



Statesville Christian School

1210 Museum Road, Statesville, NC 28625
Secondary: 704-873-9511 Elementary: 704-768-0100
Fax: 704-873-0841
www.statesvillechristian.org

Admissions Application

Parents should complete and return this application to SCS, with the required \$125.00 non-refundable application fee, before applicants can be considered for admission. Please mail, along with other documents requested below, to the Administrative office, at the above address.

I. STUDENT INFORMATION

Applicant's full name: _____
Last First Middle Preferred Name

Currently in grade: _____ Applying for grade: _____ For year _____

Jr. Kindergarten Applicant applying for: _____ Half Day Program (8am – 12 noon)

_____ Full Day Program (8am – 2:50pm)

Date of birth: _____ Gender: Male ___ Female ___ Social Security #: _____

Mothers' Name: _____ Address: _____

Telephone: (home) _____ (cell/other) _____
City State Zip

E-mail Address: _____

Fathers' Name: _____ Address: _____

Telephone: (home) _____ (cell/other) _____
City State Zip

E-mail Address: _____

Which address do you prefer for school mailings? Both parents Mother Father

II. PHOTO

Please include a photograph of the applicant.
A snapshot or family photo will suffice.

III. PARENT/GUARDIAN INFORMATION

Father

Mother

Name: _____ Name: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Business Phone: _____ Business Phone: _____

If applicant lives with someone other than parents, please state: _____

Applicant's Siblings

Name

Age

Current Grade

School Currently Attending

IV. CHURCH AFFILIATION

Church your family attends: _____

Pastor's name: _____ Church phone: _____

Are you a member of this church? _____ If not, how long you have been attending this church? _____

Do you regularly attend worship services? _____ What church program(s) is the applicant involved with or in?

V. EMERGENCY NOTIFICATIONS

List several Emergency Contacts if parents or guardians are unavailable:

Name: _____ Home Phone: _____ Work Phone: _____

Name: _____ Home Phone: _____ Work Phone: _____

Name: _____ Home Phone: _____ Work Phone: _____

Physician: _____ Office Phone: _____ Hospital Preference: _____

Insurance Company: _____ Policy #: _____

VI. STUDENT ACADEMIC HISTORY

List other schools your student has attended, beginning with the **most recent**:

School: _____ Grade: _____ Year (s): _____

Address: _____
Street City State Zip

School: _____ Grade: _____ Year (s): _____

Address: _____
Street City State Zip

School: _____ Grade: _____ Year (s): _____

Address: _____
Street City State Zip

School: _____ Grade: _____ Year (s): _____

Address: _____
Street City State Zip

Please attach a copy of the student's most recent report card and the latest standardized test the student has taken. 9th – 12th grade applicants need to have current school forward a copy of the student's transcript to SCS.

Has applicant previously applied for admission to SCS? Yes No

Has applicant previously attended SCS? Yes No Explain reason for leaving: _____

Has your child ever had to repeat a grade? _____ If yes, which grade(s)? _____

Please state the reason for the retention: _____

Has your child ever skipped a grade? _____ If yes, please indicate the grade(s) skipped and the reason. _____

Has your student been tested for or enrolled in a special program (resource, learning disability, gifted and talented, etc.)? _____ Please explain: _____

Has your child ever been suspended or expelled from school for any reason? _____

If yes, please give the year of the suspension or expulsion and the reason(s). _____

List extracurricular interests, abilities and achievements: _____

VII. Statement of Faith

As a “believer’s school,” we require that at least one parent be a professing Christian and that, wherever possible, both parents be seriously committed to instilling the Christian faith in their children (Deut. 4:9-10).

We believe that Scripture clearly teaches that the primary responsibility for the education of children rests with the parents (Eph. 6:4) and that our role is to minister to the intellectual, spiritual, physical and social needs of each child in partnership with the parents.

We further believe that each child should be actively involved, with his or her family, in a church that affirms the Lordship of Jesus Christ. Your signature below indicates that you support Statesville Christian School in this philosophy and ministry.

I agree with and personally subscribe to the above.

Father’s/Guardian Signature

Mother’s/Guardian Signature

VIII. REFERRAL

We first learned of SCS through:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Student currently enrolled | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Alumni | <input type="checkbox"/> Parents of SCS Students | _____ |
| <input type="checkbox"/> Minister | Who can we thank? | _____ |
| <input type="checkbox"/> Telephone Book | _____ | _____ |

Two key factors influencing our decision to apply to SCS:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Location | <input type="checkbox"/> Recommendation of a | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Christian Philosophy | current SCS family | _____ |
| <input type="checkbox"/> Academic Program | <input type="checkbox"/> Displeasure with public | _____ |
| | schools | |

CHECK LIST:

- **THIS APPLICATION**
- **APPLICATION FEE OF \$125**
- **LATEST REPORT CARD**
- **LATEST STANDARDIZED TEST SCORES (EOG SCORES)**
- **CURRENT PHOTO**

NOTICE OF NONDISCRIMINATORY POLICY

Statesville Christian School admits students of any race, color, nationality, 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, nationality, and ethnic origin in administration of its educational policies, admissions policies, scholarship programs, and other school administered programs.