



# Southminster School

4200 Cartwright Road  
Missouri City, TX 77459  
281-261-8872 phone  
281-499-4430 fax

[www.southminsterschool.org](http://www.southminsterschool.org)

# APPLICATION FOR ADMISSION

## Preschool through Sixth Grade

*The Voyage Begins Here*

**Non-refundable, non-transferable Registration Fees** (cash or money order only) Credit Cards Not Accepted.

Preschool Registration Fee of **\$150**

Elementary (PreK -2nd) Registration & Testing Fee (CPAA Online Test) **\$250**

Elementary (3<sup>rd</sup>-6<sup>th</sup>) Registration Fee & Testing Fee **\$200**

**Copy of Applicants Birth Certificate and Social Security Card must accompany application.**

**Conscious Exemptions are not accepted.**

### Student

Legal Name \_\_\_\_\_

\_\_\_\_\_ Last First Middle Preferred Name

Home Address \_\_\_\_\_

\_\_\_\_\_ Street City Zip

Subdivision \_\_\_\_\_ Social Security # \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Ethnicity \_\_\_\_\_ Gender  M  F

Church Membership \_\_\_\_\_

Indicate grade level student is applying for:

**Preschool**

**Elementary**

(Please check)

2-yr-olds

Pre-Kindergarten

1<sup>st</sup> Grade

4<sup>th</sup> Grade

3-yr-olds

Bridge

2<sup>nd</sup> Grade

5<sup>th</sup> Grade

4-yr-olds

Kindergarten

3<sup>rd</sup> Grade

6<sup>th</sup>Grade

### Father

\_\_\_\_\_ Last Name First Middle

\_\_\_\_\_ Street Address City Zip

\_\_\_\_\_ Home # Cell#

Place of Employment \_\_\_\_\_

Title/Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone # \_\_\_\_\_

Email \_\_\_\_\_

### Mother

\_\_\_\_\_ Last Name First Middle

\_\_\_\_\_ Street Address City Zip

\_\_\_\_\_ Home# Cell#

Place of Employment \_\_\_\_\_

Title/Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone # \_\_\_\_\_

Email \_\_\_\_\_

### Step Parent/Legal Guardian

Name \_\_\_\_\_

\_\_\_\_\_ Last First Middle

Home Address \_\_\_\_\_

\_\_\_\_\_ Street City Zip

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Place of Employment \_\_\_\_\_ Title/Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone # \_\_\_\_\_

Email \_\_\_\_\_

## Medical History

Please list any special problems or special needs which would aid in the care and education of your child.

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Severe Allergies  Yes  No

Epi Pen  Yes  No

Please indicate any professional evaluations that have been completed for your child.

Psychological  Behavioral  Educational

When and by whom?

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## Siblings

Name	Age	Grade	School
Name	Age	Grade	School
Name	Age	Grade	School
Name	Age	Grade	School

## Family Information (Please indicate all that apply)

Marital Status:  Single  Married  Separated  Divorced  Remarried  Widowed

Student lives with  Both Parents  Father  Mother  Legal Guardian

School-related decisions  Father  Mother  Legal Guardian

Payments  Father  Mother  Legal Guardian

Custody of student  Father  Mother  Legal Guardian

Emergencies  Father  Mother  Legal Guardian

Receiving school communications  Father  Mother  Legal Guardian

Other please specify: \_\_\_\_\_

If student's parents are divorced, who has legal responsibility \_\_\_\_\_

## Previous Academic Information

Most recent school attended

School Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Grades attended \_\_\_\_\_

Principal or Head of School \_\_\_\_\_ Phone: \_\_\_\_\_

Has your child been suspended or asked to leave any school?  Yes  No If Yes, please explain.

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Has your child ever applied to Southminster School before?  Yes  No When? \_\_\_\_\_ Grade: \_\_\_\_\_

Has your child had academic difficulty?  Yes  No If Yes, please explain.

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How did you hear about Southminster School? Please mark all that apply:

- If referred by a current family, list current student's name \_\_\_\_\_
- School Website
- Advertisement
- Other (Please List) \_\_\_\_\_

### **AFFIRMATION**

**I HEREBY AFFIRM THAT ALL OF THE INFORMATION CONTAINED IN THE APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PROVIDING FALSE INFORMATION OR OMITTING ANY MEDICAL CONDITION, PSYCHOLOGICAL/EMOTIONAL ISSUES, AND DEVELOPMENTAL DELAYS/ISSUES MAY BE SUFFICIENT REASON FOR THE REJECTION OF THE APPLICANT OR EXPULSION OF THE STUDENT.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Mission Statement**

The mission of Southminster School is to provide the highest quality educational experience for children who want to learn within a Christ-focused environment from teachers and staff who care for and nurture the whole person mind, spirit, and body.

### **Non-Discriminatory Policy**

Southminster School admits students of any race, color, or national/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/ethnic origin in administration of its educational policies, admission policies, scholarships, or other school-administered programs.

### **Business Office Use Only**

School Year 20\_\_\_\_ - 20\_\_\_\_

1 payment: \_\_\_\_\_

2 payments: \_\_\_\_\_

10 payments: \_\_\_\_\_

Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

Date \_\_\_\_\_ Rec'd by \_\_\_\_\_