



SPACE COAST CHRISTIAN ACADEMY APPLICATION FOR ENROLLMENT

Please fill out a separate application for each student.

Applying for grade _____ School year 20____-20_____

Student: _____, _____, _____ M _____ F _____
Last First Middle

Birth date: _____ Nickname? _____

Student's home address: _____

Email: _____

Home Phone: _____ Emergency Phone: _____

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

Legal Guardian: _____ Telephone: _____

Father's Employer: _____ Telephone: _____

Father's Occupation: _____

Mother's Employer: _____ Telephone: _____

Mother's Occupation: _____

() Divorced/Separated and wishing to receive mail at a different address (please supply any additional addresses, names of step-parents, etc. that you think we should know about):

Please tell us the name and address of the person(s) responsible for tuition if it is someone other than the parent with whom the student lives: _____

List members of the student's household:

Does the child have any allergies or take medication? If so, please list:

Present School: _____

Church Affiliation: _____

How regularly do you attend? _____ Member? Y _____ N _____

Your child's special interests: (Sports, music, collections, etc.)

Please list below the persons to whom the two required reference forms will be given. One must be from your child's pastor. It is your responsibility to see that the forms reach these persons, along with a stamped envelope addressed to Space Coast Christian Academy, so that they may send the references directly to the school. Thank you.

Character Reference: _____

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The Space Coast Christian Academy admits faculty and students of any race, color, nationality, and ethnic origin.

I have read the information which describes the school's educational objectives and its principals. I am in agreement with the school's stated Christian beliefs and will uphold them.

Signature of Parent(s): _____ Date: _____

Honor Commitment (To be signed by the student if he/she is able)

Parents, please read this to students who cannot read yet.

I will obey the school rules and the teacher at all times. Even when I do not agree with the demand, I will try to be respectful to those in authority over me. I will work to display a loving, Christ-like attitude to all those around me.

Signature of Student: _____ Date: _____

Were you recommended to the Academy by one of our families? Y _____ N _____

If yes, please tell us who recommended you: _____

*Please provide a copy of your child's birth certificate with your application.

PARENTAL APPLICATION ESSAY

What are your reasons for wanting to enroll your child and your expectations of Space Coast Christian Academy?

CHARACTER REFERENCE (Pastor or Church Minister)

Name of Student _____

The above mentioned student is applying for admission to Space Coast Christian Academy. Your frank evaluation of his/her personal character and qualities will help us to give careful and thorough consideration for admission.

Please write a summary appraisal of the perspective student and his/her family, assessing personal qualities and personal commitment to the Lord. We are interested in his/her values and relative maturity in the Christian faith. (For very young students, an appraisal of the child's family will be sufficient.) Anything additional which you would like to add would be helpful.

Please give a brief description of how you feel this student would fit into a Christian school environment.

I recommend this applicant for admission: (Please check one):

___ Enthusiastically ___ Strongly ___ Fairly Strongly ___ Without Enthusiasm ___ Not

Recommended

Your Name _____ Relationship _____

How long have you known the applicant? _____

Please return this questionnaire to Space Coast Christian Academy, 223 N Samsula Drive, New Smyrna Beach, FL. Incomplete applications cannot be considered. Thank you very much for your help.

Signature

Address

Phone

CHARACTER REFERENCE

Name of Student _____

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