



SUMMIT CLASSICAL CHRISTIAN SCHOOL

Student Application

Name of Student _____

Date of application _____

Grade applying for _____

School year applying for _____

Date of Birth _____

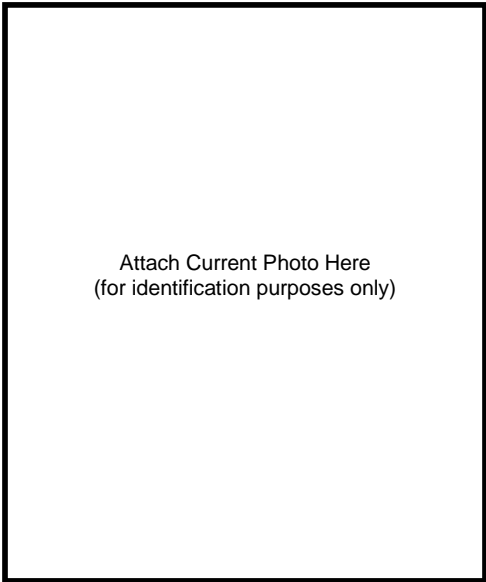
Gender M F

Address _____

City/State/Zip _____

Home Phone () _____

E-mail Address _____



Father's Name _____ Business/Cell Phone () _____

Employer _____ Position _____

Mother's Name _____ Business/Cell Phone () _____

Employer _____ Position _____

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

Marital status of parents: Married Divorced Separated Other _____

I agree to have my child taught in accordance with the attached Statement of Faith.

If there are any points in it which are inconsistent with your convictions, please explain briefly:

I have read the applicable student handbook

If there are any points of philosophy or school policy which are inconsistent with the goals for your family, please explain briefly: _____

Please list the school last attended or presently attending:

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

Other schools attended:

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

Has your student ever been expelled or suspended? Yes No

If Yes, please explain: _____

Has your student ever repeated a grade? Yes No

If Yes, please explain: _____

Has your student ever been tested for a learning difference? Yes No

If Yes, please explain: _____

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

Please give a brief medical history of applicant, identifying any serious medical conditions, illnesses, or injuries of which the school should be aware. Please include any medications the student is currently taking:

Has your student ever been involved in legal problems or been arrested? Yes No

If Yes, please explain: _____

How do you handle discipline in your home? _____

How do you promote spiritual values in your home? _____

Why do you wish to have your student attend Summit Classical Christian School? _____

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

Family's Church _____ Name of Pastor _____

In order to fulfill the mission of Summit Classical Christian School, it is essential that at least one parent or guardian be a professed Christian. In the space 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: _____