



SUMMIT CHRISTIAN SCHOOL

APPLICATION FOR ADMISSION

Application Date: _____

Applying for school year: _____

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.

If your child has an IEP, 504, Service Plan, or disciplinary report, these must be submitted to SCS prior to filling out an application.

Applying for: (check one)

<p>3 year old preschool</p> <p>3-5 Half Days # of days _____</p> <p>3-5 Full Days # of days _____</p>	<p>4 year old pre-kindergarten</p> <p>___ 5 Half Days (VPK Voucher)</p> <p>___ 5 Extended Days</p>	<p style="text-align: center;">Grade</p> <p>___ K ___ 1st ___ 2nd ___ 3rd ___ 4t</p> <p>___ 5th ___ 6th ___ 7th ___ 8th</p>
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Student's Name _____ Preferred Name _____ Male Female
 Date of Birth _____ Social Security # ___-___-____ U.S. Citizen? Yes No
 Home Address _____ City _____ State _____ Zip _____
 Family's Home Phone _____ Applying for Grade Level _____ If Pre-K, Full-time or Part-time

If applications are being submitted for siblings, it is only necessary to complete the following information once for the entire family. If students have different parents, please complete the parent information relevant to your family's situation.

Father or Male Guardian

Name _____	Employer _____
Address _____	Profession/Position _____
City _____ State _____ Zip _____	Address _____
Email _____	City _____ State _____ Zip _____
Cell Phone _____ Home Phone _____	Business Phone _____

Mother or Female Guardian

Name _____	Employer _____
Address _____	Profession/Position _____
City _____ State _____ Zip _____	Address _____
Email _____	City _____ State _____ Zip _____
Cell Phone _____ Home Phone _____	Business Phone _____

Check all that apply.

Applying for Tuition Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parental status? <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Other _____	
Student lives with? <input type="checkbox"/> Parents <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Father <input type="checkbox"/> Guardian _____	
Has legal custody? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____	
Who is billed for tuition & fees? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____	

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 _____ Cell Phone _____ Business Phone _____
Employer _____ Occupation _____

Student's Present School _____
Address _____ City _____ State _____ Zip _____

Has student repeated a grade? Yes No If so, what grade? _____

Has this student ever been suspended, expelled, denied re-enrollment, or been the subject of any major school disciplinary action?
 Yes No If yes, please explain on a separate sheet of paper

Has the student ever been evaluated for academic, speech, behavioral, physical, emotional, or attention difficulties by a school official, psychologist, physician, or other professional? Yes No If yes, please attach a copy of the evaluation report and/or diagnostic results to this application.

Is there any medical or other reason that the student cannot participate fully in any normal school activities, including athletics or extracurricular activities? Yes No If yes, please explain. _____

Does your child qualify for a Special Services Plan in the public school sector by virtue of his or her diagnosis under the Federal 504 Regulation? _____ Yes _____ No If "yes," please attach a copy.

Does your child have an IEP (Individualized Education Plan)? _____ Yes _____ No If "yes," please attach a copy.

Has your child received a psycho-educational evaluation? _____ Yes _____ No If "yes," please attach a copy.

I acknowledge that, as an independent school, Summit Christian is not obligated to accommodate state or federal education plans.
 Yes No

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

Name _____	Birth Date _____	School _____	Grade _____
Name _____	Birth Date _____	School _____	Grade _____
Name _____	Birth Date _____	School _____	Grade _____

Family's Church Attendance: Whole Family Active One Parent Active Attend Occasionally Rarely

Place of Worship _____
Address _____

Pastor's name _____

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

Years of membership _____

Summit Christian School is a ministry of Westminster Presbyterian Church. Our Statement of Faith and Core Values reflect the guiding principles for instruction and practice at Summit Christian School. We welcome applications from families who are in agreement with our statement of faith and policies, and from families who will support instruction consistent with our statement of faith and policies. Our desire is to be of service to the community and faithful in our service before God and His people.

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? _____ (Parent/Guardian, please initial)

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? _____ (Parent/Guardian, please initial)

How did you hear about Summit Christian School? Please give names where possible.

<input type="checkbox"/>	Alumnus _____	<input type="checkbox"/>	Website _____
<input type="checkbox"/>	Friend _____	<input type="checkbox"/>	Print Ads _____
<input type="checkbox"/>	Church _____	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Social Media _____	<input type="checkbox"/>	

Please review the applicant checklist provided to be sure all required information is included. In submitting this application, I acknowledge that to the best of my ability, I have provided accurate and thorough information on behalf of my student. I understand that should my student be denied admissions to Summit Christian School, my application fee is non-refundable.

Parent or Guardian Signature

Parent or Guardian Signature

Date

For Office Use Only (Records are retained in a secure location and kept confidential)

_____ Application	_____ Birth Certificate (copy)
_____ Registration Fee	_____ Social Security Card (copy)
_____ Application Processing Fee	_____ School Entry Health Exam
_____ Release of Student Records	_____ Certification of Immunization
_____ Report Cards/Evaluations	_____ Private Health Insurance Verification
_____ Financial Agreement	_____ Academic Screening
_____ FACTS Account	_____ Head of School Interview
_____ Jupiter Grades	