



# Application for Admission

Applications are complete when Sarasota Christian School has received the following:

- Application for admission
- \$100 non-refundable application fee (*\$200 maximum per family*)
- Standardized achievement test results
- Current and previous year report cards
- Transcript (*high school students only*)
- Disciplinary records (*middle and high school students only*)

## STUDENT INFORMATION

Date \_\_\_\_\_ Current Grade \_\_\_\_\_ Applying for Grade \_\_\_\_\_

Student Name \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST) (PREFERRED NAME)

Home Address \_\_\_\_\_  
(STREET or P.O. BOX)

\_\_\_\_\_ (CITY) (STATE) (ZIP)

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Ethnic Background \_\_\_\_\_ *optional-for-reporting-purposes-only*

Current School \_\_\_\_\_ Dates Attended \_\_\_\_\_

School Address \_\_\_\_\_  
(STREET or P.O. BOX)

\_\_\_\_\_ (CITY) (STATE) (ZIP)

School Phone (\_\_\_\_) \_\_\_\_\_ School Fax (\_\_\_\_) \_\_\_\_\_

For which public school is student districted? \_\_\_\_\_

How did you hear about Sarasota Christian School?  Church  Newspaper  Magazine

Television  Radio  Online  Referred by: \_\_\_\_\_  Other \_\_\_\_\_

Our Student is:

First time applicant  Former SCS student  Previous applicant

Our Family is:

New to SCS  Returning to SCS  Current SCS family

### For School Use Only

- |  |  |
|--|--|
| _____ Application  | _____ Birth Certificate                        |
| _____ Application Fee                                    | _____ Social Security Card                     |
| _____ Discipline Report ( <i>6th-12th grades</i> )       | _____ Physical Exam Form                       |
| _____ Special Services Report ( <i>if applicable</i> )   | _____ Immunization Form                        |
| _____ Teacher Evaluation Report ( <i>if applicable</i> ) | _____ Health History Form                      |
| _____ Testing/Interview                                  | _____ Emergency Care Consent Form              |
| _____ Approval   | _____ Family Contact Information Form          |
| _____ Enrollment Agreement                               | _____ After-Care Form ( <i>if applicable</i> ) |
| _____ Enrollment Fee                                     |  |

5415 Bahia Vista Street  
Sarasota, FL 34232  
Phone: 941.371.6481  
Fax: 941.371.0898  
www.SarasotaChristian.org  
admissions@sarasotachristian.org

# PARENT INFORMATION

## 1. Parent/Guardian

(TITLE) (FIRST) (MIDDLE) (LAST) (PREFERRED NAME)

Relationship \_\_\_\_\_ If SCS graduate, year of graduation \_\_\_\_\_

Home Address \_\_\_\_\_  
(STREET or P.O. BOX) (CITY) (STATE) (ZIP)

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Occupation/Position \_\_\_\_\_

## 2. Parent/Guardian

(TITLE) (FIRST) (MIDDLE) (LAST) (PREFERRED NAME)

Relationship \_\_\_\_\_ If SCS graduate, year of graduation \_\_\_\_\_

Home Address \_\_\_\_\_  
(STREET or P.O. BOX) (CITY) (STATE) (ZIP)

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Occupation/Position \_\_\_\_\_

## 3. Parent/Guardian

(TITLE) (FIRST) (MIDDLE) (LAST) (PREFERRED NAME)

Relationship \_\_\_\_\_ If SCS graduate, year of graduation \_\_\_\_\_

Home Address \_\_\_\_\_  
(STREET or P.O. BOX) (CITY) (STATE) (ZIP)

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Occupation/Position \_\_\_\_\_

## 4. Parent/Guardian

(TITLE) (FIRST) (MIDDLE) (LAST) (PREFERRED NAME)

Relationship \_\_\_\_\_ If SCS graduate, year of graduation \_\_\_\_\_

Home Address \_\_\_\_\_  
(STREET or P.O. BOX) (CITY) (STATE) (ZIP)

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Occupation/Position \_\_\_\_\_

Marital status of student's parents:  Married  Separated/Divorced  Widowed  Single

Student resides with:  Parents  Mother  Father  Other \_\_\_\_\_

## FAMILY INFORMATION

### Student's Siblings:

_____	_____	_____
(NAME)	(GRADE)	(SCHOOL ATTENDING)
_____	_____	_____
(NAME)	(GRADE)	(SCHOOL ATTENDING)
_____	_____	_____
(NAME)	(GRADE)	(SCHOOL ATTENDING)

### Student's Grandparents: *(to keep grandparents informed about school activities including Grandparents' Day)*

#### Paternal Grandfather

_____	_____	_____	_____
(TITLE)	(FIRST)	(LAST)	(PREFERRED NAME)
Home Address _____	_____	_____	_____
(STREET or P.O. BOX)	(CITY)	(STATE)	(ZIP)
Home Phone (____) _____	E-mail _____		

#### Paternal Grandmother

_____	_____	_____	_____
(TITLE)	(FIRST)	(LAST)	(PREFERRED NAME)
Home Address _____	_____	_____	_____
(STREET or P.O. BOX)	(CITY)	(STATE)	(ZIP)
Home Phone (____) _____	E-mail _____		

#### Maternal Grandfather

_____	_____	_____	_____
(TITLE)	(FIRST)	(LAST)	(PREFERRED NAME)
Home Address _____	_____	_____	_____
(STREET or P.O. BOX)	(CITY)	(STATE)	(ZIP)
Home Phone (____) _____	E-mail _____		

#### Maternal Grandmother

_____	_____	_____	_____
(TITLE)	(FIRST)	(LAST)	(PREFERRED NAME)
Home Address _____	_____	_____	_____
(STREET or P.O. BOX)	(CITY)	(STATE)	(ZIP)
Home Phone (____) _____	E-mail _____		

## EDUCATIONAL INFORMATION

What are the student's co-curricular and/or special interests? \_\_\_\_\_  
\_\_\_\_\_

Has the student ever been diagnosed with a learning difference, been recommended for counseling or special services such as occupational/speech therapy, or received an Individual Education Plan (IEP)?  Yes  No

If yes, briefly describe \_\_\_\_\_  
\_\_\_\_\_

Has the student ever had behavioral difficulties in school such as probation, suspension, expulsion?  Yes  No

If yes, briefly describe \_\_\_\_\_  
\_\_\_\_\_

# CHRISTIAN LIFE

*SCS partners with churches and families.*

Church \_\_\_\_\_ Denomination \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Pastor's Phone ( \_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_  
(STREET or P.O. BOX) (CITY) (STATE) (ZIP)

How long have you been attending this church? \_\_\_\_\_

What is your family's statement of faith? \_\_\_\_\_

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Why are you choosing Sarasota Christian School for your child? \_\_\_\_\_

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## PARENT/STUDENT COVENANT WITH SCS

We understand that being a part of Sarasota Christian School is a privilege and responsibility. We covenant with the school to:

1. Be respectful to God, others, self, and property.
2. Develop in faith by regular participation in church and youth activities.
3. Keep in regular communication with the church and SCS concerning spiritual, emotional, and academic development.
4. Support the school with prayer and finances.
5. Provide positive leadership and volunteer whenever possible.
6. Ensure daily attendance at SCS and promptly report any absences or tardies to the school's office.
7. Be prepared for class activities with appropriate working materials and assignments.
8. Be supportive of the school's standards, policies, and behavioral expectations as stated in the Parent/Student Handbook.

## APPLICATION SIGNATURES

Father/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Student (grades 6 to 12) \_\_\_\_\_ Date \_\_\_\_\_

*Sarasota Christian School admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities made available to students of the school.*