

Southside Christian Academy Enrollment Application

Form must be accompanied by a non-refundable \$150 application fee. This money will be applied to tuition upon acceptance.

STUDENT INFORMATION Date received _____

NAME _____

ADDRESS _____

PRIMARY PHONE: _____ SECONDARY: _____

DATE OF BIRTH ____/____/____ SOCIAL SECURITY _____-____-_____

APPLYING FOR GRADE: (Circle one) K 1 2 3 4 5 6 7

Student regularly attends church at:

PHYSICIAN'S NAME and NUMBER:

INSURANCE PROVIDER AND POLICY NUMBER:

MEDICAL CONDITIONS, ILLNESSES, OR INJURIES TO BE AWARE OF:

ALLERGIES AND REACTIONS:

DAILY MEDICATIONS:

RECURRING COMPLAINTS:

_____ headaches _____ stomach aches

_____ skin conditions _____ hearing / vision problems

FAMILY INFORMATION

STUDENT LIVES WITH: Both parents Mother Father Guardian

Father / Guardian name: _____

Email: _____

Employer: _____

Mother / Guardian name: _____

Email: _____

Employer: _____

AUTHORIZED PICK-UP LIST

Name	Relationship to child	Phone

PARENT AGREEMENT

In applying for enrollment for our child, _____, we understand the policies as stated in the handbook, understand that any portion of funds paid to SCA are non-refundable and non-transferable, and are willing to cooperate with Southside Christian Academy school board, and stated in:

Statement of Faith

Admission requirements

Business, health, phone, transportation, and visitor procedures

Dress code and discipline procedures

Additional information and procedures as deemed necessary by board and administration.

We understand that it is a privilege for our child to attend Southside Christian Academy and we understand that our child may be dismissed from SCA at any time he/she is found to be out of harmony with the rules and policies set forth in the family handbook. We give permission for our child to participate in Southside Christian Academy activities and absolve the school from liability of any injury our child may sustain during school related activities and functions.

We pledge our financial and prayer support in agreement with the standards of conduct and discipline of SCA as stated in the Handbook.

X_____ X_____

Father/Guardian (date)

Mother/Guardian (date)



www.southsidechristianacad.org

Southside Christian Academy
2100 Lakeview Rd.
Mexico, MO 65265
573-581-3837

Transfer of School Records

_____ is applying for enrollment into the _____
(Student's name)

grade at Southside Christian Academy. I authorize and request

_____ to release all official school records including,
(School / Agency name)

but not limited to:

- Grades to date of request
- Health records
- Test scores
- Discipline reports
- Psychological or comprehensive evaluations
- I.E.P. or Special Education records

(Parent/Guardian signature)

(Date)

Please return to the above address or email records to
sca@southsidechristianchurch.net