

APPLICATION FOR ADMISSION

Sumiton Christian School
155 Hosanna Drive ~ Sumiton, AL 35148 (205) 648-6643 ~ Fax: (205) 648-9893

Date: _____

STUDENT BIOGRAPHICAL INFORMATION

Student Name _____ Date of Birth _____
Last First Middle Preferred Name

Student's SSN _____ School District In Which Student Resides _____ Grade to Enter _____

Address Where Student Lives _____
Street City State Zip

Student Lives With: Both Parents (same household) Mother Only
 Both Parents (joint custody) Mother & Stepfather
 Guardian Father Only
 Other Father & Stepmother

Who Has Legal Custody Of This Student? _____

Parent's Marital Status: Married Separated Divorced Widowed

Student/Family Religious Affiliation: _____

Ethnicity: Caucasian African-American American Indian/Native American

Asian Hispanic Bi-Racial Hawaiian/Pacific Islander

Within the context of its theological convictions and mission, Sumiton Christian School admits students of any race, color, gender, and national and ethnic origin to all the rights, privileges, programs, and activities made available to students at the school. Any student is admitted when all entrance requirements are met.

FAMILY INFORMATION

Family Email Address (only 1 per family please) _____

Father's Name _____ Mother's Name _____ Guardian's Name _____

Address _____ Address _____ Address _____

Occupation _____ Occupation _____ Occupation _____

Employer _____ Employer _____ Employer _____

Home Phone _____ Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____ Cell Phone _____

STUDENT ACADEMIC INFORMATION

1. List all schools previously attended

Current School _____ Grade Levels _____ Year(s) _____
 Complete Address _____

Prior School _____ Grade Levels _____ Years(s) _____
 Complete Address _____

Other Schools Attended

Name of School _____ Grade Levels _____ Years(s) _____
 Name of School _____ Grade Levels _____ Years(s) _____

2. Has your child repeated a grade? Yes No

Has your child been in gifted or accelerated classes? Yes No

If an above answer is "yes", please explain _____

2. Has your child ever been involved in any incident(s) that has resulted in suspension, alternative school, withdrawal, or expulsion from school? Yes No

If yes, please explain the circumstances that led to this action.

3. Has your child ever had more than five absences in a nine-week period? Yes No

If yes, please explain the circumstances that led to the number of excessive absences.

4. Check the appropriate line if school personnel have reported any of the following about your child, or if you have observed these characteristics at home:

<u>Characteristic</u>	<u>At School</u>	<u>At Home</u>
Distractible	_____	_____
Inattentive	_____	_____
Lack of organization	_____	_____
Disturbs other children	_____	_____
Is often late completing assignments	_____	_____
Exhibits aggressive behavior	_____	_____
Has difficulty following oral instructions	_____	_____
Has difficulty following written instructions	_____	_____
Has difficulty with oral expression	_____	_____
Has difficulty with written expression	_____	_____

STUDENT ACADEMIC INFORMATION (continued)

5. What is your child's attitude toward school and teachers? _____

6. What do you consider your child's strengths? _____

7. What do you consider your child's weaknesses? _____

8. Does your child have a history of a physical, mental, or emotional condition, which has required professional attention or which may require special attention while at Sumiton Christian School?

Yes No If "yes", please explain and include copies of all reports _____

9. Has your child ever been diagnosed with a learning disability or enrolled in a special class or received tutoring? Yes No If "yes", please explain and include copies of all reports _____

PERMISSION/MEDICAL/EMERGENCY CONTACT FORM

Sumiton Christian School

Student Name _____ Grade _____
Last First Middle
Address _____ Date of Birth _____
Parent/Guardian Name _____ Phone _____

I give my permission to use pictures taken of my child during school events for advertising purposes.

Yes No

PERMISSION FOR MEDICATION ADMINISTRATION (Prescription and Non-Prescription)

Name of Medication(s): _____ Dosage: _____
Route of administration (by mouth, topical, inhalation, etc.) _____
Purpose of Medication: _____
Possible Side Effects: _____

SCS has permission to administer OTC medication for headache, upset stomach, cold, cough, etc.

Yes No

In the event that my child becomes ill or is injured while under school supervision, I approve the school authorities taking the following steps in the following order:

1. Contact a parent or legal guardian of the student and follow his/her instructions.
2. In the event of an emergency, when neither parent nor legal guardian can be reached immediately, the school authorities are hereby authorized to use their best judgment in contacting a properly licensed physician or in transporting my child to the nearest clinic or hospital for consultation and/or treatment. Such transporting is to be done either by school provided transportation, or if school officials deem it wise, by ambulance.

If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied, and I cannot be reached, I hereby authorize, appoint, and empower the principal or her designated representative to furnish on my behalf such written or oral authorization as may be so required.

Furthermore, I release the principal or her designated representative, Sumiton Christian School, and Sumiton Church of God from any liability which might arise from the giving of such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as possible after the need arises.

Parent/Legal Guardian Signature

Date

STUDENT MEDICAL INFORMATION

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital Preference: _____

Primary Insurance Carrier: _____ Contract #: _____ Policy #: _____

Allergies and Other Medical Conditions: (Please explain checked items below, or if necessary, use other side).

Allergies Asthma Diabetes Epilepsy Heart Problems Other

Explain: _____

EMERGENCY CONTACT INFORMATION

The following information will be used in an effort to contact you in the event of inclement weather or other such situations that would call for dismissal of school other than regular times. **Please mark two numbers to be used for Calling Post Phone Tree with an asterisk (*)**.

Mother's Contact Information

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Father's Contact Information

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Other (i.e. grandparents, friend)

Home Phone: _____

Cell Phone: _____

Work Phone: _____

STUDENT QUESTIONNAIRE

To be completed by the student applicant for grades 6-12 in your own handwriting. If more space is needed, please use another sheet of paper, giving your name and the number of the question being answered.

Name _____

Grade Entering _____

GENERAL/SPIRITUAL

1. How did you learn about Sumiton Christian School? _____

2. Do you yourself want to attend Sumiton Christian School? Yes No Why or why not?

3. Do you attend church most Sundays? Yes No Where? _____

Do you go to Sunday School regularly? Yes No

Does your church have a youth program? Yes No Are you a member? Yes No

Do you participate in other activities at church? Yes No What? _____

Have you ever helped plan or put on a program in your church? Yes No What? _____

4. If you are a Christian, how do you know? _____

5. How long have you been a Christian? _____

ACADEMIC

1. Do you get your homework done at school or do you take it home with you every day? _____
2. What subject is hardest for you? _____
3. What was your average grade in school last year? _____
4. Have you ever been on the honor roll? Yes No
5. Have you ever failed a subject? Yes No What? _____
6. Do you plan to go to college? Yes No
7. What occupation would you like to pursue as an adult? _____
8. Have you received any honors in school or outside of school? Yes No What are they?

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PERSONAL BEHAVIOR

1. What do you enjoy doing most in your free time? _____
2. Do you play a musical instrument? Yes No What? _____
3. Please indicate all athletic activities in which you may wish to participate. All AHSAA rules of eligibility apply. Baseball Basketball Cheerleading Football
 Golf Softball Tennis Volleyball Wrestling
4. Do you participate in sports? Yes No
Which ones do you enjoy most? _____
5. How often do you read a book? _____
6. What books have you read most recently? _____
7. What radio stations do you listen to with some regularity? _____
8. How many hours weekly do you spend watching TV during the school year? _____
9. How much time do you spend on the computer/Internet? _____
10. Do you have a part-time job after school or on the weekends? Yes No
What is it? _____
11. How often do you go to the movies? _____
Name the last three movies you saw:
 - a. _____
 - b. _____
 - c. _____
12. Are most of your friends Christians? Yes No Are most of your friends your age? Yes No
Do you know any current students here at SCS? Yes No
Who are these students? _____
13. Select three adjectives that friends might use to describe you. _____
14. Have you ever used tobacco? Yes No Drugs? Yes No
Alcoholic Beverages? Yes No If there is a "Yes" answer, please explain:

With my signature below, I certify that I have answered the above questions honestly and completely and have not held back information the Principal, Faculty and School Board should know about me.

Signature

Date

SCHOOL TEACHER RECOMMENDATION FORM

Sumiton Christian School

155 Hosanna Drive ~ Sumiton, AL 35148 ~ (205) 648-6643 ~ Fax: (205) 648-9893

Student Name _____

Grade Applying For _____

Parent or Guardian

Please write your child's name in the space above, then read and sign the following.

I understand and agree that the information contained on this Teacher Recommendation form is confidential and will be used only in the selection of applicants and will not become part of the applicant's permanent file. I also agree that this completed form will not be available to applicants, parents, or anyone outside of the Admissions Committee, and I waive any right that I may have to see it.

Parent/Guardian Signature _____

Date _____

=====
*****Please Note: Former Sumiton Christian School students must have this form completed by a teacher from Sumiton Christian School that taught them during their last year of attendance.**

Teacher of Reference _____

Phone _____

Name of School _____

Subject/Grade _____

The above-named student is applying to Sumiton Christian School and is requesting your recommendation. Please answer the following questions truthfully, candidly, and as quickly as possible. The Admissions Committee will hold your responses in strict confidence. Please mail or fax this form directly to Sumiton Christian School. Thank you for your cooperation.

1. How long have you known this student?

2. Are this student's academic skills above average, average, or below average? Please explain.

3. Are this student's social skills above average, average, or below average? Please explain.

4. How has this student performed academically in relation to his/her potential?

5. Is this student in need of modification of his/her curriculum?

6. Is this student habitually late or absent? Yes No If yes, please explain.

7. Has this student ever been disciplined for a severe infraction? Yes No If yes, please explain.

8. Share with us about his/her attitude toward school in general, as well as any additional comments you would care to give on this student's academic ability or character.

This student is (please circle):

Strongly recommended

Recommended

Recommended with Reservation

Not Recommended

If you circled "Recommended with Reservation" or "Not Recommended", please explain. _____

If you have any information that will be helpful to the Admissions Committee in evaluating this student, please comment or feel free to contact the school office at (205) 648-6643 ext. 100. _____

I would be willing to discuss this student by phone: Yes No

Signature: _____

Date: _____

Print Name: _____

Name of School: _____

School Address: _____

School Phone: _____ email: _____

FINANCIAL INFORMATION

Tuition accounts for Sumiton Christian School, are made payable to and managed through Sumiton Christian School. All financial obligations (school pictures, athletic fees, lunch, after school care, etc.) are paid directly through Sumiton Christian School. A list of tuition and fees can be found in the student handbook.

I understand that tuition is due on the 1st day of every month and late after the 10th; at which time I will be charged a late fee of \$50.00. I further understand that on the 60th day of non-payment, my child will be suspended until **ALL** arrears are current. I understand that if my account is more than one month in arrears, re-enrollment will not be official until my account is brought up to date.

I understand that my child will comply with all school regulations, and that it is my responsibility to understand these regulations and insist on such compliance. I further understand that my child may be suspended from school if he/she refuses to abide by the regulations. In such case tuition and fees are **NOT** refundable.

I will familiarize myself with the Sumiton Christian School Student Handbook. I know my signature will be required after reading it with my child and that by signing it I am in agreement with SCS policies and procedures.

- After a student has been registered, an early withdrawal fee of \$55.00 per student will be charged prior to August 1st.
- On August 1st, all tuition and fees for the remainder of the school year are due regardless of the child's attendance.
- In registering my child for the current school year, I do pledge and promise the payment of all school registration/testing fees.
- I agree to pay court costs, collection fees, a reasonable attorney fee and other expenses incurred by the school in enforcing this agreement.
- Further I understand, that at any time there exists an unpaid indebtedness to the school, all records, reports and transcripts may be withheld.

Signature: _____

Date: _____

Person responsible for paying school bill: _____

Address: _____
Mail/Street Address City State Zip

Payment Plan: Annual (June 1st) Semi-Annual (June 1st & January 1st) Monthly (June-May)

*** We would be interested in knowing how you came to choose Sumiton Christian School for your student. Please check one of the boxes below. If a referral or alumni, please list person's name. ***

Print Ad Media Alumni _____

Referral _____

SUMITON CHRISTIAN SCHOOL
155 Hosanna Drive
Sumiton, AL 35148
(205) 648-6643 Fax: (205) 648-0047

RELEASE OF SCHOOL INFORMATION

I hereby give permission to: _____
(Name of Last School Attended)

(Street Address)

(City) (State) (Zip Code)

I release medical, psychological, scholastic, or any other pertinent information concerning my child _____
(Student's Name)

who is in the _____ grade.

Mail Records to:

Sumiton Christian School
155 Hosanna Drive
Sumiton, AL 35148

Parent/Guardian Signature

Date