

STUDENT APPLICATION

GENERAL INFORMATION

NAME: _____

BIRTH DATE: _____

ADDRESS: _____

APPLYING FOR
SCHOOL YEAR: _____

SEX: M F

PHONE: Home _____ Cell _____

RACE: *(for statistical purposes only)*

- American Indian/Alaskan Native
 Asian/Pacific Islander
 African American
 White
 Hispanic

SOCIAL SECURITY NUMBER: _____

GRADE: PK3 PK4 Kindergarten 1 2 3 4 5 6 7 8 9 10 11 12
(circle one)

***For PK3, please select:**

- 5 Days (Mon-Fri) Half Day Full Day
3 Days (Mon,Tues,Wed) Half Day Full Day
2 Days (Thur,Fri) Half Day Full Day

***For PK4, please select:**

- 5 Days (Mon-Fri) Half Day Full Day
3 Days (Mon,Tues,Wed) Half Day Full Day

**Please note that pre-kindergarten students are expected to be toilet trained*

INTERESTS AND ABILITIES: _____

HOME LIFE

STUDENT LIVES WITH: Both Parents Mother Father
 Mother/Step Father Father/Step Mother Grandparents
 Shared Custody Between Mother and Father Other _____

PARENT/GUARDIAN NAMES: _____

HOME PHONE: _____ CELL PHONE: _____ E-MAIL: _____

IF THERE IS ANOTHER PARENT OR GUARDIAN WHO IS LIVING AT A DIFFERENT ADDRESS AND SHOULD RECEIVE SCHOOL INFORMATION, PLEASE COMPLETE THE FOLLOWING:

NAME: _____ RELATIONSHIP TO STUDENT: _____

ADDRESS:

HOME PHONE: _____ **CELL PHONE:** _____ **E-MAIL:** _____

PREVIOUS SCHOOL/DAY CARE *(IF APPLICABLE)*

Name of Previous School/Day Care: _____ **Public or Private?**

Reason For Leaving: _____

ACADEMIC INFORMATION

What is your child's attitude toward school? _____

Does your child desire to come to SCS? Yes / No

Has your child ever been suspected of having or been diagnosed with any of the following?
ADD ADHD Psychological Disorder Learning Disability Emotional Instability *(please circle)*

If yes, please explain here and supply all pertinent reports: _____

If yes, does your child take medication related to the above? Yes/No If yes, what medication and how often? _____

Does your child have an IEP? Yes/No If yes, please send a copy with this application and briefly describe any applicable accommodations:

Does your child have any special needs that the teachers and staff of SCS should be aware of? Yes/No If yes, please explain:

Has your child ever repeated a grade? Yes/No If yes, what grade and why? _____

Has your child ever been suspended, expelled or asked to withdraw from a school? Yes/No If yes, please explain and give the name and address of the school:

Has your child taken honors and/or advanced placement classes? Yes/No If yes, will he/she plan to continue this at SCS? Yes/No

If there is any additional information that would assist us in meeting the academic needs of your child, please indicate that here:

SPIRITUAL BACKGROUND

Church Attending: _____ **Phone:** _____

Church Address: _____

Pastor Name: _____ **Youth Pastor:** _____

Does this student attend church services/Sunday school/youth group regularly? Yes/No Is this student involved in any other church activities? Yes/No If yes, what activities and generally how often?

Is this student accustomed to prayer and Bible reading at home? Yes/No

MEDICAL INFORMATION

Does this student have any physical health condition which may affect his/her ability to learn or participate in physical education or other activities? Yes/No If yes, please explain:

Does this student take any medication that will need to be administered at school? Yes/No If yes, a physician's medication form signed by the child's physician must be provided.

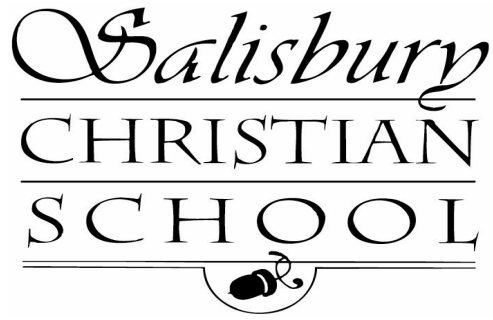
Does this student take any medication which may affect his/her behavior or ability to function academically, physically or socially? Yes/No If yes, please provide a complete explanation:

Does this student have any health condition not already mentioned which SCS should be aware of? Yes/No

If yes, please provide a complete explanation: _____

Date of last exam by physician: _____ **Date of last tetanus shot:** _____

SIGNATURE: _____ **DATE:** _____



SCHOOL REFERENCE FORM

Dear Teacher, Principal or Counselor:

The student named below has applied for admission to Salisbury Christian School. You have been asked by the student's family to complete this reference form. SCS is an interdenominational, state approved Christian school serving Christian families in Salisbury and surrounding communities. The mission of SCS is to honor Jesus Christ by offering a comprehensive educational program founded upon Biblical truth and academic excellence. SCS is interested in being an educational resource for families who are committed to a Christian education and high academic standards for their children.

Thank you for your assistance in the admission process. Your comments will remain confidential.

Daryl Ann Hudson, Registrar

STUDENT NAME: _____ **GRADE:** _____

- | | | |
|--|-----|----|
| 1) Is the applicant eligible to re-enter your school next term? | Yes | No |
| 2) Has the applicant been involved in acts of dishonesty? | Yes | No |
| 3) Has the applicant exhibited unsatisfactory adjustment to other students? | Yes | No |
| 4) Has the applicant had health problems which affected attendance or academic performance? | Yes | No |
| 5) Has the applicant been disciplined by school administrators? | Yes | No |
| <i>Middle/high school students only:</i> | | |
| 6) Has the applicant ever been involved in the use of alcohol, smoking, drugs or weapons? | Yes | No |
| 7) Has the applicant ever threatened to physically harm students or school staff or to damage school property? | Yes | No |

If you answered yes to questions 2 – 7, please explain: _____

We would appreciate your observations in the areas listed below. Please circle the appropriate number.

Leadership:	Positive Influence	1	2	3	4	5	Negative Influence
Cooperation:	Very Cooperative	1	2	3	4	5	Uncooperative
Dependability:	Very Dependable	1	2	3	4	5	Undependable
General Character:	Excellent Character	1	2	3	4	5	Frequently Displays Poor Character
Emotional Stability:	Well Balanced/Good Disposition	1	2	3	4	5	Unstable/Frequent Difficulties
Relation of Achievement to Ability:	Over Achiever	1	2	3	4	5	Achievement Below Ability
Academic Performance:	Excellent	1	2	3	4	5	Poor

Please provide any additional information you can think of that may help us to ensure that SCS is a good placement for this student and that he/she has a good chance of success:

Is there anything you would prefer to discuss by phone? Yes/ No If yes, an administrator from SCS will call you during the time you specify here.

YOUR NAME: _____ **DATE:** _____

SIGNATURE: _____

TIME YOU MAY BE REACHED: _____ **DAYTIME PHONE:** _____

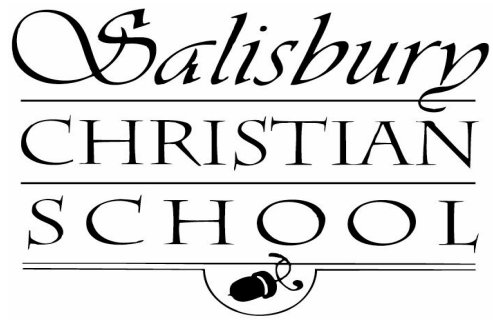
SCHOOL NAME: _____

SCHOOL ADDRESS: _____

Thank you for your assistance. Please return this form to the Admissions Office of Salisbury Christian School by fax or mail as soon as possible.

**807 Parker Road
Salisbury, MD 21804**

**Fax: 410-546-4674
Phone: 410-546-0661**



REQUEST FOR RELEASE OF SCHOOL RECORDS

TO: CURRENT SCHOOL NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

STUDENT NAME: _____

CURRENT GRADE: _____

DATE OF BIRTH: _____

I hereby authorize you to release the school records listed below for my child:

Cumulative Records

Health Records

Any other information which might aid the student in making a satisfactory adjustment

Achievement Test Scores

Psychological Records

If the above mentioned school is a private school/day care, I understand that Salisbury Christian School may contact the school to inquire about payment history. I also understand that all debt to the above mentioned school must be satisfied before my application to SCS will be processed.

(Parent/Guardian Signature)

(Date)

PLEASE SEND RECORDS TO:

Admissions Office
Salisbury Christian School
807 Parker Road
Salisbury, MD 21804
Or fax to 410-546-4674