



Christian Academy & Learning Center

3600 Brightseat Rd., Landover MD, 20785

301-386-9400 Phone 301-773-6282 Fax

www.shabachministries.org

APPLICATION FOR ADMISSION

Indicate grade level in which you are applying

<i>Pre-School</i>	<i>Elementary School</i>	<i>Middle School</i>	<i>Homeschool</i>
Pre - K2 _____	Kindergarten _____	Grade 6 _____	Oversight _____
Pre - K3 _____	Grade 1 _____	Grade 7 _____	Group Class _____
Pre - K4 _____	Grade 2 _____	Grade 8 _____	
	Grade 3 _____		
	Grade 4 _____		
	Grade 5 _____		

Name of Student _____
 Last Name First Name Middle Name

Address _____
 Number and Street Name City State Zip

Home Phone Number _____ With whom does the child reside? _____

_____ Male _____ Female Date of Birth _____
 (MM) (DD) (YYYY)

Age of student as of August 31st this year _____

Father's Name _____
 Last Name First Name

Address _____
 Number and Street Name City State Zip

Home Phone _____

Work Phone _____ Occupation _____

Cell Phone _____ Email _____

Mother's Name _____
 Last Name First Name

Address _____
 Number and Street Name City State Zip

Home Phone _____

Work Phone _____ Occupation _____

Cell Phone _____ Email _____

NOTE: Fees are due when this application is submitted

Office Use Only: Date of Application _____ Check # _____ M.O.# _____

List other children in the student's immediate family attending or applying for admission to SCA:

<i>Student's Name</i>	<i>Date of Birth</i>	<i>Grade</i>	<i>Age</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has your child ever been placed on probation, suspended, expelled from school or has your child been subject to any disciplinary action? If yes, please explain:

Has your child ever received or been recommended for special education services? ___ Yes ___ No
Does your child currently have an IEP? (Individual Educational Plan)? ___ Yes ___ No
Has your child ever been diagnosed with a learning disability? ___ Yes ___ No
Has your child been diagnosed with ADD, or ADHD? ___ Yes ___ No
Has your child been prescribed any on-going medications? ___ Yes ___ No
Do you have concerns regarding you child's behavior or ability to learn? ___ Yes ___ No

Please provide explanation regarding any questions that were answered yes.

Indicate hobbies, interests, and/or natural talents of the student.

***Indicate previous schools attended during the last three years.
 Include a copy of academic school records from each school.***

Name of School	Address	Highest Grade Level Attended
		Pre-K K 1 2 3 4 5 6 7 8
		Pre-K K 1 2 3 4 5 6 7 8

Important Information that You Should Know:**Applicants for the Pre - School Program**

Please complete this application and return to the Office of the Registrar for consideration. In the event there is no slot available, your application fee can be returned or you may remain on our waiting list for future consideration.

Application fees are non - transferable and if the space is available non - refundable.

Application Fee: \$75.00

Applicants for Homeschool Program

Please provide the following information when returning this application:

- *Copy of child's Birth Certificate*
- *Copy of educational, psychological, speech, behavior, physical therapy or occupational therapy assessments, when applicable.*
- *Letter on church letterhead attesting to church membership*

Application Fee: \$100.00

Applicants for Kindergarten - Middle School

Please provide the following information when returning this application:

- *Copy of child's Social Security Card*
- *Copy of child's Birth Certificate*
- *Letter on church letterhead attesting to church membership. Members of FBCG do not need a letter.*
- *Report cards and/or past progress reports from all school's attended prior to SHABACH! Christian Academy*
- *Copy of Standardized tests (does not apply to students applying for Kindergarten)*
- *Copy of educational, psychological, speech, behavior, physical therapy or occupational therapy assessments, when applicable.*

Application Fee: \$200.00

Before And After Care Services

School Age Students Only: K-Grade 8

Please indicate whether or not this is a service you will need

Yes *No*

If yes please complete a Before And After Care Selection Form with this application.

CHURCH INFORMATION

Church _____ Phone Number _____

Pastor's Name _____

Are you are a born again believer in Jesus Christ? _____

Address _____
 Number and Street Name City Sate Zip

STATEMENT OF FAITH

We believe in God, the Father, the Almighty, the Creator of the heavens and the earth. We believe that God has existed from all eternity in three persons: God the Father, God the Son, and God the Holy Spirit.

We believe in the eternal deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His substitutionary death on Calvary for our sins, in His triumphant bodily resurrection from the grave, in His exaltations as Lord of all, and in His indwelling victorious life within His body, the church.

We believe that all men have sinned and come short of God's standard and therefore need a Savior.

We believe that salvation is offered as a gift, free to the sinner. The gift must be responded to in individual faith, not trusting in any personal works whatsoever, but in the sacrificial death of Jesus Christ alone.

I/we, the undersigned, pledge that the information given on this application is true and accurate to the best of my/our knowledge. I/we have submitted an application fee of _____, which is non-refundable. If my/our child is accepted to SHABACH! Christian Academy (SCA) or Learning Center, I/we agree to comply with all rules and regulations which the school may deem necessary for the proper operation of the school. We sincerely pledge our loyalty to the aims and ideals of the school and will support the school program in every way possible. I/we understand that the school reserves the right to dismiss any child who does not cooperate with the educational process or behavior guidelines, and to dismiss any family that does not honor the Parent/School Covenant.

I understand that upon admission of my child to SCA, I/we will be required to sign a contractual agreement that details our financial commitment to SCA. I/we have received a Tuition and Fees schedule for SCA. I/we understand that SCA operates under the umbrella of SHACBACH! Ministries, Inc. If accepted for admission to SCA and I/we have an outstanding balance due to past obligations to SCA, my/our child will not be permitted to attend school until the debt is satisfied. I/we understand that all students are accepted on a nine-week probationary basis.

SHABACH! Christian Academy or Learning Center does not discriminate on the basis of race, gender, or national origin.

 Father/Guardian Signature

 Date

 Mother/Guardian Signature



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