

SUNCOAST CHRISTIAN ACADEMY
5561 HYPOLUXO RD. LAKE WORTH FL 33463
Phone: 561-641-1446 Fax: 561-433-1226 Email: SCA@suncoast.cc

APPLICATION FOR ADMISSION
School Year 2009-2010

Student's Name _____
Last First Middle SSN#

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Sex _____ Birth Date _____ Citizenship _____

Race/Ethnicity: _____ American Indian or Alaskan Native _____ Asian _____ Black or African American _____ Hispanic or Latino _____ Native Hawaiian or Pacific Islander _____ White

Last school attended: _____

Does student have an I.E.P. on file in any school district? _____ If so, where and reason for I.E.P.? _____

I wish to apply for following program:

3 year old: _____ 8am-3pm

VPK students: _____ 8am-11am _____ 12noon-3pm _____ full time 8am-3pm

School Age/ Grade: _____

Has the child ever been dismissed/suspended from any school? _____ Yes _____ No

If "Yes," please explain _____

Health problems? (Allergies, asthma, epilepsy, heart condition, etc.) _____

Physical disabilities? (Speech, hearing, sight, mobility, etc.) _____

FAMILY INFORMATION SECTION

Father's Name: _____ *Mother's Name:* _____

Address: _____ *Address:* _____

Home Phone: _____ *cell:* _____ *Home Phone:* _____ *cell:* _____

Citizenship : _____ *Citizenship:* _____

Business Address: _____ *Business Address:* _____

Business Phone: _____ *Business Phone :* _____

Religious Affiliation: _____ *Religious Affiliation :* _____

Education: _____ *High School* _____ *College* _____ *Education:* _____ *High School* _____ *College* _____

Marital Status: _____ *Married* _____ *Widower* _____ *Marital Status:* _____ *Married* _____ *Widow* _____

Divorced _____ *Divorced* _____

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Other children in family

Name _____ DOB _____ Age _____

Name _____ DOB _____ Age _____

Name _____ DOB _____ Age _____

GENERAL INFORMATION

We desire to enroll this child in Suncoast Christian Academy because _____

What are your expectations and concerns with regard to your child's religious education and development? _____

What are your expectations of Suncoast Christian Academy? _____

Please provide the following references

School Teacher or Counselor (From most recent school attended)
Name, Address, Phone Number _____

Minister (If applicable)
Name, Address, Phone Number _____

Suncoast Christian Academy, Inc. located at 5561 Hypoluxo Road, Lake Worth, FL.33463 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, and athletic and other school administered programs.

PLEASE NOTE Florida law prohibits admittance to school if a Student does not have a current 680 Immunization Form on file.

What we expect of you, the parent.

1. Foster a positive relationship by cooperation, planning and visiting your child's classroom during open house and other school functions.
2. Help your child prepare for school and ensure regular, adequate sleep, good nutrition, completion of homework and other responsibilities assigned.
3. Supply required records, including birth certificate and immunization, and plan at least two conferences with the teacher each year and others as needed.
4. Participate in as many school functions as possible such as PTSO meetings and fund raising projects.
5. Support the school by fulfilling your financial obligations and making your payments on time.

I certify that **no** information relevant to my child's admission has been withheld. I agree to the terms of this application and to the policies of the school, in general, as outlined in this application and in particular as detailed in the PARENT HANDBOOK.

_____ / _____ Date _____
Parent/Guardian Signature