Application to Southernmost Christian Academy

Date of Application

Applying for grade

Student Information

Last Name

First

Middle

Goes by

Date of Birth

Student lives with

Email

Parent Information

Please list the father's information first unless he does not live with the student; if the student lives with the mother or another guardian list that person first.

Parent #1

Title (Rev. Dr. Mr. Mrs. Ms.)

Last

First

Street Address

Apt #

City

State

Zip

Mailing Address (if different)

City

State

Zip

Home Phone

Work Phone

Ext

Employer

Cell Phone

Parent #2

Title (Rev. Dr. Mr. Mrs. Ms.)

Last

First

Street Address

Apt #

City

State

Zip

Mailing Address (if different)

City

State

Zip

Home Phone

Work Phone

Ext

Employer

Cell Phone

Billing Information for Responsible Party *(if different from above)*

Last

Title (Rev. Dr. Mr. Mrs. Ms.)

First

MailingAddress (if different)

Street Address

Apt #

City

State

Zip

City

State

Zip

Home Phone

Cell Phone

Work Phone

Ext

Employer

Sibling Information

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

If you have any children of school age who will not be enrolling in SMCA, please explain the reason(s):

Church Background

Church Affiliation

Has the student made a profession of faith in Jesus Christ? | At what age?

Has the student been baptized? | At what age?

Which best describes the student's church attendance?

- ☐ Active in church
- ☐ Attends occasionally
- ☐ Attends Sunday School or church only
- ☐ Attends few times a year

Which best describes the parent(s)' church attendance?

Parent #1

- ☐ Active in church
- ☐ Attends occasionally
- ☐ Attends Sunday School or church only
- ☐ Attends few times a year

Parent #2

- ☐ Active in church
- ☐ Attends occasionally
- ☐ Attends Sunday School or church only
- ☐ Attends few times a year

Is your family a member of a church?

Does your family attend church together? Yes ☐ No ☐

Briefly explain why you want a Christian education for your child.

Why did you choose SMCA?

Who referred you to SMCA?

Educational Information

List all of the schools the student has attended, including kindergarten. *Please be sure to include the* complete *mailing address of the most recent school.*

School

Reason for leaving

City/State

Grade(s)

Mailing address of the most recent school

Street Address or PO Box

Fax number

City

State

Zip

Phone number

Has the student ever repeated a grade? Yes ☐ No ☐

If yes, what grade(s)?

Reason?

Has the student ever had any serious discipline problems, been suspended, or expelled from school? Yes ☐ No ☐

If yes, please explain:

Has the student ever been referred or tested for learning disabilities or special education? Yes ☐ No ☐

If yes, please explain:

What prompted you or the school officials to recommend the testing?

Does the student have any physical or emotional problems that require special medication? Yes ☐ No ☐

If yes, please explain:

Briefly describe any special extra-curricular interests, hobbies, talents, or aptitude which this student has:

Medical Information

Is the student allergic to any medication? Yes ☐ No ☐

If yes, what medications?

Is the student allergic to ant bites? Yes ☐ No ☐

Bee stings? Yes ☐ No ☐

Specific foods? Yes ☐ No ☐

Other allergies:

List any medication the student is currently taking:

Check any diseases your student has had:

- ☐ Chicken pox
- ☐ Measles
- ☐ Meningitis
- ☐ Mumps
- ☐ Polio
- ☐ Rubella
- ☐ Scarlet fever
- ☐ Tonsillitis
- ☐ Whooping cough
- ☐ Other _____

List any handicaps or limitations this student has (including speech, hearing, vision, coordination, learning, etc.):

Miscellaneous Information

Please list any and all persons authorized to pick up your student:

Name	Relation
Name	Relation
Name	Relation
Name	Relation
Name	Relation

Do you currently owe a balance to any previous school?	Yes ☐	No ☐

If yes, please explain:

Medical Release Form

Physician/Hospital Information

Child's physician	Phone
Hospital preference	

Insurance Information

Insurance company			Group #
Policy number	Employer		Policy holder
Phone number for insurance verification		Fax number	
Mailing address for claims (or PO Box)			
City	State	Zip	Phone number

Emergency Contact Information

Contact #1

Last	Title (Rev. Dr. Mr. Mrs. Ms.)	First
Home Phone		
Work Phone	Ext	Employer
Cell Phone		

Contact #2

Last	Title (Rev. Dr. Mr. Mrs. Ms.)	First
Home Phone		
Work Phone	Ext	Employer
Cell Phone		

In the event that my child needs medical attention and Southernmost Christian Academy is unable to reach me, I authorize the persons named as emergency contacts to speak and act on my behalf for my child's welfare.

I further release the staff of Southernmost Christian Academy and Southernmost Baptist Church from any and all liabilities in connection with the administering of first aid and other necessary medical attention required for my child.

In the event of an emergency when neither I nor my authorized emergency contacts can be reached, the school authorities are hereby authorized to use their best judgment in obtaining medical attention/treatment for my child.

Parent Signature	Date
Parent Signature	Date

Application Checklist

- ☐ Completed application
- ☐ *Medical Release Form* signed
- ☐ *Transcript Request Form* signed if applicable
- ☐ Copy of student's immunization record/ Form DH 681 (Exemption)
- ☐ Copy of student's health examination
- ☐ Copy of birth of certificate
- ☐ Copy of student's last report card if applicable
- ☐ Meeting with the Principal
- ☐ *Application Checklist* signed and dated

I hereby certify that I have read and accept the following:

- *Philosophy of Christian Education*
- *Statement of Faith*
- *Student Standard of Conduct*
- *Statement of Agreement and Cooperation*
- *Other Admissions Policies and Procedures*
- *Medical Release Form*
- *Transcript Request Form*

I furthermore accept the conditions and requirements of all other official policies and procedures of Southernmost Christian School.

Parent/Guardian Signature	Date

Parent/Guardian Signature	Date

Transcript Request Form

I,_____ , authorize Southernmost Christian Academy to request any and all records, including but not limited to medical, attendance, disciplinary, psychological, and academic information for my child,_____, date of birth___/___/___

Dear Guidance Counselor,

_____has enrolled in school at SMCA. Please send all permanent records, including a copy of the student's social security card, birth certificate, immunization records, discipline records, attendance and academic records, standardized test scores, and any other pertinent information.

Thank you,
SMCA Guidance

Email info@southernmostacademy.com
Address *5727 2nd* Avenue. Key West, FL 33040
Phone (305) 741-7408