

Application for Admission

● Parent / Guardian Information

Father's Name _____ Home Phone (_____) _____

Home address _____
Street City State Zip

Cell Phone (_____) _____ Email _____

Occupation _____ Company _____

Status: Married Single Divorced Separated Remarried Widowed Deceased

Mother's Name _____ Home Phone (_____) _____

Home address _____
(If different from above) Street City State Zip

Cell Phone (_____) _____ Email _____

Occupation _____ Company _____

Status: Married Single Divorced Separated Remarried Widowed Deceased

If father and mother live separately, has there been a judicial determination of custody? Yes No

Who has legal custody? _____

If joint custody, both parents must sign application.

If student does **not** live with biological father and mother, student lives with:

Biological mother Biological father Biological mother and *stepfather Biological father and** stepmother

*Stepfather's Name _____ **Stepmother's Name _____

Other: (please list name and relationship) _____

All correspondence should be sent to: Both Parents Mother Father Guardian Other _____

Maternal Grandparents

Names _____ Street Address _____ City, State, Zip _____

Paternal Grandparents

Names _____ Street Address _____ City, State, Zip _____

● Financial Please review enclosed financial agreement.

Person responsible for all fees _____

Non-refundable application fee must be submitted with the application. Fee is \$75/student through May. Beginning June 1 the fee is \$125/student. Beginning August 1 the fee is \$150/student.

Check if you wish to apply for financial scholarships.

● Faith Commitment

Father - I personally believe that Jesus Christ is my Savior and Lord. Yes No I attend church regularly. Yes No
Mother - I personally believe that Jesus Christ is my Savior and Lord. Yes No I attend church regularly. Yes No

Denomination _____ Name of Church _____

Address _____

● **Student(s) Information** Please complete a student application for each student listed.

Student Name: _____ **Grade Applying For:** _____

Student Name: _____ **Grade Applying For:** _____

Student Name: _____ **Grade Applying For:** _____

Student Name: _____ **Grade Applying For:** _____

School District : _____

● **Parental Agreement**

- I have read and understand the mission statement, core values, reconciliation agreement and financial agreement.
- I also understand that this application cannot be considered without the application fee and that, if my student is accepted, the application fee will not be refunded.
- I understand that continued enrollment at SCA shall be conditional upon compliance by the student and parents with the provisions of this agreement and that such compliance shall be determined in the sole judgment of the spiritual life committee.

If my child is accepted:

- I agree to support the Educational Objectives as listed in the By-Laws and am aware that my child will be taught from that perspective.
- I agree to support the Christian Confession of Faith as listed in the By-Laws and am aware that my child will be taught from that perspective.
- I agree to support the policies and terms in the Parent/Student Handbook.
- I am willing to have my child participate in structured activities such as Bible class, Bible reading, worship, chapels, and scripture memory.
- I understand that we become members of the Shalom Christian Academy Association.
- I agree to support the policies of Shalom Christian Academy.
- I agree to support my child's education through regular communication with teachers and to keep aware of class work.
- I agree to support the school through attendance and participation in various activities.
- I agree to support the school's program through time and financial gifts.
- I agree to avoid making doctrinal controversy and denominational points of contention.
- I agree to register necessary differences only with a teacher, appropriate administrator or Board Chairman in a spirit of humility.
- I agree to pay my financial obligations to Shalom Christian Academy on time.

As the enrolling parent or legal guardian, I affirm that this information is accurate to the best of my knowledge. I will inform the school of any change in my child's status.

Shalom Christian Academy reserves the right, within its sole discretion, to refuse admission of an applicant or to discontinue enrollment of a student if the atmosphere or conduct within a particular home or the activities of the student are counter to or are in opposition to the biblical lifestyle the school endorses in its By-Laws and Confession of Faith.

Shalom Christian Academy reserves the right to do a background check including but not limited to checking references from a church, pastor and/or other resources.

Father/Legal Guardian Signature _____ Date _____

Mother/Legal Guardian Signature _____ Date _____

CONTINUED ON BACK

FOR OFFICE USE ONLY

Family Name : _____

Student(s) Grade(s): _____ School Year: _____

Date of Application: _____ Paid: _____



SHALOM
CHRISTIAN
ACADEMY

Application for Admission

To be completed by the parents

MISSION STATEMENT

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