

SOUTH CHARLOTTE BAPTIST ACADEMY
APPLICATION FOR STUDENT ADMISSION
2011 – 2012

12416 Lancaster Highway Pineville, NC 28134
Phone: (704) 544-7323

PLEASE CHECK ALL APPROPRIATE BOXES

3 YEAR-OLD:	HALF DAY <input type="checkbox"/>	FULL DAY <input type="checkbox"/>	3 DAYS (T, Th, F) <input type="checkbox"/>	5 DAYS <input type="checkbox"/>	BEFORE CARE <input type="checkbox"/>	AFTER CARE <input type="checkbox"/>
4 YEAR-OLD:	HALF DAY <input type="checkbox"/>	FULL DAY <input type="checkbox"/>	BEFORE CARE <input type="checkbox"/>	AFTER CARE <input type="checkbox"/>		
KINDERGARTEN:	HALF DAY <input type="checkbox"/>	FULL DAY <input type="checkbox"/>	BEFORE CARE <input type="checkbox"/>	AFTER CARE <input type="checkbox"/>		
1ST – 12TH <input type="checkbox"/>	GRADE APPLYING FOR _____	LAST GRADE COMPLETED _____	BEFORE CARE <input type="checkbox"/>	AFTER CARE <input type="checkbox"/>		

PLEASE PRINT

STUDENT INFORMATION

Last Name: _____ Social Security # _____
First Name: _____ Birthdate: ____/____/____ Age: _____ Sex: _____
Middle Name: _____ Place of Birth: _____
Nick Name _____ School Last Attended: _____
Address: _____ **Home Phone:** _____
City _____ State ____ Zip _____ Emergency Contact: _____
(Other than parent) Name _____ Phone _____

FAMILY INFORMATION

Father's Name: _____ SS# ____-____-____ **Cell Phone:** _____
Address (if different) _____ Email: _____
Employer: _____ Position: _____ Phone: _____
Mother's Name: _____ SS# ____-____-____ **Cell Phone:** _____
Address (if different) _____ Email: _____
Employer: _____ Position: _____ Phone: _____
Parent's Marital Status: Married _____ Widow _____ Divorced _____ Remarried _____ Separated _____
Does child live with both parents? _____ If not, indicate with whom the child lives: _____
Other children in the family:
Name(s) _____ Age _____ School _____

Maternal Grandparents' Name: _____ Phone: _____
Address: _____ City _____ State _____ Zip _____
Paternal Grandparents' Name: _____ Phone: _____
Address: _____ City _____ State _____ Zip _____

RELIGIOUS INFORMATION

Church Attending _____

Member: Yes _____ No _____ Pastor's Name: _____

Address _____ City _____ State _____ Zip _____

Father: Christian? Yes _____ No _____ If yes, briefly state your salvation experience: _____

Mother: Christian? Yes _____ No _____ If yes, briefly state your salvation experience: _____

Has the applicant ever made a profession of faith in Jesus Christ? Yes _____ No _____

MEDICAL INFORMATION

Family Physician _____ Phone _____

Address _____ City _____ State _____ Zip _____

Family Dentist _____ Phone _____

Address _____ City _____ State _____ Zip _____

Does your child have any physical defects or allergies? _____

Does your child have any food restrictions? _____ What are they? _____

Does your child have the state required immunizations and can you provide the school with records to verify this? _____

In the event of an emergency, what is your hospital preference? _____

SCHOLASTIC & DISCIPLINARY INFORMATION (GRADES 1-12 ONLY)

Has your child ever been expelled, dismissed, suspended, or refused admission to another school? _____ If yes, explain: _____

Has your child ever had any disciplinary difficulties? _____ If yes, explain: _____

Has your child ever been in trouble with the law, arrested, etc.? _____ If yes, explain: _____

Has your child ever used tobacco, alcohol, or drugs of any kind? _____ If yes, explain: _____

Has your child ever been moved ahead or held back a grade in school? _____ If yes, explain: _____

Is your child currently following an I.E.P. at their present school? _____ If yes, explain: _____

GENERAL INFORMATION

How did you hear about South Charlotte Baptist Academy? _____

If you became aware of our school through an individual, would you please give that person's name so we can thank them? _____

Reason for selecting South Charlotte Baptist Academy? _____