
ENROLLMENT APPLICATION



Education Based on Biblical Principles

Sunbury Christian Academy

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STUDENT APPLICATION

The application and copies of school records must be submitted for each child applying to SCA.
Please submit a copy of the birth certificate and immunization record with this form.

(PLEASE PRINT)

- 1) Student's name _____ age _____ female _____ male _____ gd. entering _____
last first middle
- Social Security number _____ Date of birth _____
- 2) Student's name _____ age _____ female _____ male _____ gd. entering _____
last first middle
- Social Security number _____ Date of birth _____
- 3) Student's name _____ age _____ female _____ male _____ gd. entering _____
last first middle
- Social Security number _____ Date of birth _____

Student(s) Address _____
RR or number & street city state zip

School District in which student(s) currently resides _____
Will your child be riding a public school bus? _____yes _____no

School attending and/or date last attended _____
school school district

School's address _____ phone _____
street city state zip

Present grade level(s) _____

Is/Are applicant(s) in good standing and eligible to remain or return to his/her present school? yes _____ no _____

Father's or Guardian's name _____

Home address _____ Home phone _____

Occupation _____ Employed by _____

Employer's address _____ Business phone _____

Mother's or Guardian's name _____

Home address _____ Home phone _____

Occupation _____ Employed by _____

Employer's address _____ Business phone _____

Please indicate any special living arrangements regarding the student(s) such as part-time with one or the other parent and the addresses where they live at certain times, or if student lives with one parent only.

Fill in child's name where applicable and give full particulars on a separate sheet of paper, including the principal's name and the address of the school, subject area, etc. Has the child ever:

_____ attended summer school	_____ repeated a grade
_____ had a disciplinary difficulty	_____ had an emotional, mental, social or physical handicap
_____ been suspended or expelled	_____ had repeated tardiness
_____ had a learning disability	_____ had extended absences from school
_____ shown special abilities/interests	_____ had any criminal offenses or misdemeanors

Special health problems of which the school should be aware: _____

Family Physician _____ Phone _____

Do/Does the applicant(s) regularly take any medications? _____ Please explain _____

Name and address of person the school should contact in case of emergency when parents cannot be contacted:

_____ Phone _____

Name of home church which you attend _____ Member: ____ yes ____ no

Church address _____

Pastor's name _____ Denominational affiliation _____

TO PARENT OR GUARDIAN: Please make a full statement as to why you want to enroll your child(ren) in SCA.

ACCIDENT RELEASE: On field trips and excursions, students will be transported in private cars of parents, teachers, and/or in a school vehicle. Reasonable precaution will be taken to provide for the safety of children. I request that (name of child(ren)) _____ be transported as stated above, and I relieve Sunbury Christian Academy of any responsibility in the event that my child(ren) should be injured in any way during such activities.

Parent Signature _____

Application, Interview, and Registration Procedures:

Please submit a current transcript or report card copies for the last two school years and any achievement or ability test results for each child applying.

An interview will be scheduled with the administrator after your application, academic records, and discipline history have been evaluated. The interview will be conducted with at least one parent/guardian and student.

A \$50 registration, testing, and interview fee must be paid with the application and is non-refundable.

For your convenience in meeting your financial obligations, tuition is divided into 12 installments. The first payment is due July 1, the last payment is due by May 30. A 2% discount is given if entire annual tuition is paid before July 6.

"I hereby pledge to pay my financial obligations to the school on the date due and understand that a \$20.00 late fee will be assessed when payment has not been RECEIVED by the fifth of the month." Students will be required to withdraw if accounts are not current.

"I give permission for my child to take part in school activities, including sports and school-sponsored trips away from the school premises, and absolve the school from liability to me or my child, because of any injury to my child at school or during any school activity." (Please be aware that we do not have a nurse on the premises. Personnel from CSIU or the Shikellamy School District check the health, speech, and learning difficulties regularly.)

"I agree to uphold and support the high academic standards of the school by providing a place at home for my child to study and give my child encouragement in the completion of any homework or assignments."

"I appreciate the standards of the school and do not tolerate profanity, obscenity in word or action, dishonor to the Trinity and the Word of God, or disrespect to the personnel of the school. I hereby agree to support all regulations of the school in the applicant's behalf and authorize this school to employ such discipline, as it deems wise and expedient for the training for my child. I will support the SCA Code of Student Conduct."

"I understand that the school reserves the right to dismiss any child who fails to comply with the established regulations, including discipline, dress code, SCA Code of Student Conduct, academic requirements, or whose financial obligation remains unpaid."

Signature of Father or Guardian

Signature of Mother or Guardian

Signature of Student

Date

The following are payment selections for the school year. Please select how you will be paying:

1. We will pay our tuition monthly. Yes _____ No _____
 - † Preschool – Grade 12 – **twelve monthly installments**
 - † First payment due on or before July 1.
 - † Last payment due on or before May 30.
2. We will pay our total tuition on or before July 6 (2% discount). Yes _____ No _____
3. My child will be attending K4 (Please check one):
 - _____ Part time – 3 full days
 - _____ Full time – 5 full days
4. My child will be attending Preschool (Please check one):
 - _____ Part time – 3 half days
 - _____ I would like to discuss other options with the administrator

<p><i>SCHOOL USE ONLY</i></p> <p>Enrolling in Grade(s) _____</p> <p>Fees Paid: Registration _____</p> <p style="padding-left: 40px;">Tuition _____</p> <p style="padding-left: 40px;">Sports _____</p>	<p><i>SCHOOL USE ONLY</i></p> <p>Interviewed _____</p> <p>Tested _____</p> <p>Accepted _____</p> <p>Start Date _____</p>
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