



SUNNYBROOK CHRISTIAN ACADEMY

1620 Pinn Rd. * San Antonio, TX 78227 * (210) 674-8000

FOR GOD AND COUNTRY

The following must accompany this application: Birth Certificate (not from hospital), Immunization Records, Social Security Card, Photo of child, Last Report Card, Evaluation Fee, and Registration Fee of \$150.00 for the 1st child; \$50.00 for each additional child.

Eval. Date/Time: _____ Appt. Date/Time: _____

Admissions Application



Eval Fee - \$25 (DP) _____
Reg Fee - \$150 (DP) _____

*"And all thy children shall be taught of the Lord:
and great shall be the peace of thy children."
Isaiah 54:13*

BC _____

IM _____

SS _____

RC _____

PRF _____

LF _____

FC _____

PL _____

PSP (5th & up) _____

SOC _____

Application Date _____

Applying Grade _____

Grade Entered _____ (Office use only)

Date Entered _____ (Office use only)

Student's Name _____ Name used _____
First Middle Last

Age _____ Sex _____ Birth Date _____ SS# _____

Home address _____ Home Phone _____
Street City State Zip Code

School last attended _____ Last Grade Attended _____
Name of School Address City, State Zip Code

Legal Guardian Information () Mother () Father () Other _____

Name _____

Address _____
(If different from above)

Phone # (if different) _____

Cell # _____ Pager # _____

E-mail address _____

Employment _____
Name of Company

Employment Phone # _____ Ext. _____

Occupation _____

Lives w/Student _____

Will student live at home? _____ If not, where and why? _____

Other children under 18 yrs old with the family:

Name	Age	School Presently Attending

Do you plan on enrolling these children? _____ If not, why? _____

Emergency contact if parents cannot be reached

Name	Relationship to student	Phone #	Cell #

CHURCH INFORMATION

Family attends what church? _____ Affiliation _____ Number of Years _____

Address _____ Phone # _____ Pastor's Name _____

Do family & student attend church regularly? _____ Attends Sunday school regularly? _____ Attends Worship Service? _____

Does student belong to Church's youth group? _____ Other Church participation? _____ If so, please name _____

Who is Jesus Christ to you?

Father: _____

Mother: _____

Student: _____

Please list three (3) references below:

Name of Friend	Address	City, State, Zip Code	Phone #
Name of Principal	Address	City, State, Zip Code	Phone #
Name of Pastor	Address	City, State, Zip Code	Phone #

SCHOOL INFORMATION

Is student working below, above, or on grade level overall? _____ Grade average? _____ Grade point avg. (GPA) _____

Has student been in helps class or resource class? _____ What grade? _____ What subject? _____

Does student have any learning difficulties? If yes, please comment _____

Has student ever been retained, suspended, expelled or in alternative school? _____ If yes, please comment _____

Does student have mental, emotional, or physical hardships that might affect any type of progress?

Activities _____

Sports _____

Clubs _____

Other _____

HOME INFORMATION

How does student get along with brother and sisters?

What chores/responsibilities does student have?

Describe process taken if student just lied to you? _____

Describe student's response to authority and discipline.

Briefly describe student's personality. _____

Does student have any allergies? _____ If so, what type _____

Has student been diagnose with any of the following: () Asthma () Attention Deficit Disorder (ADD)

Is student under any prescribed medication? _____ If so please name _____

Does student wear corrective lenses? _____ Glasses/ contacts or both ? _____

