5th Grade**
Up to date for K–5th Grade for Colorado School Immunization Requirements
Update Signature _____ Date _____

* If age 4 years and fulfills Requirements for Pre-School & Kindergarten, check BOTH Boxes C and D.

HAS MET ALL IMMUNIZATION REQUIREMENTS FOR COLORADO SCHOOLS (6TH GRADE OR HIGHER)

Signed _____ Title _____ Date _____
(Physician, nurse, or school health authority)

STATEMENT OF EXEMPTION TO IMMUNIZATION LAW (DECLARACIÓN RESPECTO A LAS EXENCIONES DE LA LEY DE VACUNACIÓN)

IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS MAY BE SUBJECT TO EXCLUSION FROM SCHOOL AND TO QUARANTINE.
SI SE PRESENTA UN BROTE DE LA ENFERMEDAD, ES POSIBLE QUE A LAS PERSONAS EXENTAS SE LES PONGA EN CUARENTENA O SE LES EXCLUYA DE LA ESCUELA.

MEDICAL EXEMPTION: The physical condition of the above named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions.

EXENCION POR RAZONES MÉDICAS: El estado de salud de la persona arriba citada es tal que la vacunación significa un riesgo para su salud o incluso su vida; o bien, las vacunas están contraindicadas debido a otros problemas de salud.

Medical exemption to the following vaccine(s):

La exención por razones médicas aplica a la(s) siguiente(s) vacuna(s):

Signed (Firma) _____ Date (Fecha) _____
Physician (Médico) _____
Hep B DTaP Tdap Hib IPV PCV MMR VAR

RELIGIOUS EXEMPTION: Parent or guardian of the above named person or the person himself/herself is an adherent to a religious belief opposed to immunizations.

EXENCION POR MOTIVOS RELIGIOSOS: El padre o tutor de la persona arriba citada, o la persona misma, pertenece a una religión que se opone a la inmunización.

Religious exemption to the following vaccine(s):

Exención por motivos religiosos de la(s) siguiente(s) vacuna(s):

Signed (Firma) _____ Date (Fecha) _____
Parent, guardian, emancipated student/consenting minor
(Padre, tutor, estudiante emancipado o consentimiento del menor)
Hep B DTaP Tdap Hib IPV PCV MMR VAR

PERSONAL EXEMPTION: Parent or guardian of the above named person or the person himself/herself is an adherent to a personal belief opposed to immunizations.

EXENCION POR CREENCIAS PERSONALES: Las creencias personales del padre o tutor de la persona arriba citada, o la persona misma, se oponen a la inmunización.

Personal exemption to the following vaccine(s):

Exención por creencias personales de la(s) siguiente(s) vacuna(s):

Signed (Firma) _____ Date (Fecha) _____
Parent, guardian, emancipated student/consenting minor
(Padre, tutor, estudiante emancipado o consentimiento del menor)
Hep B DTaP Tdap Hib IPV PCV MMR VAR

CALVARY CHRISTIAN ACADEMY

A Ministry of Calvary Chapel Aurora
18900 E. Hampden Avenue, Aurora, CO 80013 • 303.628.7200 • info@calvaryacademyaurora.org

RECORDS/CUMULATIVE INFORMATION REQUEST FORM • 2012/2013

Calvary Christian Academy will mail this records release request to the school you cite below. Please fill out this form completely.

STUDENT INFORMATION <i>(please print)</i>		
STUDENT NAME (LAST, FIRST, MIDDLE) <i>FULL LEGAL NAME</i>	DATE OF BIRTH	AGE
GRADE WHEN ENROLLED IN PREVIOUS SCHOOL <input type="radio"/> Kindergarten <input type="radio"/> Grade 1 <input type="radio"/> Grade 2 <input type="radio"/> Grade 3 <input type="radio"/> Grade 4 <input type="radio"/> Grade 5 <input type="radio"/> Grade 6 <input type="radio"/> Grade 7 <input type="radio"/> Grade 8		
PREVIOUS SCHOOL NAME AND ADDRESS		
SCHOOL NAME	SCHOOL DISTRICT	
SCHOOL FULL MAILING ADDRESS <i>(include City, State, ZIP)</i>	SCHOOL PHONE	

I hereby permit, and request, you to transfer the individual academic records for my student to:

Admissions
Calvary Christian Academy
18900 E. Hampden Avenue
Aurora, CO 80013

Phone: 303.628.7200

FAX: 303.628.7205

Please include all health, scholastic, and other pertinent records. Thank you for your cooperation.

PARENT/GUARDIAN RELEASE		
PARENT/GUARDIAN NAME	PARENT MAIN PHONE	PARENT WORK PHONE
PARENT/GUARDIAN SIGNATURE & DATE		

CALVARY CHRISTIAN ACADEMY

A Ministry of Calvary Chapel Aurora

18900 E. Hampden Avenue, Aurora, CO 80013 • 303.628.7200 • info@calvaryacademyaurora.org

AUTHORIZATION TO RELEASE STUDENT • 2012/2013

I, _____, parent/guardian of _____, hereby authorize the following individuals to pickup my student(s) from school. I agree to provide a written notice and a copy of photo identification whenever I wish to add individuals or rescind authorization. Further, I understand that Calvary Christian Academy will ask any person wishing to pick up my student from school outside of normal dismissal times to show photo identification, and if it does not match the information provided on this authorization, my student(s) will not be released.

AUTHORIZED PERSON	Name:
COPY OF DRIVER'S LICENSE	Relationship:
	Identification:
	Telephone Number:
	Limitations or conditions of release authorization:
	Parent/Guardian Name (Print)
	Parent/Guardian Signature

AUTHORIZED PERSON	Name:
COPY OF DRIVER'S LICENSE	Relationship:
	Identification:
	Telephone Number:
	Limitations or conditions of release authorization:
	Parent/Guardian Name (Print)
	Parent/Guardian Signature

AUTHORIZED PERSON	Name:
COPY OF DRIVER'S LICENSE	Relationship:
	Identification:
	Telephone Number:
	Limitations or conditions of release authorization:
	Parent/Guardian Name (Print)
	Parent/Guardian Signature

CALVARY CHRISTIAN ACADEMY

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PRIVATE SCHOOL ACCREDITATION SURVEY • 2012/2013

ONE SURVEY FORM PER STUDENT
 GENDER Male Female

GRADE ENTERING FALL 2012 _____
 HOME ZIP CODE _____

PLEASE BE SURE TO ANSWER EACH SECTION AS COMPLETELY AS POSSIBLE

SECTION I: PARENT INFORMATION (MAKE ONE SELECTION PER PARENT IN EACH SECTION)

A: CURRENTLY LIVING STATUS	FATHER	MOTHER	C: PLEASE SELECT ONE THAT REFLECTS YOUR CURRENT EMPLOYMENT AREA	FATHER	MOTHER
Living in the home	<input type="radio"/>	<input type="radio"/>	Christian Services	<input type="radio"/>	<input type="radio"/>
Not living in the home	<input type="radio"/>	<input type="radio"/>	Homemaker	<input type="radio"/>	<input type="radio"/>
B: SELECT ONE THAT REFLECTS YOUR CURRENT EMPLOYMENT STATUS	FATHER	MOTHER	Professional	<input type="radio"/>	<input type="radio"/>
			Executive or Managerial	<input type="radio"/>	<input type="radio"/>
Employed Full-time	<input type="radio"/>	<input type="radio"/>	Administrative or Clerical	<input type="radio"/>	<input type="radio"/>
Employed Part-time	<input type="radio"/>	<input type="radio"/>	Engineering or Technical	<input type="radio"/>	<input type="radio"/>
Unemployed	<input type="radio"/>	<input type="radio"/>	Marketing or Sales	<input type="radio"/>	<input type="radio"/>
			Skilled Craft or Trade	<input type="radio"/>	<input type="radio"/>
			Military	<input type="radio"/>	<input type="radio"/>
			Retired	<input type="radio"/>	<input type="radio"/>
			Student	<input type="radio"/>	<input type="radio"/>
			Unemployed	<input type="radio"/>	<input type="radio"/>
Other (Specify)	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>

SECTION II: HOUSEHOLD INCOME

- UNDER \$20,000 \$35,000 - \$50,000 \$75,000 - \$100,000
 \$20,000 - \$35,000 \$50,000 - \$75,000 OVER \$100,000

SECTION III: PLEASE INDICATE THE STUDENT'S CHURCH AFFILIATION/DENOMINATION

- CALVARY CHAPEL/NON-DENOMINATIONAL BAPTIST/BRETHREN
 ASSEMBLIES OF GOD/PENTECOSTAL/FOUR SQUARE OTHER _____

SECTION IV: STUDENT'S PRIMARY ETHNICITY

Each year, we are required to report the number of students and staff in terms of their nationality or ethnic background. From the following list, please select ONE ethnic background your family believes is most dominant

- AMERICAN INDIAN OR ALASKA NATIVE** – A person having origins in any of the original peoples of North, Central or South America and who maintains tribal affiliation or community attachment.
- ASIAN/ASIAN AMERICAN** – A person having origins in any of the original peoples in the Far East, Southeast, or the Indian subcontinent. Please specify: Chinese Japanese Korean Laotian Vietnamese Asian Indian Cambodian
- AFRICAN/AFRICAN AMERICAN** – not of Hispanic origin. A non-Hispanic person having origins in any of the black racial groups of Africa.
- FILIPINO/FILIPINO AMERICAN** – A person having origins in any of the original peoples of the Philippines Islands.
- HISPANIC or LATINO** – A person of Mexican, Puerto Rican, Cuban, Central or South American origin or other Spanish culture or origin, regardless of race.
- PACIFIC ISLANDER** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands (except the Philippine Islands). Please specify: Hawaiian Guamanian Samoan Tahitian Other Pacific Islands
- CAUCASIAN** – (not of Hispanic origin) A non-Hispanic person having origins in any of the original peoples of Europe, North Africa, or the Middle East (i.e., England, Portugal, Egypt, or Iran)