

2019-2020 APPLICATION FOR ADMISSION

New Family Application SALEM COUNTY CHRISTIAN ACADEMY

STUDENT INFORMATION:

Last Name _____ First _____ MI _____ *Goes by _____

Grade Entering _____ *S.S. # ____/____/____ Date of Birth ____/____/____ Sex (☐ Male ☐ Female)

Last grade completed _____ Grade entering _____ *e-mail address: _____

Applicant lives with (check one) ☐ Both parents ☐ Mother ☐ Father ☐ Grandparents ☐ Guardians

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

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

School presently enrolled or last attended _____

School's address _____

City _____ State _____ Zip _____ Phone _____

Will your child need to be registered in **Extended Care/Late Stay** program? ☐ Yes ☐ No

***optional information: not required for admission**

FAMILY INFORMATION:

Father or Male Guardian

Name _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Home Phone _____

Work Phone _____

Cell Phone _____

Employment: _____

Occupation _____

Mother or Female Guardian

Name _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Home Phone _____

Work Phone _____

Cell Phone _____

Employment: _____

Occupation _____

CHURCH INFORMATION:

Pastor's Name: _____

Name, Address, Phone # of Church: _____

Phone #: _____

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

Tuition Payment Options

- ☐ **1 payment option:** full amount due by July 1 (\$200 per student discount) payable to SCCA
- ☐ **2 payment option** ½ of full tuition in August and the second ½ in January
- ☐ **10-month payment option:** (Aug-May) through the FACTS tuition payment plan
- ☐ **12-month payment option:** (July-June) through the FACTS tuition payment plan

Tuition Payment Plans: (please check one)

- ☐ Plan A Full amount of tuition by July 1 (\$200 per student discount)
- ☐ Plan B ½ of tuition paid in August and the remainder in January 2020
- ☐ Plan C 10% of total tuition by July 1, remainder divided into 10-monthly payments (Aug-May)
- ☐ Plan D 12-month payment plan (July-June)

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

- ☐ I plan to volunteer 10 hours during the 2019-2020 School year in pre-approved areas
- ☐ I do not plan to be involved in the VIP program, please bill my account \$250
 - ☐ I plan to pay the \$250 in one payment
 - ☐ Divide the \$250 into _____ monthly payments beginning with the August payment.

NON-DISCRIMINATORY STATEMENT

Salem County Christian Academy admits students of any race, color, national and ethnic origin to 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.

In making application, we acknowledge that:

- ✓ We have acquainted ourselves fully with the program and policies of the school
- ✓ We will cooperate fully with the administrative, educational and financial policies of the school.
- ✓ We agree that our child will be held subject to the rules and regulations of Christian discipline as practiced by the school.

Signatures: (Both required if child lives with both parents)

Father/Male Guardian _____ Date _____

Mother/ Female Guardian _____ Date _____

List below those that will be allowed to pick up your child from school: (note we will only release your child to those to whom you have given specific written permission below) 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. SCCA will ask for picture ID of all who are not your child's normal contact.

Name:	Address	Phone:	Driver's License #
1 _____	_____	_____	_____
2 _____	_____	_____	_____