

Southview Christian School

Home of the Conquerors

APPLICATION FOR NEW ADMISSIONS

STUDENT INFORMATION:

Applying for Grade: _____ Social Security #: _____ Sex: **M** **F**

Name: _____ Birthdate: _____
Last First Middle Goes By

Home Address: _____
Street City State Zip Code

Please indicate in the boxes below which telephone number to call first, second, etc.

<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
	Home Phone		Father's Cell		Father's Work
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
	Student Cell		Mother's Cell		Mother's Work

Email 1: _____

Email 2: _____

Jr/HS Student Email: _____

School Last Attended: _____

Street Address	City	State	Zip Code
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1. Has the student ever been retained? **Yes** **No** If yes, which grade: _____

2. Has the student ever been expelled? **Yes** **No** If yes, which grade: _____

If yes, please state reason: _____

3. Has the student ever been suspended? **Yes** **No**

If yes, please state reason: _____

4. Has the student ever had any difficulty with the Civil Authorities? **Yes** **No**

If yes, on a separate sheet of paper, please give the details and reason for the difficulties.

5. Are there any factors in the child's life (i.e. absence of father or mother, physical limitations, or disabilities) that may affect his/her progress or activity in school? **Yes** **No**

If yes, please indicate: _____

6. Has the student experienced any learning difficulties or been diagnosed as ADD/ADHD? **Yes** **No**
Please explain: _____

CHURCH AFFLIATION:

Attending Church:_____ Pastor’s Name:_____

Church Address:_____

Street AddressCityStateZip Code

Is student a member? (please circle) Yes No

Does student attend on a regular weekly basis? (please circle) Yes No

FAMILY INFORMATION:

Father or Guardian (please specify)

Name:_____ Birthplace:_____

Social Security #:_____ Occupation:_____

Employer:_____

Address: _____

StreetCityStateZip Code

Church Membership:_____ Attends Regularly? Yes No

Church Address:_____

StreetCityStateZip Code

Pastor’s Name:_____

Mother or Guardian (please specify)

Name:_____ Birthplace:_____

Social Security #:_____ Occupation:_____

Employer:_____

Address: _____

StreetCityStateZip Code

Church Membership:_____ Attends Regularly? Yes No

Church Address:_____

StreetCityStateZip Code

Pastor’s Name:_____

Parents’ Marital Status: Married____ Separated____ Widowed____ Divorced____ Single____

Child Resides with: Both Parents____ Mother____ Father ____ Guardian ____

Number of children living at home:_____ Number of others living in home:_____

Are there any custodial difficulties?_____

EMERGENCY CONTACT INFORMATION

Contact #1

Name

Relationship to Child

Contact #

Contact #2

Name

Relationship to Child

Contact #

Will you be able to settle accounts promptly? (please circle) **Yes** **No**

Explain why you wish for your child to attend Southview Christian School: _____

STATEMENT OF COOPERATION

- 1 Because of our need to maintain financial integrity with our teachers and to those with whom we do business, parents must pay their tuition, AfterCare, and lunch charges in a timely manner. Tuition and fees are due on the 1st of each month. Any account delinquent after 10 days will attain a \$25.00 late fee. If all delinquent payments have not been paid by the 25th of the month, no additional charges will be allowed. Unpaid AfterCare fees will result in the student not being permitted to return to AfterCare until it is paid. If a hardship should occur, payment arrangements must be made with administration. All accounts must be settled by May 15th of each school year. All credits, records, mid-terms and final exams will be withheld until all financial obligations have been met.
- 2 The teachers and administration are hereby given full discretion in the discipline of my child(ren). This will include Saturday school, in school suspension, out of school suspension, and expulsion from the school program. Corporal punishment will be administered by the parents only.
- 3 The school reserves the right to dismiss any student who does not cooperate with the educational process. If a student is dismissed or withdrawn for any reason, the tuition will not be refunded. There is a \$100 withdrawal fee.
- 5 I give permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises, and absolve the school from liability to me or my child because of injury to my child at school or during any school activity. In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call my physician and to follow his instructions. If it is impossible to contact my physician, the school may make whatever arrangements necessary.
- 6 I understand that my child must have a yearly doctor's release (sports physical) to participate in sports.
- 7 My participation is needed in lending practical help and prayer support in a mutual effort to train my child(ren). Because of this, I will attend Parent-Teacher Fellowship meetings and planned Parent-Teacher Conferences unless providentially hindered.
- 8 I will see that the school's standard of conduct and hair and dress code are adhered to by my child(ren).
- 9 In making application for my child, it is my desire to have him/her complete the school year. It is also my understanding that the school policy is to make no refunds on registration, matriculation, and book fees. In signing this application, I affirm that I have read and understand the financial guidelines of Southview Christian School, and agree to abide by those guidelines.
- 10 In signing this application below, I authorize my child's former school to release to Southview Christian School all school records including psychological tests and evaluations, grades, standardized testing and health records.

Signatures: **Both parents must sign if living together.**

Father

Date

Mother

Date