



SALEM COUNTY CHRISTIAN ACADEMY

104 Sparks Avenue Pennsville, NJ 08070 856.678.9464

2020/2021 STUDENT REENROLLMENT APPLICATION:

- ❖ Please complete and sign by March 25, 2020 to reserve your enrollment place for the upcoming 2020/2021 school year. Classroom space will be limited to 10 students per grade. **A \$250 reenrollment fee (per family) is due with this application.**

Salem County Christian Academy's Mission:

Salem County Christian Academy is committed to being a leader in distinctive Christian education as we prepare and inspire students to impact their world for Christ. We seek to partner with parents who are fulfilling their God ordained mandate to "Train up a child..." (Prov. 22:6), and who enthusiastically and wholeheartedly support the school's mission to engage students in a Christ-centered education that equips, challenges and guides them to reach their unique potential spiritually, academically, socially, and physically.

Non-Discriminatory Statement:

Salem County Christian Academy welcomes students of any race, color, national and ethnic origin with all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, athletic or other school administered programs.

Acknowledgements and Signatures:

In making application, we acknowledge that we have acquainted ourselves fully with all of the programs, principles and policies of Salem County Christian Academy and that we will cooperate fully with the spiritual, administrative, educational and financial policies of the Salem County Christian Academy. We agree to work as a committed partner in the education of our student(s) as we fulfill our God ordained mandate to "Train up a child..." (Prov. 22:6). We will enthusiastically and wholeheartedly support Salem County Christian Academy's rules and regulations of Christian discipline as practiced by the school.

Signatures of Acceptance and Acknowledgement:

(Both required if child lives with both parents)

Father/Male Guardian _____ Date _____

Mother/ Female Guardian _____ Date _____

STUDENT INFORMATION:

Last Name _____ First _____ MI _____ *Goes by _____
Grade Entering ____ *S.S. # ____/____/____ Date of Birth ____/____/____ Sex (____ Male ____ Female)
Student(s) lives with (check one) ____ Both parents ____ Mother ____ Father ____ Grandparents ____ Guardians

Has the applicant ever repeated a grade? ____ Yes ____ No If yes what grade? _____

Please explain _____

Has the applicant ever been suspended or expelled from school? ____ Yes ____ No If yes when? _____

Please explain _____

Will your child need our Extended Care/Academic Assistance or Late Stay program? ____ Yes ____ No

Please explain _____

*optional information: not required for admission

SECOND STUDENT INFORMATION:

Last Name _____ First _____ MI _____ *Goes by _____
Grade Entering ____ *S.S. # ____/____/____ Date of Birth ____/____/____ Sex (____ Male ____ Female)
Student(s) lives with (check one) ____ Both parents ____ Mother ____ Father ____ Grandparents ____ Guardians

Has the applicant ever repeated a grade? ____ Yes ____ No If yes what grade? _____

Please explain _____

Has the applicant ever been suspended or expelled from school? ____ Yes ____ No If yes when? _____

Please explain _____

Will your child need our Extended Care/Academic Assistance or Late Stay program? ____ Yes ____ No

Please explain _____

*optional information: not required for admission

Please explain _____

Will your child need our Extended Care/Academic Assistance or Late Stay program? ____ Yes ____ No

Please explain _____

*optional information: not required for admission

THIRD STUDENT INFORMATION:

Last Name _____ First _____ MI _____ *Goes by _____
Grade Entering ____ *S.S. # ____/____/____ Date of Birth ____/____/____ Sex (____ Male ____ Female)
Student(s) lives with (check one) ____ Both parents ____ Mother ____ Father ____ Grandparents ____ Guardians

Has the applicant ever repeated a grade? ____ Yes ____ No If yes what grade? _____

Please explain _____

Has the applicant ever been suspended or expelled from school? ____ Yes ____ No If yes when? _____

Please explain _____

Will your child need our Extended Care/Academic Assistance or Late Stay program? ____ Yes ____ No

Please explain _____

*optional information: not required for admission

FAMILY INFORMATION:**Father or Male Guardian**

Name _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Home Phone _____

Cell Phone _____

Employer: _____ + _____

Occupation _____

Work Phone _____

Mother or Female Guardian

Name _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Home Phone _____

Cell Phone _____

Employer: _____

Occupation _____

Work Phone _____

CHURCH ATTENDANCE INFORMATION:

Church Attending: _____ Pastor: _____

Church Address _____ City _____ State _____ Zip _____

Church Website: _____ Church E-mail _____

Regularly Attends: __ Sunday School __ Morning Worship __ Evening Worship __ Mid-Week Service

- Please note that as a Christian school, SCCA families are expected to be a part of a church or faith community or actively seeking a relationship with a church or faith community.

Authorized Student(s) Pick Up Agreement:

At SCCA we take your child's safety very seriously. Please list below those that will be allowed to pick up your child from school. Please note we will only release your child to those to whom you have given specific written permission below.

SCCA will ask for written authorization and a picture ID of all who are not your child's normal contact.

Individual's Name	Complete Address	Contact Phone	Driver's License
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____

Please indicate if restrictions are placed on anyone that the school should be aware of who is/are not allowed custody or contact with your child. _____

Salem County Christian Academy

2020/2021 TUITION RATES AND FINANCIAL ID INFORMATION

Student Grade	First Student	Additional Student(s)	Textbook/Technology/Fees
PK3 and PK4 FULL	5,200.00	4,160.00	
PK3 and PK4 Half Day	2,800.00	2,450.00	
PK3 and PK4 3 day	3,500.00	2,800.00	
PK3 and PK4 2 day	2,200.00	2,000.00	
Kindergarten	6,850.00	4,500.00	
1-5 Grades	7,350.00	5,580.00	250.00 - \$125 (twice Year)
6-12 Grades	7,600.00	6,080.00	400.00 - \$200 (twice Year)

Tuition Payment Options:

Tuition Payment Plans: (please check one)

- ☐ **Plan A:** 1 payment option: full amount due by July 1 (\$250 per student discount) payable to SCCA
- ☐ **Plan B:** 2 payment option ½ of full tuition in August and the second ½ in January
- ☐ **Plan C:** 10-month payment option: (Aug-May) through the FACTS tuition payment plan
- ☐ **PLAN D:** 12-month payment option: (July-June) through the FACTS tuition payment plan

Tuition Assistance and Financial Aid:

Salem County Christian Academy makes a Christian education affordable with more than \$250,000.00 in annual financial assistant grants, scholarships and designated awards for qualified and mission appropriate families. **20%** multiple student discount for families, **50 - \$1,000** Shepherd scholarships from supporting churches, **50 – \$500.00** scholarships for students in the areas of academic achievement, fine arts, drama, music, technology and community service. **10 - \$1,000** scholarships from alumni and SCCA supporters, and **100 - \$1,000** grants for economically disadvantaged families.

Please be sure to complete our online FACTS financial aid assessment for eligibility. Deadline for financial aid applications in March 15, 2020 and funds are limited. Contact our business office for more details.

Financial aid awards will be distributed in 10 or 12 equal installments and students and families must meet expected behavior, academic commitment and volunteer responsibilities to qualify. Any students or families not fulfilling those commitments will lose or have their funds reduced.

V.I.P (Volunteer Incentive Program) please check one:

- ☐ I plan to volunteer 25 hours (\$300 grant per family) during the 2020/2020 School year in pre-approved areas of need. I am interested in: _____.
- ☐ I do not plan to be involved in the VIP program or the \$250.00 grant per family.