



# Admission Application

Date of Application \_\_\_\_\_

Applying for Grade \_\_\_\_\_ \* School Year \_\_\_\_\_  
\*If Kindergarten, indicate AM or Full Day

## Student Information

Student's Name \_\_\_\_\_ Age \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ Gender  Male  Female

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ School District in which Student Resides \_\_\_\_\_

Present School \_\_\_\_\_ Grade \_\_\_\_\_

School Address \_\_\_\_\_

School Phone \_\_\_\_\_ School Contact \_\_\_\_\_

Reason for leaving current school \_\_\_\_\_

## Parent Information

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_  
Please add to  Family Directory  Monthly Billing  
(Please check all that apply)

Marital Status  Married  Single  Widowed  Separated  Divorced  Remarried

Employer Name \_\_\_\_\_ Occupation/Title \_\_\_\_\_

Work Address \_\_\_\_\_

Church Membership \_\_\_\_\_ Pastor \_\_\_\_\_

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

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_  
Please add to  Family Directory  Monthly Billing  
(Please check all that apply)

Marital Status  Married  Single  Widowed  Separated  Divorced  Remarried

Employer Name \_\_\_\_\_ Occupation/Title \_\_\_\_\_

Work Address \_\_\_\_\_

Church Membership \_\_\_\_\_ Pastor \_\_\_\_\_

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

**Sibling Information**

Sibling's Name(s) \_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Tuition Information**

Tuition Payment Plan *(please check one):*

- 12 month plan with payments due by the 10th of each month (July - June)
- 10 month plan with payments due by the 10th of each month (August - May)
- 2 payment plan with payments due by August 10th and January 10th
- 1 payment plan with payment due by August 10th

Enrollment Fees are due at the time of enrollment and are non-refundable or applicable to tuition.

**Transportation & Before/After School Care**

Do you wish to use public school bus transportation? Yes No

Do you wish to use Before/After School Care? Yes No

AM	M T W TH F	Hours per Week: _____
Noon (K3 & K4 students only)	M T W TH F	Hours per Week: _____
PM	M T W TH F	Hours per Week: _____

*Please circle all that apply*

How did you hear about Shrewsbury Christian Academy and why are you considering SCA at this time?

What desires do you have for your child's education - academically, spiritually, socially or physically?

Has the student ever been suspended, expelled or asked to withdraw from school? *If yes, please explain.*

Has the student ever repeated a grade? *If yes, please explain.*

Does the student have any physical limitations or disabilities? *If yes, please explain.*

Does the student have any allergies or medical conditions? *If yes, please explain.*

Is the student under any type of medical supervision? *If yes, please explain.*

Has the student been referred for a psychological, had an educational evaluation, or had an IEP either through the public school system or privately? *If yes, please explain.*

Has your child been diagnosed with a specific learning disability or medical disorder (including ADD or ADHD)? *If yes, please explain.*

Please describe any custodial issues and/or arrangements your family may have.

Please use the space provided for any other information that you feel SCA should know about your child or family.

### Photography Release

Your signature(s) below grants Shrewsbury Christian Academy permission to include any photographs taken of your child in ads, flyers, brochures, photo albums, on the school website, etc... in order to promote the growth and standing of the school or as decided by the SCA Faculty and Staff. For safety reasons, your child's name and photograph will not be published together on any media (flyers, pictures, school website, etc...) used outside of the school.

I/we allow Shrewsbury Christian Academy to use my/our child's image as stated above.

I/we do not allow Shrewsbury Christian Academy to use my/our child's image as stated above.

We have read Shrewsbury Christian Academy's *Philosophy* and *Statement of Faith* (see attached), and we are willing to have our child trained in accordance with these beliefs.

We understand that SCA operates with no financial margin and since it's budget is projected solely on the basis of the fees and gifts of it's parents, we pledge ourselves to give as regularly as possible to meet the financial needs, to perform services when qualified, needed, and as we are able, and to uphold the school consistently in family prayer.

We certify that all the information submitted on this application is true and complete to the best of our knowledge.

Father's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_