

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

APPLICATION FOR ADMISSION: K-4th GRADE

STUDENT INFORMATION

Application for Grade		School Year:			
Date:	_				
Applicant's Name:	(First)	(Middle)	(Last)	(Preferred Name)	
Sex: Date of	Birth:	La	st Grade Attend	ed:	
Street Address:					
City:			State:	Zip:	
Last School Attended:	:				
Address:		City:		State & Zip	
Name of Student's La (Please be aw	st Teacher: are that SCA r	nay contact the sc	hool and teache	r for reference.)	
Reason for leaving ab	ove school				
Did Student Pass Last	Grade: (Yes)	(No)	_		
Has student ever repe	ated a grade?	Gra	ade		
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	e 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 Disabil	lities				
Please list any medication your child regularly takes					
Family Physician					
IN CASE OF EMERGENCY CONTACT					
Emergency Contact's Phone					
Health Insurance Provider					

	FAMILY INFORMATION				
	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	d Cell Phone:				
Church Now Attending:	Address:				
Name of Pastor:	Denomina	tion:			

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 state below the reason you would like your child to be enrolled in Savannah Christian Academy:

NOTICE OF NONDISCRIMNATORY 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

