

REGISTRATION CHECKLIST

- ___ Student application
- ___ \$200 registration fee (\$300 family maximum)
- ___ \$75 new student testing fee (1st –6th only)
- ___ Signed Financial Commitment Agreement
- ___ Copy of birth certificate
- ___ Copy of immunization records
- ___ Copy of parent driver's license
- ___ Previous test scores and report card
- ___ Proof of address (i.e. current utility bill)
- ___ Custody documents if applicable



9703 FM 1489
 PO BOX 490
 Simonton, Texas 77476
 281-346-2303
 www.simontonchristian.org

Date of Application ____ / ____ / ____

Grade applying for: PreK 3 PreK 4 TK K 1st 2nd 3rd 4th 5th 6th

PreK 3 or PreK 4 circle one: 1/2 day M-F ____ M-F ____ M,W,F ____ M,W ____ TK circle one: M-F ____ M,W,F ____ M-Th ____

Student Information

Name _____
 First Middle Last Preferred Name

Date of Birth ____ / ____ / ____ Age ____ Gender ____ M ____ F

Physical Home Address _____

City _____ State _____ Zip Code _____ Home Phone _____

Mailing Address _____

City _____ State _____ Zip Code _____

Previous Grade Completed _____ Previous School Attended _____

City _____ State _____ Zip Code _____ School Phone _____

Family Information

Father/Guardian

Name _____
 First Middle Last Preferred Name

Home Address _____ PO Box _____

City _____ State _____ Zip Code _____ Home Phone _____

Employer _____ Work Phone _____ Cell phone _____

Preferred Email _____

Mother/Guardian

Name _____
 First Middle Last Preferred Name

Home Address _____ PO Box _____

City _____ State _____ Zip Code _____ Home Phone _____

Employer _____ Work Phone _____ Cell phone _____

Preferred Email _____

Billing Information

Person financially responsible if different than parent or guardian:

Name _____
 First Middle Last Preferred Name
Home Address _____ PO Box _____
City _____ State _____ Zip Code _____ Preferred Phone _____
Preferred Email _____

Family Record

Marital Status of parents: Married _____ Single _____ Divorced _____ Separated _____ Widowed _____

Student lives with (check all that apply): Father _____ Mother _____ Stepfather _____ Stepmother _____ Guardian _____

Release information to (check all that apply): Father _____ Mother _____ Stepfather _____ Stepmother _____ Guardian _____

Other children in the family:

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Additional Information

Has your child ever been denied admission to a school, suspended, or asked to withdraw? Yes _____ No _____

If yes, please explain _____

Has your child ever failed a grade? Yes _____ No _____ If yes, what grade level? _____

Has your child ever received special accommodations (IPE, 504, etc.) or received modifications to curriculum? Yes _____ No _____

If yes, please explain and provide records _____

Does your child have a history of any conditions (emotional, learning difficulties, ADD/ADHD, etc.) that required professional help? Yes _____ No _____

If yes, please explain and provide records _____

Is there any other information about your child that would help us better understand their needs? _____

Signature of parent or guardian _____

Date ____ / ____ / ____

SCA NONDISCRIMINATION POLICY: Simonton Christian Academy (SCA) admits students of any race, color, national and ethnic origin to all rights, privileges, programs and activities made available to students at the school. SCA does not discriminate on the basis of race, color, national or ethnic origin in the administration of its education policies, admission policies or any other school administered program.



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Student's Name _____ Grade _____

Parent Religious Questionnaire

Why do you want your child to attend SCA? _____

Are you members of a church? _____ Name of Church _____

Do you consider yourself a Christian? If so, please share with us how you became one:

Father _____

Mother _____

Signature of parent or guardian _____ Date ____/____/____



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Financial Commitment Agreement

Student's Name _____ Grade _____

As a parent or guardian wishing to enroll a student at SCA, I agree to the following:

1. Tuition Invoices are due the 15th of every month. Tuition is invoiced in ten (10) monthly installments beginning in August and ending in May.
2. Invoices paid after the 15th of each month are considered late. A \$25 late fee will be assessed on the 16th of each month unless prior arrangements have been made between the family and the SCA Financial Manager.
3. Outstanding invoices are reviewed monthly by the SCC Board of Trustees. Any outstanding invoices of 30 days or more could require forfeiting the month-to-month payment option. At that point, all tuition for the entire school year will be due or the student could be withdrawn from school.
4. There will be a \$35 fee for all returned checks.
5. In the case of a student transferring to another school, SCA reserves the right to withhold report cards or other personal file information until all past-due account balances have been paid.
6. A late charge may be assessed beginning at \$15 per day, if a parent is habitually late picking up their child from school.

_____ Date ____/____/____

Signature of parent or guardian



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Medication Release Form

Student's Name _____ Grade _____

Please indicate the type of medication the SCA staff is authorized to administer to your child. SCA will provide common medications including Neosporin, antacids, ibuprofen (Motrin), and acetaminophen (Tylenol). All medications will be administered according to the recommended dosage listed by age on the package.

Medication	Yes	No
Neosporin (antibacterial ointment –external use)	<input type="checkbox"/>	<input type="checkbox"/>
Hydrocortisone 1% (anti-itch cream)	<input type="checkbox"/>	<input type="checkbox"/>
Acetaminophen (Tylenol)	<input type="checkbox"/>	<input type="checkbox"/>
Ibuprofen (Motrin)	<input type="checkbox"/>	<input type="checkbox"/>
Antacid	<input type="checkbox"/>	<input type="checkbox"/>
Allergies (Food or Medicine)	<input type="checkbox"/>	<input type="checkbox"/>

Please list any allergies.

_____ Symptom _____

_____ Symptom _____

_____ Symptom _____

Please list all prescription medication and dosage your child takes on a regular basis.

_____ Reason _____

_____ Reason _____

 Signature of parent or guardian Date ____ / ____ / ____



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SCA Directory Authorization Form

Student's Name _____ Grade _____

Please sign below if you would like to be included in the Simonton Christian Academy Student Directory. The directory will only be given to the parents of SCA students. We will compile the information from the student applications, so please notify the office if there are any changes.

I agree to let Simonton Christian Academy include my (please check):

	Yes	No
Father's Name		
Father's Address		
Father's Home Phone		
Father's Cell Phone		
Father's email		
Mother's Name		
Mother's Address		
Mother's Home Phone		
Mother's Cell Phone		
Mother's email		

Signature of parent or guardian _____ Date ____/____/____



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Student's Name _____ Grade _____

Handbook and Dress Code Acceptance

I have read the *SCA Parent-Student Handbook* and *SCA Uniform Dress Code* and agree with the standards, policies and expectations therein of a student and parent at SCA and pledge our support of the school and its administration.

Signature of parent or guardian Date ____/____/____

Media Release

I hereby grant permission to Simonton Christian Academy to photograph/interview the above named child. It is my understanding that this photograph/interview or portions thereof may be used in public view.

I understand that this releases Simonton Christian Academy from any future claims as well as from any liability arising from the use of said photograph/interview.

____ Yes, I give my permission.

____ No, I do not give my permission.

Signature of parent or guardian Date ____/____/____



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Student's Name _____ Grade _____

Registration Policies

1. The registration fee for new students is \$200 per student (maximum \$300 per family) and is non-refundable and non-transferable.
2. Applications must be completed in full. Incomplete applications will not be accepted.
3. New students and their parents are required to interview with the Administrator before registration can be completed.
4. The registration process cannot begin until all fees, signed paperwork, report card, transcripts, and testing results are received in the SCA office.
5. Returning students will not be allowed to register until all previous or any past due balances have been paid in full.

Statement of Parents or Guardians

- SCA has full discretion in the discipline of my child. (No corporal punishment)
- SCA has full discretion for placing my child in the proper grade, regardless of the grade completed prior to transfer.
- SCA reserves the right to suspend or dismiss any student who does not cooperate with the school's educational process.
- My participation is needed in lending practical help and prayerful support in a mutual effort to train our children.

I have read and understand the policies and standards of the school and pledge my support of the school and its administration.

Signature of parent or guardian

Date ____/____/____

