



Student Application

Name of Student _____

Age (at time of application) _____

Date of application _____

Grade applying for _____

School year applying for _____

Date of Birth _____

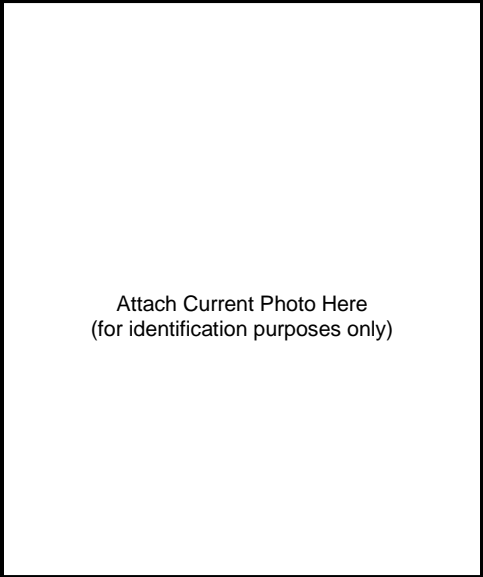
Gender M F

Address _____

City/State/Zip _____

Primary Phone () _____

E-mail Address _____



Father's Name _____ Primary Contact Phone () _____

Employer _____ Position _____

Mother's Name _____ Primary Contact Phone () _____

Employer _____ Position _____

Student lives with (circle all that apply) Father Mother Grandparents Guardian(s)

Marital status of parents: Married Divorced Separated Other _____

Family's Church _____ Name of Pastor _____

Please list the school last attended or presently attending:

School Name: _____ City/State: _____ Dates Attended: _____

Other schools attended:

School Name: _____ City/State: _____ Dates Attended: _____

[PLEASE SUBMIT ALL PRIOR SCHOOL RECORDS WITH APPLICATION]

Child's Profile

Summit Classical Christian School is not staffed to handle children with significant learning disabilities or those who have trouble behaviorally. For your child's best interest, please be candid when you answer the following questions.

1. Has your child ever been expelled or suspended? Yes No
2. Has your child ever repeated a grade for any reason? Yes No
3. Has your child ever been referred for testing or placed in a special program? Yes No
4. Has your child received any other special help or tutoring? Yes No
5. Has your child ever been suspended or expelled from a school? Yes No
6. Has your child ever been involved in legal problems or been arrested? Yes No
7. Has your child ever seen a counselor/doctor/psychiatrist for any type of social, behavioral, or mental problem? Yes No

If you answered yes to any questions above, please explain: _____

8. Has your child ever been diagnosed by a counselor/doctor/psychiatrist as having hyperactivity or attention deficit disorder? Yes No

If yes, please explain: _____

9. Do you suspect or have you been told that your child might have dyslexia? Yes No

10. Please list any learning differences, physical limitations, emotional, or medical conditions which may affect applicant's ability to participate in the classroom: _____

11. Please describe your child's character strengths and weaknesses: _____

12. How do you handle discipline in your home? _____

13. How do you promote spiritual values in your home? _____

14. Why do you wish to have your child attend Summit Classical Christian School? _____

15. Beyond providing your child with a classical and Christian education, are there other expectations you have of Summit? _____

16. How do you think parents should participate in the education of their children? _____

In order to fulfill the mission of Summit Classical Christian School, it is essential that at least one parent or guardian be a professing Christian. In the spaces below, please provide a brief testimony of Christ's work in your life.

Father:

Mother:

Application Agreement:

We/I certify that the information given on this application is factual and true and based on our/my agreement with the mission and educational philosophy of Summit Classical Christian School.

Signed: _____

Date: _____

Signed: _____

Date: _____