



3514 Cravens Road.....Savannah, TN 38372.....731.926.1504.....www.savannahchristianacademy.org

APPLICATION FOR ADMISSION: 5th-8th Grade

STUDENT INFORMATION

Application for Grade: _____ School Year: _____

Date: _____

Applicant's Name: _____
(First) (Middle) (Last) (Preferred Name)

Sex: _____ Date of Birth: _____ Last Grade Attended: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Last School Attended: _____

Address: _____ City: _____ State & Zip _____

Name of Student's Last Teacher: _____
(Please be aware that SCA may contact the school and teacher for reference.)

Reason for leaving above school _____

Did Student Pass Last Grade: (Yes) _____ (No) _____

Has student ever repeated a grade? _____ Grade _____

Has this student ever had disciplinary difficulty in school? If so, please explain. _____

List other siblings in family (names and ages) _____

Is there anything else you would like us to know about this child? _____

How did you become interested in Savannah Christian Academy?

HEALTH INFORMATION

Condition of Health _____ Allergies _____

Asthmatic (Yes)_____ (No)_____ Physical Disabilities _____

Please list any medication your child regularly takes _____

Family Physician _____ Phone _____

IN CASE OF EMERGENCY CONTACT _____

Emergency Contact's Phone _____

Health Insurance Provider _____

FAMILY INFORMATION

Father: _____ Mother: _____

Guardian: _____

Marital Status: (Married) _____ (Divorced) _____ (Widowed) _____

Student lives with (name family members) _____

Dad's Place of Employment: _____

Dad's Work Phone: _____ Dad's Home Phone: _____ Dad's Cell : _____

Mom's Place of Employment: _____

Mom's Work Phone: _____ Mom's Home Phone: _____ Mom's Cell: _____

Legal Guardian's Place of Employment: _____

Guardian's Work Phone: _____ Guardian's Home Phone: _____ Cell Phone: _____

Emergency Contact's Name and Cell Phone: _____

Church Now Attending: _____ Address: _____

Name of Pastor: _____ Denomination: _____

On the lines below, record the names of the people who have permission, outside of the mother and father (unless authorized by law) to pick up this child.

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

(Names may be added to or deleted from the list throughout the school year, but notification must be made in order to do so.)

Please write in your own words why you would like to attend Savannah Christian Academy. (This is to be completed by the student.)

Please provide an e-mail address for one or both parents in order for information to be sent via RenWeb.

Parent 1: _____ **e-mail:** _____

Parent 2: _____ **e-mail:** _____

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS

Savannah Christian Academy admits students of any race, color, national or 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 or ethnic origin in the administration of its educational policies, admissions policies, scholarship programs and other school-administered programs.

Savannah Christian Academy is a ministry of Sharon Baptist Church

