

● **Student Information** – to be completed by parent

Name \_\_\_\_\_  
First Middle Last Preferred Name  
 Female  Male Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Student's Cell Phone: (\_\_\_\_) \_\_\_\_\_ Optional

**Ethnicity:** (for data purposes only)

African-American  Asian  Caucasian  Hispanic  Bi-Racial \_\_\_\_\_  Other \_\_\_\_\_  
Please specify Please specify

**Current Grade:** \_\_\_\_\_ Circle Grade Applying for: Pre-K K 1 2 3 4 5 6 7 8 9 10 11 12

If applying for kindergarten, please check choice.  Every Day  Every Other Day

What are your child's personal feelings about attending a Christian school? \_\_\_\_\_

How do you view your child's present school experience (if applicable)? \_\_\_\_\_

What experience has your child had away from home in an independent environment? (Sunday School, Camp, etc.)

Does your child have any of the following:

	Yes	No
Physical problems	<input type="checkbox"/>	<input type="checkbox"/>
Emotional problems	<input type="checkbox"/>	<input type="checkbox"/>
Learning disabilities	<input type="checkbox"/>	<input type="checkbox"/>
Unusual behavior habits	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please explain. \_\_\_\_\_

● **School Information** – To be completed by parent for students entering 1 - 12 grades

Name of current school \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Telephone

Address \_\_\_\_\_

Names of other schools attended in the past two years \_\_\_\_\_

Has your child ever had an IEP or psychological testing?  Yes  No

Has your child ever had to repeat a grade?  Yes  No

Has your child ever been suspended or had other disciplinary actions?  Yes  No

If yes, please explain \_\_\_\_\_

● **Student Application Information** – to be completed by students who are entering 6 - 12 grades.

What word or phrase best describes your feelings about attending Shalom Christian Academy?

- Excited       Looking forward to it       Unsure       Unhappy       Fearful

The things I want most from attending Shalom Christian Academy are: (check all that apply)

- to be taught by Christian teachers
- to have Christian friends
- to get a good education
- to learn how God's Word applies to my subjects
- to participate in sports
- to participate in Bible Quizzing
- to participate in musical activities
- to have a good relationship with my teachers

List academic subjects of greatest interest to you \_\_\_\_\_

List academic subjects of least interest to you \_\_\_\_\_

Have you attended summer school?       Yes     No

If yes, what subjects? \_\_\_\_\_

Have you had tutoring in any subjects?       Yes     No

If yes, what subjects and how long? \_\_\_\_\_

Do you enjoy reading on your own?       Yes     No

What was the last book you read? \_\_\_\_\_

Was it required reading for school?       Yes     No

Do you have a Facebook, Twitter, Instagram or other social media account?       Yes     No

If yes, how often do you use it? \_\_\_\_\_

Do you have a personal relationship with Jesus Christ?       Yes     No

Check activities that you actively pursue or have interest in:

- |                                                 |                                                  |
|-------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Art                    | <input type="checkbox"/> Instrumental music      |
| <input type="checkbox"/> Chorale                | <input type="checkbox"/> Drama                   |
| <input type="checkbox"/> Attend Bible study     | <input type="checkbox"/> Attend church regularly |
| <input type="checkbox"/> Attend youth group     | <input type="checkbox"/> Hunting/fishing         |
| <input type="checkbox"/> Student Council        | <input type="checkbox"/> Yearbook                |
| <input type="checkbox"/> Baseball               | <input type="checkbox"/> Basketball              |
| <input type="checkbox"/> Soccer                 | <input type="checkbox"/> Volleyball              |
| <input type="checkbox"/> Mission trips          | <input type="checkbox"/> Summer camps            |
| <input type="checkbox"/> Building Tech          | <input type="checkbox"/> Creative Writing        |
| <input type="checkbox"/> National Honor Society | <input type="checkbox"/> Bible Quizzing          |
| <input type="checkbox"/> Other _____            |                                                  |

Write three brief phrases your friends would use to describe you.

---

---

---

Write three brief phrases your teachers would use to describe you.

---

---

---

I have read the Parent/Student Handbook, Middle School Handbook and/or High School Handbook and agree to abide by the policies and terms of Shalom Christian Academy?

Yes    No

---

Student Signature

---

Date

FOR OFFICE USE ONLY

Name of Applicant: \_\_\_\_\_

Grade Entering: \_\_\_\_\_ School Year: \_\_\_\_\_

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



SHALOM  
CHRISTIAN  
ACADEMY

# Student Application for Admission

## MISSION STATEMENT

To prepare each student for a life of consequence  
in the world for the kingdom of God.