



We do NOT attend CCSV, however, we do actively attend: \_\_\_\_\_  
Name of Church

## APPLICATION FOR CCSV MEMBER TUITION DISCOUNT

### PARENT/GUARDIAN INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

If your title is posted under your business name, please list that Name: \_\_\_\_\_

### STUDENT INFORMATION

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Grade: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Grade: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Grade: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Grade: \_\_\_\_\_

We actively attend the following service at Calvary Chapel Spring Valley on a regular basis:

Wed 7:00    Sat 6:00    Sun 9:00    Sun 11:00    Sun 6:00

I understand that CCSV will confirm my attendance by verifying the activity of my title record.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This form must be submitted to the CCSV accounting office no later than March 13, 2009. Failure to submit prior to the deadline will result in the non-member rate.**

**\*\* For CCSV Office Use \*\***

Approved    Denied

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_