



2019-2020 SCA ENROLLMENT APPLICATION

Application Submission Date: _____

A non-refundable Registration Fee of **\$75 per household** is due at the time of submission. Fee is due at the time of Submission and if your student is an EdChoice Scholarship recipient, the renewal form must accompany this Application form.

Check next to the grade your child *will be* entering: PreK-3 PreK-4 Kindergarten 1st 2nd 3rd 4th 5th 6th 7th 8th

| General Student Information | | | | |
|---|---------------|----------------------|---|--------------------------|
| Last Name | | First Name | | Middle initial |
| Street Address | | City | State | Zip Code |
| Home Phone #1 | Home Phone #2 | Student Birthdate | Student's Social Security Number - - | |
| Is the student a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, what is the student's country of citizenship?) | | | | |
| If not a U.S. Citizen, does the student intend to become one? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please leave blank if student is currently a U.S. Citizen) | | | | |
| Student Resides with: <input type="checkbox"/> Father & Mother <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other (If other, please state name and relationship): | | | | |
| Race/Ethnicity (optional information): <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi-Racial <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islanders <input type="checkbox"/> Other | | | | |
| Parent/Guardian Information | | | | |
| Parent/Guardian Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single | | | | |
| Fathers Last Name | | Fathers First Name | | Fathers Cell Phone |
| Fathers E-mail Address | | Fathers Employer | | Fathers Business Phone |
| Mothers Last Name | | Mothers First Name | | Mother Cell Phone |
| Mother E-mail Address | | Mother Employer | | Mother Business Phone |
| Guardians Last Name | | Guardians First Name | | Guardians Cell Phone |
| Guardians E-mail Address | | Guardians Employer | | Guardians Business Phone |
| Is either parent or guardian SCA Alumni? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, indicate responses below): <input type="checkbox"/> Father, SCA Graduating Class of _____ <input type="checkbox"/> Mother, SCA Graduating Class of _____ <input type="checkbox"/> Guardian, SCA Graduating Class of _____ | | | | |



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| | | | |
|---|-----|---|------------------------|
| Sibling Information (If applicable, please list names and ages of siblings below) | | | |
| Name | Age | Currently Enrolled at Sonshine? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Name | Age | Currently Enrolled at Sonshine? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Name | Age | Currently Enrolled at Sonshine? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Name | Age | Currently Enrolled at Sonshine? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are you applying for other siblings at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please explain): | | | |
| Student Educational Background | | | |
| Name of Last School or Daycare Attended | | School Phone Number | Grade/Year(s) Attended |
| 1. | | | |
| Name of All Previous Schools and/or Daycares Attended | | School Phone Number | Grade/Year(s) Attended |
| 2. | | | |
| 3. | | | |
| Has the student ever attended Sonshine Christian Academy? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please indicate years/grades attended): | | | |
| Has the student ever repeated any grade(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please indicate grades repeated): | | | |
| Has the student experienced disciplinary difficulty resulting in suspension, probation, or expulsion? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please explain): | | | |
| Has the student exhibited any developmental challenges which may affect his/her activities or academic progress that should be known by his/her teacher? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please explain): | | | |
| Family Church Affiliation | | | |
| Name of Current Church Attending | | Faith Affiliation: <input type="checkbox"/> Baptist <input type="checkbox"/> Catholic <input type="checkbox"/> Lutheran <input type="checkbox"/> Methodist <input type="checkbox"/> Pentecostal <input type="checkbox"/> Non-Denominational <input type="checkbox"/> Other: | Pastor's Name: |
| Church Address | | City | State |
| Church Attendance: <input type="checkbox"/> Regular <input type="checkbox"/> Seldom | | Please list any church responsibilities your child holds at church: | |

Before signing this document, verify that the content you are signing is correct:

Parent/Guardian Signature

Date