



<i>Office Use Only</i>	
___ Registration Fee	_____
___ Starting Date	Check # Date

SUMMIT CHRISTIAN SCHOOL

9065 Ligon Court, Fort Myers, FL 33908 (239) 482-7007

Fusing Christian Faith with Great Schooling APPLICATION FOR ADMISSION - SANIBEL 2011-2012

2 year old program ___ 2 Day (T TH)	3 year old program ___ 3 Day (MWF)	4 year old Pre-K program ___ 5 Half days ___ 5 Full days
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STUDENT INFORMATION

Student's Name _____ Birthdate _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Social Security # _____ Birthplace _____

Age _____ Gender _____ Race: American Indian/Alaskan Native _____, Asian _____, Black/African American _____, Caucasian _____, Hawaiian/Pacific Islander _____, Other – please indicate _____

FAMILY INFORMATION

Father's Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Mobile Phone _____
Marital Status ___ Married ___ Divorced ___ Separated ___ Remarried ___ Widowed
Employer _____
Occupation _____
Business Phone _____
E-mail _____

Mother's Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Mobile Phone _____
Marital Status ___ Married ___ Divorced ___ Separated ___ Remarried ___ Widowed
Employer _____
Occupation _____
Business Phone _____
E-mail _____

If parents are divorced or separated, please explain custody arrangement _____

Does a court judgment exist regarding legal custody and access to student or student's records?

_____ Yes _____ No If you responded "yes," please attach court documents.

Name of guardian if other than parent(s) _____

Address _____

Phone _____ Mobile Phone _____ Business Phone _____

Employer _____ Occupation _____

Person to contact in case of an emergency other than Parent(s)/Guardian(s) _____

_____ Phone _____

Name and address of grandparents, etc. for special mailings and invitations:

Name _____ Address _____

Name _____ Address _____

If there are other children in your family please complete the following:

Name _____ Birthdate _____ School _____

Name _____ Birthdate _____ School _____

Name _____ Birthdate _____ School _____

CHURCH AND CHRISTIAN FAMILY INFORMATION

Name and address of Church _____

Pastor's name _____

Are the Parent(s)/Guardians(s) members? _____ Father _____ Mother _____ Guardian

Years of membership _____

How often does your family attend church?

- Regularly, 3 or more times a month
- Often, 1 – 2 times a month
- Occasionally, 6 – 10 times a year
- Rarely, 1-5 times a year

Summit Christian School operates for the benefit of families who profess a personal faith in Christ Jesus as Redeemer and Lord.

Have you placed your faith in Jesus Christ for eternal life and are you personally in agreement with and committed to the basic principles of Christianity as listed below? _____ Father _____ Mother _____ Guardian

- a. God is a Triune God – the Father, Son, and Holy Spirit.
- b. The Bible is God's infallible and authoritative Word to man. It is the only standard by which faith and practice are to be measured.
- c. The chief end of man is to glorify God and enjoy Him forever.
- d. Man is created in the image of God. Through his relationship to Adam, man is a sinner by nature. He is thus alienated from God, his neighbor and the world.
- e. Jesus Christ is the only Savior of sinners, the only way to the Father. He died as a substitute for sinners and was raised from the dead so that they might be reconciled to God.
- f. Eternal life is a free gift that is received through faith in Jesus alone. Eternal life is neither deserved by anyone, nor can it be earned by good deeds.

Summit's Approach to Christian Education and Core Values are explained in the pamphlet that was included with this application. Have you read these statements? _____

Do you desire for your child to receive training in these principles at school and will you support the school in its endeavors to encourage and to guide your child in applying them to life? _____

HEALTH INFORMATION

Has your child ever been diagnosed with learning disabilities or special physical/emotional needs? ____ Yes
____ No If "yes," please explain. _____

Does your child currently take any prescription medication? ____ Yes ____ No If "yes," please explain.

Must this medication be dispensed at school? ____ Yes ____ No If "yes," please request a medication
permission form from the school office.

Does your child have any allergies or allergic reactions? ____ Yes ____ No
If "yes," please explain. _____

PARENT(S)/GUARDIAN(S) STATEMENT

In making application for my child to Summit Christian School,

I agree to support the spiritual, moral, dress and disciplinary standards of the School.

I agree to assume the responsibility for my child's education by keeping in regular contact with my child's teacher.

In the event my child becomes ill or is injured while under school supervision, I approve the School authorities taking the following steps:

1. Contact a parent of the student and follow his/her instructions.
2. Contact the student's physician and follow his instructions, in the event neither parent can be reached.
3. Use their own discretion in contacting a properly licensed physician and follow his instructions if the student's physician cannot be reached.

If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied, and I cannot be reached, I hereby authorize, appoint and empower the principal, or his/her designee, Summit Christian School and Westminster Presbyterian Church from any liability which might arise from the giving of such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as reasonably possible after the need arises.

I understand that this application cannot be considered without the registration fee and that, if my student is accepted, this fee is nonrefundable.

I agree to the terms of the Financial Agreement for 2011-2012.

I agree in the event of a dispute to submit the entire matter to Christian mediation and arbitration.

Summit Christian School reserves the right to refuse any application or dismiss any student at any time for unacceptable work or conduct, or any other reason it deems necessary. Neither this application nor payment of fees is considered to be binding.

Until such time as Summit Christian School has adequate facilities and staffing to serve students with learning disabilities or special physical/emotional needs, the School reserves the right to refuse admission for such students. Upon screening and detection of such needs in any enrolled student, Summit will evaluate on an individual basis its ability to provide adequate instruction for that student.

I certify that the information provided here is accurate to the best of my knowledge and belief. I understand and agree that if it is not accurate, it may subject my student to withdrawal from the School.

Parent (Legal Guardian) Signature

Date

Parent (Legal Guardian) Signature

Date

Summit Christian School admits students of any race, color, national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to the students of the School. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational and admission policies.