



## STUDENT APPLICATION

### GENERAL INFORMATION

NAME: \_\_\_\_\_

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

ADDRESS: \_\_\_\_\_

APPLYING FOR  
SCHOOL YEAR: \_\_\_\_\_

PHONE: Home \_\_\_\_\_ Cell \_\_\_\_\_

SEX: M F

SOCIAL SECURITY NUMBER: \_\_\_\_\_

RACE: *(for statistical purposes only)*

- American Indian/Alaskan Native  
 Asian/Pacific Islander  African American  
 White  Hispanic

APPLYING FOR GRADE (CIRCLE ONE): PK3 PK4 Kindergarten 1 2 3 4 5 6 7 8 9 10 11 12

**\*For PK3, please select:**

- 5 Days (Mon-Fri)  Half Day  Full Day  
3 Days (Mon,Tues,Wed)  Half Day  Full Day

**\*For PK4, please select:**

- 5 Days (Mon-Fri)  Half Day  Full Day  
3 Days (Mon,Tues,Wed)  Half Day  Full Day

**FOR PRE-KINDERGARTEN STUDENTS ONLY: IS THIS CHILD TOILET TRAINED?** \_\_\_\_\_  
***PK STUDENTS ARE REQUIRED TO BE TOILET TRAINED (NO PULL-UPS). PLEASE REFER TO THE SCS "REQUIREMENTS FOR ADMISSION" FOR A COMPLETE EXPLANATION.***

INTERESTS AND ABILITIES: \_\_\_\_\_

### HOME LIFE

STUDENT LIVES WITH:  Both Parents  Mother  Father  
 Mother/Step Father  Father/Step Mother  Grandparents  
 Shared Custody Between Mother and Father  Other \_\_\_\_\_

PARENT/GUARDIAN NAMES: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

***IF THERE IS ANOTHER PARENT OR GUARDIAN WHO IS LIVING AT A DIFFERENT ADDRESS AND SHOULD RECEIVE SCHOOL INFORMATION, PLEASE COMPLETE THE FOLLOWING:***

NAME: \_\_\_\_\_ RELATIONSHIP TO STUDENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

## PREVIOUS SCHOOL/DAY CARE *(IF APPLICABLE)*

Name of Previous School/Day Care: \_\_\_\_\_ Public or Private?

Reason For Leaving: \_\_\_\_\_

## ACADEMIC INFORMATION

What is your child's attitude toward school? \_\_\_\_\_

Does your child desire to come to SCS? Yes/No

Has your child ever been suspected of having or been diagnosed with any of the following?

ADD ADHD Psychological Disorder Learning Disability Emotional Instability *(please circle)*

If yes, please explain here and supply all pertinent reports: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If yes, does your child take medication related to the above? Yes/No If yes, what medication and how often? \_\_\_\_\_

Does your child have an IEP? Yes/No If yes, please send a copy with this application and briefly describe any applicable accommodations: \_\_\_\_\_

\_\_\_\_\_

Does your child have any special needs that the teachers and staff of SCS should be aware of? Yes/No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has your child ever repeated a grade? Yes/No If yes, what grade and why? \_\_\_\_\_

\_\_\_\_\_

Has your child ever been suspended, expelled or asked to withdraw from a school? Yes/No If yes, please explain and give the name and address of the school:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your child taken honors and/or advanced placement classes? Yes/No If yes, will he/she plan to continue this at SCS? Yes/No

If there is any additional information that would assist us in meeting the academic needs of your child, please indicate that here: \_\_\_\_\_

## SPIRITUAL BACKGROUND

Church Attending: \_\_\_\_\_ Phone: \_\_\_\_\_

Church Address: \_\_\_\_\_

Pastor Name: \_\_\_\_\_ Youth Pastor: \_\_\_\_\_

Does this student attend church services/Sunday school/youth group regularly? Yes/No Is this student involved in any other church activities? Yes/No If yes, what activities and generally how often? \_\_\_\_\_

Is this student accustomed to prayer and Bible reading at home? Yes/No

## MEDICAL INFORMATION

Does this student have any physical health condition which may affect his/her ability to learn or participate in physical education or other activities? Yes/No If yes, please explain: \_\_\_\_\_

Does this student take any medication that will need to be administered at school? Yes/No If yes, a physician's medication form signed by the child's physician must be provided.

Does this student take any medication which may affect his/her behavior or ability to function academically, physically or socially? Yes/No If yes, please provide a complete explanation: \_\_\_\_\_

Does this student have any health condition not already mentioned which SCS should be aware of? Yes/No If yes, please provide a complete explanation: \_\_\_\_\_

Date of last exam by physician: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

# SCS – PARENT COVENANT

1. By signing below, I acknowledge that I have read all the information in this application packet including the SCS foundational principles, financial/tuition/fees information, admission policies, graduation requirements, enrollment procedures and this SCS-Parent Covenant. I will read the student handbook when it is provided.
2. I appreciate the standards of the school and do not tolerate profanity, obscenity in word or action, dishonor to God or the Word of God, or disrespect to the personnel of this school. Therefore, I agree to support all regulations of the school in the applicant's behalf and authorize this school to employ such discipline as it deems wise for the training of my child.
3. I agree to uphold and support the high academic standards of the school by providing a place at home for my child to study and giving my child encouragement in the completion of homework and assignments.
4. I understand that my child's needs must fit the educational capabilities of the school.
5. I promise to pay my financial obligations to the school on the dates due and understand that it may be necessary to withdraw my child if prior acceptable arrangements are not made on a past due account. I also understand that only tuition paid in advance is refundable in the event of withdrawal during the school year and that my child's school records will not be forwarded to another school until all debt to SCS has been paid.
6. I give permission for my child to take part in all school activities and school sponsored trips away from the school premises, and absolve the school from liability to me or my child at school or during any school activity.
7. I understand that the school reserves the right to dismiss any child who fails to comply with the established regulations and discipline or whose financial obligation remains unpaid.
8. I understand that the school reserves the right to change any policy herein, at any time, at the sole discretion of the Board of Governors when it determines the change to be in the best interest of the school.
9. I understand that the school is an extension of the family and the parent and teacher are co-workers in the child's education. I will contact the teacher and discuss any areas of concern before discussing the problem with others. I will encourage and support my child's teacher.
10. I agree to provide SCS (upon request and in a timely manner) with a completed Emergency Form, a completed Physician's Medication Order Form for all medications (prescription and over the counter) to be administered at school, and copies (and/or updates) to my child's Immunization Record.
11. I understand that the school may use pictures of students in print advertisements, publications and on the SCS web site. If I do not want my child's name or picture in any publications, I will inform the registrar.

## SIGNATURES

**Mother/Step-Mother/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Father/Step-Father/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_