



New Student Application K-8

For School Year _____

GENERAL INFORMATION

Please type or print in ink.

Student Name _____
last first middle

Grade applying for _____ Birthplace _____ DOB _____ Sex: M F

Ethnicity Non-Hispanic Hispanic

Race African American Asian Native American Pacific Islander White

Last school attended _____ School phone _____ Grades attended _____

School's address _____

DEVELOPMENTAL INFORMATION

Has your child ever been evaluated for and/or received support of any kind? Yes No

IEP 504 Plan Speech Services OT PT Other

Does your child still receive these services? Yes No

Please explain

PLEASE PROVIDE ANY EVALUATION REPORTS OR OTHER DOCUMENTATION REGARDING THESE SERVICES

STUDENT PROFILE

Explain what the teacher(s) ought to know about your student as a learner and as a person:

In what areas (academic, athletic, musical, etc.) does your child excel?

Has your child ever been retained in a grade? If so, what grade and why? Yes No

Has your child ever skipped a grade? If so, what grade? _____ Yes No

Has your child ever: **Note that each situation will be evaluated individually; affirmation does not automatically make an applicant ineligible for enrollment.*

Been suspended? Yes No

Been asked to withdraw? Yes No

Been expelled? Yes No

Been arrested? Yes No

Received serious censure from school or community (e.g. not allowed to go on a class trip, not allowed admittance to a particular business, etc.)? Yes No

Please explain any affirmative answers to the above questions on the back of this page.

HEALTH INFORMATION

Does your child have any allergies? Yes No

If yes, please indicate type of allergy and medication used. _____

Does your child take any regular medication (including Ritalin), and if so, what kind(s)? Yes No

Please comment about anything we should know about your child's medical history in order to determine his/her developmental needs at this point.

PARENT INFORMATION

Father's Name: Mr./Dr./Rev. _____
last first middle

Occupation _____ Cell Phone _____

Employer _____ Work Phone _____

Mother's Name: Mrs./Ms./Miss/Dr. _____
last first middle

Occupation _____ Cell Phone _____

Employer _____ Work Phone _____

Physical Address (where student resides)

street city state ZIP

Home phone number Family email address

Marital status of parents married divorced separated remarried

Student resides with father mother both other

Legal custody of child belongs to father mother both other

Non-custodial and/or non-resident parent may have access to school records/report cards: Yes No

Non-custodial and/or non-resident parent address (if they should receive information from the school)

street city state ZIP

Home phone number Email address

Special conditions of custody arrangement (use another page if necessary; please attach copy of court order)

Has this student or any of his/her family members applied for admission at or attended Summit in the past?

Yes No If yes, when?

Please list all others that live in the home.

Table with 5 columns: Name, Age, Relationship to Student, School Attending, Grade

What church does your family presently attend?

How often? frequently often occasionally seldom not attending

Summit affirms traditional biblical doctrine and moral values such as the exclusiveness of Christ as the only way to God, the preservation of unborn human life, and the restriction of sexual activity to within marriage only between a man and a woman. How comfortable are both parents with this traditional understanding of life?

Father/guardian

Mother/guardian

Each parent, please describe your faith and relationship with God.

Father

Mother _____

How did you hear about Summit?

Please list your reasons for selecting this school.

PARENT CERTIFICATION

My signature below signifies my agreement with the school's Statement of Faith. All information contained in these application materials is accurate to the best of my knowledge.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Student Written Responses (Grade 1)

Student Name _____
last first middle

The Student completes this section in his/her own handwriting with help from parent.

What do you like to do for fun?

What do you like about school?

What makes someone a good friend? How do you show that you are a good friend?

How do you feel about becoming a student at Summit Christian School?

Parent Certification

My signature below means that our family will support the mission of Summit Christian School and cooperate with the faculty, staff, and administration to that end. We have explained the SCS code of conduct and expectations to our child(ren) and he/she/they are willing to be a part of the SCS student body.

Parent/Guardian Signature Date

Student Written Responses (Grades 2-5)

Student Name _____
last first middle

The Student completes this section in his/her own handwriting. Please use complete sentences.

What games or activities do you enjoy?

What do you like about school?

How should you treat others (classmates and teachers)? (How do you show that you are a good friend?)

How do you feel about becoming a student at Summit Christian School?

Is there anything else you'd like to tell us about yourself?

Parent Certification

My signature below means that our family will support the mission of Summit Christian School and cooperate with the faculty, staff, and administration to that end. We have explained the SCS code of conduct and expectations to our child(ren) and he/she/they are willing to be a part of the SCS student body.

Parent/Guardian Signature

Date

