



SUMMIT CHRISTIAN ACADEMY

APPLICATION FOR ADMISSION

Please complete (print or type) this application completely, and return it along with the appropriate Fee payable to Summit Christian Academy.

Applicant Name _____
First Middle Last
(Please print or type name exactly as it should appear on permanent records.)

Preferred Name _____ Male Female

Home Address _____
Street Apt # City State Zip

Phone (H) _____ Phone (C) _____ Email _____

Date of Birth _____ Current Grade _____ Applying for Grade _____ in School Year _____ - _____

Father's/Guardian's Name _____ Preferred Name _____
Last First MI

Home Address _____

City _____ State _____ Zip _____

Phone (H) _____ Phone (C) _____ Email _____

Employer _____ Position _____ Phone (W) _____

Mother's/Guardian's Name _____ Preferred Name _____
Last First MI

Home Address _____

City _____ State _____ Zip _____

Phone (H) _____ Phone (C) _____ Email _____

Employer _____ Position _____ Phone (W) _____

For SCA Admissions Office Use Only

Date Received: _____ Payment: _____ Testing: _____
Entered: _____ Check _____ Cash _____ Status: **A** or **D**

Has the applicant (please explain all *Yes* answers on a separate sheet of paper):

- Yes No Ever had any scholastic difficulty?
- Yes No Ever been tested for a learning difference?
- Yes No Ever been diagnosed as having a learning difference?
- Yes No Participated in specialized programs or education modification? (Provide IEP/504 plan.)
- Yes No Is the applicant currently taking medication?
- Yes No Ever diagnosed having ADD/ADHD or physical problem affecting academic achievement?
- Yes No Ever been hospitalized or received care for emotional and/or psychological needs?
- Yes No Is there anything else we should know about the applicant?

Please give us your perspective on your child. Describe his/her position with and relationship to God, his/her strengths, abilities, and challenges, and his/her areas of special interest and concern.

Having read SCA's **Statement of Faith** and **Philosophy of Education**, and understanding Summit's goal is to provide quality education for children of Christian families, please describe your expectations of our school and how you view your family's role in our partnership.

Is your child a Christian? _____ If not, would you be open to your child pursuing a relationship with Jesus Christ? _____

Why do you want your child to attend Summit Christian Academy?

List your child's extracurricular interests _____

Check all that apply:

- Parents/Guardians attend church regularly
- Applicant belongs to church's children/youth ministry
- Applicant attends church regularly

Name of Church:

How did you find out about Summit Christian Academy?

Please Include:

For students entering Kindergarten through 12th grade:

- Non-refundable \$100 application fee (due with the application).
- \$500 new student fee (due with the enrollment paperwork).*
- Copy of applicants' report cards, test scores for the last 2 years to date, and transcript (if applicable).

For Pre-K students:

- Non-refundable \$300 new student fee
- Copy of applicants' Birth Certificate and Immunization Record

Please return to: Summit Christian Academy

Attn: Registrar
2121 Cypress Creek Road
Cedar Park, TX 78613

*New student fee will only be refunded in the event that admission is not granted

Summit Christian Academy admits students of any race, color, and national and 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, or national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic or other administered programs.

Thank you for submitting your application to Summit Christian Academy. For students entering grades Kindergarten through 12th grade, we will be contacting you within the next two weeks to set up testing. For students entering Pre-Kindergarten, you will be contacted to set up your interview date.