

Soaring Eagles Christian Academy

APPLICATION FOR ENROLLMENT

Statement of Non-Discrimination

Soaring Eagles Christian Academy admits students of any race, color, gender, national or ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students of the school. It does not discriminate on the basis of race, color, gender, national or ethnic origin in the administration of its educational policies, admissions policies, scholarship and loan programs, athletic or other school administered programs.

Student's Name: _____ Sex: _____

(Last) (First) (Middle)

Birthdate: ___/___/___ Age: ___ Grade Entering: _____ Home phone: _____

Address: _____

(Street) (City) (Zip Code)

School last attended: _____ Telephone: _____

School's Address: _____

(Street or P.O. #) (City) (State) (Zip Code)

How did you hear about SECA? _____

Church Attending: _____ Pastor's Name: _____

Has your child ever been suspended or dismissed from school for behavior, lack of payment of fees or any other reason? ___ Yes ___ No

Explain: _____

Has your child ever been tested for ADD, ADHD, or any other learning disabilities?

___ Yes ___ No If yes, please explain: _____

If above answer is no, has anyone suggested or requested that your child be tested for ADD, ADHD or any other learning disabilities? ___ Yes ___ No If yes, please

explain: _____

List any Physical Disabilities: _____

Has your child had any serious accidents or operations? ___ Yes ___ No

If so, please describe: _____

Does your child have any allergies? _____

If so, please describe: _____

Does your child take any regular medication? _____

Are there any special medical, physical, or emotional needs that the school or staff should be aware of? _____

Child's Physician: _____ Telephone: _____

Father's Name: _____ Mother's Name: _____

Employer: _____ Employer: _____

Work Telephone: _____ Work Telephone: _____

Cell Phone #: _____ Cell Phone #: _____

Father living in the home: ___ yes ___ no Mother living in the home: ___ yes ___ no

e-mail address: Father - _____ Mother - _____

Marital Status of Parents: Married ___ Divorced ___ Separated ___ Single Parent ___

Custody/Visiting arrangements if divorced or separated: _____

Please list two people to contact in case of an emergency **if we are unable to reach you:**

Name: _____ Telephone: _____

Relationship to child: _____

Name: _____ Telephone: _____

Relationship to child: _____

Emergency Hospital Preference: _____

I give Soaring Eagles Christian Academy permission to call my child's physician in any emergency when I cannot be reached, and if necessary, they may take my child to the physician or the nearest hospital at my expense.

Parent's Signature

Date

I understand that the children are supervised at all times and that every precaution is taken to prevent accidents. I relieve Soaring Eagles Christian Academy and its staff of any liability in the event of an accident or injury. I fully understand that the school will not be responsible for any medical expense resulting from accidental injuries to my child.

Parent's Signature

Date

I give my permission for my child, _____ to be given the following medications when it is necessary.

_____ Tylenol _____ Advil _____ Other: (please specify) _____

Will your child need Late Stay? _____ Everyday _____ Sometimes _____ Never

Will your child need Early Stay? _____ Everyday _____ Sometimes _____ Never

Persons (*other than parents*) authorized to pick up your child:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I _____ do _____ do not give my permission for my child to ride in a school authorized vehicle to and from field trips and to and from the park or Recreation Center, etc.

Other specific comments or requests regarding my child: _____

In the event of withdrawal, transfer, or expulsion, the parents are responsible for full payment of tuition and other fees. Full payment of tuition and other fees must be made through the end of the calendar month for all grades. There is no refund of the Registration or Matriculation Fees. The school reserves the right to withhold report cards and student records until tuition is paid in full.

Parent's Signature

Date