

APPLICATION FOR ADMISSION



These forms are to be completed by a parent or guardian and returned to the Academy. An application fee of \$75 and a book and supply fee of \$250 for Kindergarten, \$300 for first grade and up, must be attached. No part of this fee is refundable. If you are a returning SCA student the \$75 application fee is waived.

APPLICANT

MALE _____ FEMALE _____ GRADE _____

Full Legal Name _____

Name Student Prefers (Nickname) _____

Date of Birth _____ Age _____

Place of Birth _____ Citizenship _____

List Schools Attended (begin with current school)

PARENTS

1st Parent Mr. Mrs. Dr. Ms.

Name _____

Home Address _____

City, State, Zip _____

Phone _____

Email _____

Employer _____

Occupation _____

Work Phone _____

2nd Parent Mr. Mrs. Dr. Ms.

Name _____

Home Address _____

City, State, Zip _____

Phone _____

Email _____

Employer _____

Occupation _____

Work Phone _____

Parents are separated or divorced? Yes No
If so, with whom is the applicant living? _____

Should correspondence be mailed to both parents? 1st Parent 2nd Parent Both

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Siblings

Grade/Age

School Attending

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMERGENCY CONTACTS

Name

Phone

Relationship

Name

Phone

Relationship

MEDICAL & EMERGENCY INFORMATION

Doctor _____

Phone _____

Preferred Hospital _____

Known Allergies _____

If yes, does your child require an EpiPen? YES NO

Does your child take medication of any kind? YES NO

If yes, please specify in detail.

Please describe any other medical conditions or disabilities in detail.

Does your child have any dietary restrictions? YES NO

If yes, please specify in detail.

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ACADEMIC INFORMATION

Has the applicant ever skipped or repeated a grade? YES NO
If yes, please state the grade(s) and circumstances involved.

Has the applicant ever been dismissed from any school for any reason? YES NO
Suspended? YES NO
Asked to withdraw? YES NO

Has the applicant ever been diagnosed with a learning disability or are there any particular circumstances which may have affected the applicant in school? YES NO
If yes, please specify in detail.

Has the applicant ever had an IEP or 504 plan? YES NO
If yes, please provide the most recent documentation.

Additional Comments

Who referred you to SCA?

I certify that the information provided on this application is accurate and complete to the best of my knowledge.

Parent/Guardian Signature

Date