



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

## APPLICATION FOR ADMISSION: 5<sup>th</sup> – 8<sup>th</sup> 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. (If no changes are necessary from previous year, just write No Changes below.)**

**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*

