

Please use Blue or Black Ink Only

OFFICE USE ONLY

Date _____
Application _____
App. Fee _____
Reg. Fee _____
Tested _____
Interview _____

SMITHTOWN CHRISTIAN ACADEMY, inc

1593 W HWY 92 Stearns, Ky 42647
(606)310-1558

Application Date _____ Applying for Grade _____ School Year _____

Method of Payment: Payment in Full ☐ 10 Monthly Payments ☐

STUDENT INFORMATION

Name _____
(Last) (First) (Middle)
Name preferred (nickname, abbreviation, etc.) _____
Address _____ City _____ State _____
Zip _____ Telephone _____ email _____
Age _____ Sex _____ Birth Date ____/____/____ Birthplace _____
(City) (State) (Country)
Last School Attended _____ Last Grade Completed _____
Address _____ City _____ State _____ Zip _____ Phone _____

FAMILY INFORMATION

Father/Guardian _____
Address _____
Employer _____ Position _____ Business/Cell _____
Mother/Guardian _____
Address (If different from Father) _____
Employer _____ Position _____ Business/Cell _____
Emergency Telephone Number other than those already listed _____
Marital Status: ☒ Married ☐ Divorced ☐ Remarried ☐ Separated ☐ Widowed ☐ Widower ☐ Single
If divorced, who has legal custody? ☐ Father ☐ Mother ☐ Joint ☐ Other (Explain) _____

Copy of legal custody document must be in student file.

Children in family of school age if not applying:

Name _____	Age _____
Name _____	Age _____
Name _____	Age _____

Reason they are not applying:

RELIGIOUS INFORMATION

Church Attending _____ Pastor _____
Address _____ Phone _____

PLEASE CHECK THE APPROPRIATE ANSWER

Church Attendance: Regular (3-4 Weeks a Month) Occasional (Once Per Month) Seldom

Applicant _____ Regular _____ Occasional ☒ ☐ _____ Seldom

Father _____ Regular _____ Occasional _____ Seldom

Mother _____ Regular _____ Occasional _____ Seldom

We request that you consider the following items and respond to them for our mutual understanding:

A. How do you provide spiritual training for children in the home? _____

B. What goals do you have in mind for the training and development of your child(ren) as individuals? _____

C. What are your reasons for wanting enroll you child(ren) in Smithtown Christian Academy? _____

SCHOLASTIC INFORMATION

Has this student ever been suspended, dismissed or refused admission to another school? Yes ☐ No ☐

If yes, explain: _____

Please indicate if any of the following apply to the previous school, to the home, or to other instances:

☐ Behavioral and/or disciplinary problems

☐ Placed on probation

Explain: _____

Has the student ever skipped a grade? _____ Repeated a grade? _____ If so, please explain:

When calling your previous school, what comment could we anticipate?

Good Student

Discipline Problem

Learning Disabilities

Is there anything you feel we should know about your child in order to teach or discipline him/her effectively?

Explain:

Does the applicant have any mental, emotional or physical handicaps that may affect his/her activities or progress that should be known? If yes, please explain:

Please indicate academic level of student's previous work:

Excellent

Good

Average

Poor

MEDICAL INFORMATION

Family Physician _____ Phone _____

Does child have any physical disabilities or allergies? _____

Explain: _____

Are there any diagnosed learning disabilities such as dyslexia, ADD, ADHD, etc., that requires special treatment and/or programs?

☐ Yes ☐ No If yes, explain: _____

Is child on medication? ☐ Yes ☐ No If yes, please list medications and explain usage: _____

FINANCIAL INFORMATION

Smithtown Christian Academy is tuition driven, its basic program dependent entirely upon student tuition and fees.

REFERENCES

Please give three(3) complete references. Please include a former school teacher as well as a Sunday school teacher if possible.

Name

Address

Phone

Name

Address

Phone

Name

Address

Phone

CERTIFICATION OF INFORMATION

We hereby certify that the above answers are true and are made with no reservations beyond those in the attached explanations.

Date: _____ Father/Guardian Signature: _____

Date: _____ Mother/Guardian Signature: _____

STUDENT(S) _____

SCHOOL/GRADE _____

**CONSENT FOR RELEASE
OF PERSONALLY IDENTIFIABLE INFORMATION**

For the purpose of this release, personally identifiable information shall be limited to the student's name, photograph, video, yearbook, school website, or newsletter of student.

I, the undersigned, do do not give permission to Smithtown Christian Academy staff to release personally identifiable information from the above named student for the sole purpose of use in the class photograph, school or local newspaper or other media, school programs, personal or class recognition, involvement in school activities, as well as approved fund raising and support requests from parent organizations.

Signature of Parent/Guardian

Date

PARENT'S CODE

1. I will pray earnestly for Smithtown Christian Academy.
2. I will cooperate fully in the educational functions of SCA doing my best to make Christian education effective in the life of each of my children that he or she may love and serve the Lord Jesus Christ all of his or her life. **I will not take up the offense of my child.**
3. I will pay all of my financial obligations to SCA on or before the date due. If I am ever unable to pay on time, I will notify the school in advance, a) Giving a reasonable explanation for the delay, and b) stating when payment can be made.
4. I will support the school by gifts in addition to my tuition payments and fees, as the Lord enables. As God has prospered us, may we be faithful to Him.
5. I will undertake volunteer duties and responsibilities for SCA as opportunities arise and as God provides time and strength.
6. I will recommend SCA to other Christian families as opportunities arise.
7. I will attend meetings and parent functions of the school regularly, and will make every effort to have my child present at all school programs.
8. If I become dissatisfied with the school in any respect, I will seek to resolve the matter with the person or persons most directly involved rather than to spread criticism or hold a negative attitude in my heart. **I will go to the teacher first, Principal second, School Board last. (Not Church Leadership).**
9. I will seek the advancement of SCA in all areas. **I will speak positively about the school in the community and support all school efforts to accommodate my child.**

Signature

Date

Complete entirety of card.
Information and Emergency Health Card

Student Name (Last, First, Middle Initial)	Preferred Name	Grade	M/F	Birth Date

Student Address	Phone			
_____	_____			
Parent's E-mail Address				

Father/Guardian				

Home Phone				

Address		Cell Phone		
_____		_____		
Employer	Position	Business Phone		
_____	_____	_____		
Mother/Guardian	Home Phone			
_____	_____			
Address		Cell Phone		
_____		_____		
Employer	Position	Business Phone		
_____	_____	_____		
Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/>	<input type="checkbox"/> Divorced <input type="checkbox"/>	<input type="checkbox"/> Remarried <input type="checkbox"/>	<input type="checkbox"/> Separated <input type="checkbox"/>
divorced, who has legal custody?	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Joint	<input type="checkbox"/> Widow/Widower <input type="checkbox"/> Single If
Other _____				
Give 3 LOCAL PEOPLE whom we could call in case of emergency when you or the caregiver cannot be reached.				
Name	Address	Phone	Relationship	
1. _____	_____	_____	_____	
2. _____	_____	_____	_____	
3. _____	_____	_____	_____	
Caregiver	_____			Phone
_____	_____			_____
Family Physician	_____			Phone
_____	_____			_____
Hospital Preferred	_____			
Permission to use: Tylenol	_____	Advil	_____	Neosporin
_____	_____	_____	_____	_____
Allergies, Medications, or Other Concerns: _____				

Insurance Company	_____			Policy Number
_____	_____			_____
Insured's Name	_____			In Case of Emergency Contact
_____	_____			_____

Parent Permission and Medical Release

I hereby give permission to Smithtown Christian Academy staff to obtain any necessary medical treatment or hospital care for the above mentioned child in the event of an emergency. I understand that all reasonable safety precautions will be taken at all times by the Smithtown Christian Academy staff. I also understand that if medical attention is needed, every reasonable attempt will be made to notify me and/or the emergency person.

Signature of Parent or Guardian _____

PICK UP LIST

In an on-going effort to safeguard your child, we are implementing a pick up list. Only people who are on this list will be allowed to take your child off the school premises. If you want someone not on this list, to pick up your child, the child or driver must have a written note with your signature or they will not be released to them.

Students Name _____ Home Phone _____

	NAME	PHONE	RELATIONSHIP TO STUDENT
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Parent Signature _____ Date _____

STATEMENT OF COOPERATION

Student's Full Name _____

In making this application, we affirm our commitment to the policies, procedures, and Statement of Faith as listed below:

- A. Although children of many Christian denominations make up the Smithtown Christian Academy student body, each student and parent enter with the awareness that all teaching will be based upon the school's Statement of Faith.
- B. Smithtown Christian Academy accepts the doctrine of "in loco parentis" (or in the place of the parents). We emphatically view the school, home, and local church as a partnership and the school's primary function to assist parents in fulfilling their responsibility to "train up a child in the way they are to go." (Prov. 22:6)

Furthermore, I/we agree:

1. To authorize Smithtown Christian Academy to exercise its prerogatives as explained above in its role "in loco parentis" on behalf of my child. I/We understand that this includes permission: (a) to discipline as deemed wise and expedient for my child; (b) to counsel my child Biblically; (c) to be counseled Biblically when matters of my child's welfare arise. (Proverbs 13:24; 19:18; 29:15; Ephesians 6:1-2; Hebrews 12:6)
2. That, if our son/daughter is involved in any disciplinary action, or should become involved in any trouble with other students, or should a misunderstanding arise between my student and the teacher, we will endeavor to settle any grievances quickly and according to scriptural principles (Matthew 18 and Galatians 6).
3. That assessments will be made to cover damage to school property (including breakage of windows, abuse of books, etc.)
4. That the school may at any time dismiss a student who, in the opinion of the administration, has a scholastic or conduct record that does not fit into the spirit of the school, regardless of whether or not the student conforms to the specific rules and regulations of the school. I understand that attendance at Smithtown Christian Academy is a privilege and not a right.
5. To pay tuition according to the schedule or to other arrangements that shall be made. I/We understand that report cards may be withheld if required payments are not made or arranged for. I/We also understand that if my account is past due, and no arrangements have been made, my child will no longer be able to attend Smithtown Christian Academy.
6. To give permission for my child to take part in all school activities, including school sponsored field 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.
7. To help my child with homework when necessary and cooperate with the academic goals of the school.
8. To give the school permission (in case of emergency) to provide or obtain appropriate medical help for my child.

I have read or will read the above Statement of Cooperation and the Parent/Student Handbook and fully understand and agree to support the conditions and terms as stated. (Signature required by both parents)

Signature of father or guardian /date

Signature of mother or guardian/date

