SUMMIT CHRISTIAN ACADEMY

Student Application

P.O. Box 507 Justin, TX 76247
admin@summitchristiantx.org
www.summitchristiantx.org

Student Information

First Name_____ Last Name_____

Name Student wants to be called _____

Grade Entering _____ School Year _____

Date of Birth _____ Gender _____

Home Address _____

Previous School Attended _____

Transcripts/Records provided _____

Last Grade completed _____

Family Information

Mother/Guardian Name _____

Home Address _____

   Cell Phone _____

   Email _____

   Employer _____

   Position _____Business Phone _____

Father/Guardian Name _____

Home Address (if different) _____

   Cell Phone _____

   Email _____

   Employer _____

   Position _____Business Phone_____

Marital Status (circle one): Married Divorced Widow Widower

If Divorced, who has legal custody? _____

Copy of the legal custody document must be in the student file.

Emergency Contact other than parents _____

Phone Number: _____

Children in family not applying

    Name _____ Age _____

    Name _____ Age _____

    Name _____ Age _____

    Name _____ Age _____

Reasons they are not applying

_____

_____

_____

Family Religious Information

Church Attending _____

    Address _____

    Pastor _____ Phone _____

Scholastic Information

Has this student ever been suspended, dismissed or refused admission to another school? If yes, explain. _____

_____

Are there any instances in school, home or other where this student encountered:

____ behavioral and/or disciplinary problems

       ____ been placed on probation

       ____ skipped a grade

       ____ repeated a grade

If any of the above, explain _____

_____

_____

Does this child have any mental, emotional, physical or learning disabilities that may affect their activities or progress at SCA?_____

_____

Is there anything you feel we should know about your child in order to teach or disciple them effectively? _____

_____

_____

_____

What was the academic level of this student's previous work (circle one)

Excellent   Good   Average   Poor

Medical Information

Family Physician _____ Phone _____

Does this child have any physical conditions, disabilities or allergies? ____

_____

Is this child on medication? _____ If yes, please list and explain usage

_____

References

General Family Reference

Name _____ Phone_____

Email _____ Relationship _____

Academic Reference for Student

Name _____ Phone _____

Email _____Relationship _____

Religious Reference

Name _____ Phone _____

Email _____Relationship _____

Certification of Information

We hereby certify that the above answers are true and all explanations are complete to the best of our knowledge.

Mother/Guardian Signature _____

Father/Guardian Signature _____