



For Office Use Only

Date Received: _____

Fee Paid: _____

SISTERS CHRISTIAN ACADEMY APPLICATION FOR ADMISSION (K-8)

A non-refundable \$50.00 application fee must accompany application when returned.

Applying for Grade: _____

STUDENT INFORMATION

M F

Student's name: *(Please print name exactly as it should appear on all permanent records.)*

(Last)	(First)	(Middle)	(Name Used)
Date of Birth: ___/___/___		Place of Birth: _____	Social Security #: _____ - ____ - ____ (Optional)

Name of Parents or Guardian: _____

Present Address: _____ (Home Phone) _____

(City) (State) (Zip) (Cell Phone)

Email address: _____

How often do you check your email? Daily or almost daily Every few days Weekly Less frequently

Applicant lives with: (check all that apply)

- Father Stepfather Grandparent
- Mother Stepmother Guardian
- Other

Applicant's: (check any that apply)

- Father is deceased Parents are divorced
- Mother is deceased Parents are separated

Father's Name: _____	Mother's Name: _____
(Last) (First)	(Last) (First)

Father's Occupation: _____ Mother's Occupation: _____

Employer's Name: _____ Employer's Name: _____

Service/Business Type: _____ Service/Business Type: _____

Telephone: _____ Telephone: _____

School applicant is attending or last attended: _____ (Name) (School District)

(Address) (City) (State) (Zip) (Phone Number)

STUDENT INFORMATION (continued)

Please list siblings below:

	M/F	Age	School or Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Will/are any of the siblings listed be attending SCA? Yes No

Have any of your friends or relatives attended SCA? Yes No

If so please give the person's name and relationship to you. _____

I would like to receive a Financial Aid Packet.

RELIGIOUS INFORMATION

Family's church: _____

Address: _____

Pastor: _____ Phone: _____

Please check the appropriate boxes:

- | | |
|---|---|
| ____ Applicant attends church regularly | ____ Parents attend church regularly |
| ____ Applicant attends church occasionally | ____ Parents attend church occasionally |
| ____ Applicant attends Sunday School | ____ Parents do not attend church |
| ____ Applicant attends church's youth group | |

MEDICAL INFORMATION

Does the applicant have any physical disabilities? _____ If yes, please explain. _____

Does the applicant regularly require medication? _____ If yes, please explain. _____

GENERAL INFORMATION

Why do you wish to enroll your child at SCA? _____

We first learned of SCA through? *(Please check only one.)*

_____ Telephone book _____ Parent of SCA student _____ Friend
_____ Newspaper _____ Minister _____ Other _____

REFERENCES

Please provide three (3) personal references for the applicant, including their addresses and phone numbers.

Teacher

Pastor / Youth worker

Friend

Phone: _____ Phone: _____ Phone: _____

SCHOLASTIC INFORMATION

Applicant's present school: _____

Address: _____

Principal: _____ Math Teacher: _____ English Teacher: _____

Has the applicant ever skipped a grade? _____ Ever repeated a grade? _____

Has the applicant ever been suspended, dismissed or refused admission to another school? _____ If yes, please explain.

Did the applicant have any disciplinary problems in his/her previous school? _____ If yes, please explain.

Has the applicant received any special awards or honors? _____ If yes, please describe. _____

Has the applicant ever been diagnosed for or enrolled in any special education program (e.g. resource room, L.D. placement, attention deficit, etc.)? _____ If yes, please explain. _____

STATEMENT OF NON-DISCRIMINATION

Sisters 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 of the school. It does not discriminate on the basis of race, color, national, and ethnic origin in administration of its educational policies, admissions policies, scholarship programs and athletic and other school-administered programs.

AUTHORIZATION

We hereby certify that the above answers are true and are made with no reservations beyond those in the attached explanations.

I (we) authorize mutual disclosure of information between Sisters Christian Academy and other institutions or individuals, which may be deemed necessary in the application process.

Signature: _____ Date: _____
(Father/Guardian)

Signature: _____ Date: _____
(Mother/Guardian)

PRINCIPLES OF CONDUCT

We believe that each individual has the right to freedom of expression, and the responsibility to recognize and respect limits. Thus, regulations are in place to ensure that each person's freedom is protected and that each person's physical, psychological and spiritual well-being is guarded. We believe that there are moral obligations that have their origin in God and that we must try to live each day with these in mind.

Since Sisters Christian Academy values the growth of each individual student as guided by positive ethical and moral traditions. We expect our students to:

- 1) be tolerant and respectful of everyone in our community, including the personal property of others and of the school.
- 2) value honesty and integrity in their daily lives both academically and socially.
- 3) abstain from the use of intoxicants, "mood drugs," or alcohol whether on or off campus.
- 4) abstain from sexual behavior and from inappropriate displays of affection.
- 5) follow all safety regulations.
- 6) meet all of their scheduled commitments.
- 7) follow the spirit of the school's handbook expectations while on and off campus and at school.