



SALISBURY

CHRISTIAN SCHOOL

STUDENT APPLICATION

Student Name: _____ Date of Birth: _____ Gender: M F
Last First Middle Preferred Social Security Number: _____

Address: _____ Ethnicity (for statistical purposes only):
American Indian/Alaskan Native Hispanic White
African American Asian/Pacific Islander Other

Current Grade: _____ Applying for Grade: _____ Applying for School Year: _____ Cell Phone: _____

For PK3 and PK4 students, indicate attendance choice: <i>(STUDENTS MUST BE TOILET TRAINED)</i>	5 full days	3 full days (Mon, Tues, Wed)
	5 half days	3 half days (Mon, Tues, Wed)

Primary language spoken by student: _____ Student lives with: _____

PARENT/LEGAL GUARDIAN INFORMATION

Parent/Legal Guardian Name: _____ Relationship to Student: _____

Address: _____ Home Phone: _____

Cell Phone: _____

Email: _____ Work Phone: _____

Employer/Name of Business: _____ Occupation: _____

Primary Language Spoken: _____ Marital Status: Married Single Divorced

Name of Church Attending: _____ Widowed Separated

Church Attendance & Involvement:
Regular Somewhat Regular Occasional Rare

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SCHOOL INFORMATION

School currently attending or most recently attended: _____

Reason for leaving: _____

Other schools attended: _____ For which grades: _____

What is this student's attitude toward: 1) School in general and 2) Coming to SCS? _____

Has this student ever been suspended, expelled, or asked to withdraw from a school? _____ If yes, please explain on a separate sheet.

ACADEMIC INFORMATION

Will this student be taking honors and/or Advanced Placement courses at SCS? _____

Has this student ever been diagnosed with ADD, ADHD, a learning disability, a psychological disorder, or emotional instability? _____

If yes, please specify, explain, and provide pertinent reports or documents: _____

Does this student have an IEP or 504 plan in place? Are special accommodations granted in classrooms? Will this continue at SCS?
If yes to any of the above, please specify, explain, and provide pertinent reports or documents: _____

Has this student ever repeated or skipped a grade? _____ If yes, what grade and why? _____

CHURCH INFORMATION

Name of Church Student Attending: _____ Student Church Attendance & Involvement:

Regular Somewhat Regular Occasional Rare

Address: _____ Pastor/Priest: _____

_____ Youth Pastor: _____

Phone: _____ Email: _____

Briefly describe activities and involvement: _____

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

MEDICAL INFORMATION

Does this student:

- 1) Have any health condition which may affect his/her ability to learn or participate in physical activities? _____
- 2) Have any health, psychological, emotional, or social issues/conditions of which SCS faculty and staff should be aware? _____
- 3) Take any medication on a regular basis, either prescription or non-prescription? _____ What medication and for what condition? _____
- 4) Will the medication need to be given to the student at school? _____

Please provide an explanation and details if any of the above applies to your child: _____

SIGNATURES

If you were referred to SCS by someone, please provide their name so we can thank them: _____

By signing below, I acknowledge that I have read, agree with, and will adhere to the SCS principles and policies presented to me in the application materials, including all SCS Foundational Principles, Admissions Policies, and Financial Policies:

Father/Guardian

Date

Mother/Guardian

Date

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