



9703 FM 1489
 PO BOX 490
 Simonton, Texas 77476
 281-346-2303
 www.simontonchristian.org

Date of Application ____/____/____

Grade Applying for _____

PreK 1/2 day M-F____ PreK M-F____ PreK M,W,F____ PreK T,TH ____

Student Information

Name _____
 Last First Middle Preferred Name

Date of Birth ____/____/____ Age ____ Social Security # ____-____-____ Gender ____M ____F

Home Address _____ PO Box _____

City _____ State _____ Zip Code _____ Home Phone _____

Previous Grade Completed _____ Previous School Attended _____

City _____ State _____ Zip Code _____ School Phone _____

Family Information

Father/Guardian

Name _____
 Last First Middle Preferred Name

Home Address _____ PO Box _____

City _____ State _____ Zip Code _____ Home Phone _____

Employer _____ Work Phone _____ Cell phone _____

Preferred Email _____

Mother/Guardian

Name _____
 Last First Middle Preferred Name

Home Address _____ PO Box _____

City _____ State _____ Zip Code _____ Home Phone _____

Employer _____ Work Phone _____ Cell phone _____

Preferred Email _____

Billing Information

Person financially responsible if different than parent or guardian:

Name _____
 Last First Middle Preferred Name

Home Address _____ PO Box _____

City _____ State _____ Zip Code _____ Preferred Phone _____

Preferred Email _____

Family Record

Marital Status of parents: Married___ Single___ Divorced___ Separated___ Widowed___

Student lives with (check all that apply): Father___ Mother___ Stepfather___ Stepmother___ Guardian___

Release information to (check all that apply): Father___ Mother___ Stepfather___ Stepmother___ Guardian___

Other children in the family:

Name _____ Age ___ Grade _____

Name _____ Age ___ Grade _____

Name _____ Age ___ Grade _____

Additional Information

Has your child ever been denied admission to a school, suspended, or asked to withdraw? Yes___ No___

If yes, please explain _____

Has your child ever failed a grade? Yes___ No___ If yes, what grade level? _____

Has your child ever received special accommodations (IPE, 504, etc.) or received modifications to curriculum? Yes___ No___

If yes, please explain and provide records _____

Does your child have a history of any conditions (emotional, learning difficulties, ADD/ADHD, etc.) that required professional help?

If yes, please explain and provide records _____

Is there any other information about your child that would help us better understand their needs? _____

Parent Questionnaire

Why do you want your child to attend SCA? _____

Are you members of a church? _____ Name of church _____

Do you consider yourself a Christian? If so, please share with us how you became one.

Father _____

Mother _____

Signature of parent or guardian Date ___/___/___

SCA NONDISCRIMINATION POLICY: Simonton Christian Academy (SCA) admits students of any race, color, national and ethnic origin to all rights, privileges, programs and activities made available to students at the school. SCA does not discriminate on the basis of race, color, national or ethnic origin in the administration of its education policies, admission policies or any other school administered program.