



# SUMMIT CHRISTIAN ACADEMY ENROLLMENT FORM 2011-2012

Attach photo of student.

Return to: Admissions Office  
Summit Christian Academy  
200 E Broadway  
Broken Arrow, OK 74012  
Phone # 918-251-1997  
Fax # 918-251-2831

Student's Legal Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Preferred Name) \_\_\_\_\_  
*(Please print name exactly as it should appear on all permanent records)*

Current Grade \_\_\_\_\_ Applying for Grade \_\_\_\_\_  Male  Female \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Age Date of Birth

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Phone Parental E-Mail Address Student's Cell

Ethnic Background  Asian  African Am  Native Am  Hispanic  Caucasian  Other \_\_\_\_\_

If languages other than English are spoken in the home, please list \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Father's Email \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Legal Guardian  Yes  No Does the student live with this parent?  Yes  No

Employer's Name \_\_\_\_\_ City \_\_\_\_\_

Position \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Mother's Email \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Legal Guardian  Yes  No Does the student live with this parent?  Yes  No

Employer's Name \_\_\_\_\_ City \_\_\_\_\_

Position \_\_\_\_\_ Work Phone \_\_\_\_\_

Parents' Marital Status  Married  Separated  Divorced  Remarried  Widowed  Single

Please check all that apply.  Student lives with both parents  Parents are separated

Student lives with father  Student lives with mother  Parents are divorced

Father is deceased  Mother is deceased  Grandparent(s) has (have) custody

Father has custody  Mother has custody  Other \_\_\_\_\_

Custody arrangements have been court adjudicated. (If applicable, a notarized copy of such adjudication must be filed along with the application before enrolling the student.)

Person(s) responsible for payment of tuition and fees:

\_\_\_\_\_  
Name Address Phone

Current and previous school(s) attended, dates, and reasons for leaving (If needed, please continue on a separate page.)

Name of School	Dates	Reason for Leaving
_____	_____	_____
_____	_____	_____

Names, ages, grades, and current schools of all siblings (If additional space is needed, please continue on a separate page.)

Name	Age	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____

In the event of an emergency, if a parent cannot be reached, whom may we contact? Note: This must be a local number.

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home \_\_\_\_\_ Cell/ Wk \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home \_\_\_\_\_ Cell/ Wk \_\_\_\_\_

List people other than parents and emergency contacts who are authorized to pick up student from school

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home \_\_\_\_\_ Cell/ Wk \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home \_\_\_\_\_ Cell/ Wk \_\_\_\_\_

Has the applicant ever

Yes No (If additional writing space is needed, please continue on separate page.)

Repeated a grade? If yes, what grade? \_\_\_\_\_

Attended or made application to Summit Christian Academy? If yes, what year(s)? \_\_\_\_\_

Reason for leaving current school? \_\_\_\_\_

Is the student able to return?

Been suspended or expelled (or been recommended for suspension or expulsion or asked to leave) from any school for any reason? If yes, explain and include the dates and the name of the school and principal.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Been denied admission to a school? If yes, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Been home-schooled? If yes, give dates, grade level(s) and curriculum used \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check the boxes below if any of these statements are true and explain on a separate page. Please include any professional documentation. This student has

<input type="checkbox"/> exhibited learning disabilities	<input type="checkbox"/> physical handicaps	<input type="checkbox"/> chronic illness
<input type="checkbox"/> tested for a learning disability	<input type="checkbox"/> history of medication	<input type="checkbox"/> emotional difficulties
<input type="checkbox"/> been diagnosed as learning disabled	<input type="checkbox"/> current medication	<input type="checkbox"/> psychological difficulties
<input type="checkbox"/> demonstrated negative social behavior (i.e., disrespect, fighting, name calling)? If yes, explain _____		

\_\_\_\_\_

In the event both parents are unreachable, I hereby authorize Summit Christian Academy to take my child to the nearest facility for emergency treatment. Further, I authorize the use of any licensed physician and/or medical treatment center to administer emergency treatment.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please use the space below for other pertinent information about your child or family situation that could help SCA meet your child's needs. If you prefer, you may attach a separate page. \_\_\_\_\_

Has student made a profession of faith in Jesus (Romans 10:9-10?)  Yes  No

Where do you attend church? \_\_\_\_\_ Denomination/Affiliation \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Length of attendance \_\_\_\_\_

How did you hear about Summit Christian Academy? (Please circle)

Mail                      Friend                      Church                      Website                      Other (\_\_\_\_\_)

I affirm that all the information in this application is true and accurate to the best of my knowledge. I understand that providing false information or omission of pertinent information could be reason for rejection of the application or dismissal of my child from Summit Christian Academy. I also understand that I may be asked to provide additional written information.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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

**\* Please notify the school office if any information concerning your student changes throughout the year.  
Payment will be processed upon acceptance.**

#### NOTICE OF NON-DISCRIMINATORY POLICY AS TO STUDENTS

Every individual is unique, created in the image of God. Summit Christian Academy will admit a child provided, in the opinion of the school administration, the pupil can benefit from the academic program and activities planned by the school. Summit Christian Academy does not discriminate and shall not tolerate discrimination on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, athletic and other school-administered programs.

#### For Office Use Only:

Enrollment Fee \_\_\_\_\_ Curriculum & Technology Fee \_\_\_\_\_

Method of Payment \_\_\_\_\_ Method of Payment \_\_\_\_\_

Date Received \_\_\_\_\_ Date Received \_\_\_\_\_

Administrative Signature \_\_\_\_\_ Date Approved \_\_\_\_\_