Eval Date/Time: \_ Appt. Date/Time:

**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 of $30, Registration Fee of $175.00 for the 1st child, $150.00 for the second and $50.00 for each additional child.

*Eval Fee - $30 (DP*)

*Reg Fee - $175(DP)*

BC

*“And all thy children shall be taught of the Lord:*

*and great shall be the peace of thy children.’*

*Isaiah 54:13*

*Child’s Photo* IM *Required* SS *(place here)* RC PRF

SOC

FC\_ PL

PSP (5th & up)

PE (sizes)\_ \_

Application Date Applying Grade

Grade Entered *(Office use only)*

Date Entered *(Office use only)*

Student’s Name

First Middle Last

Student Cell:

Age

Sex

Birth Date

SS#

Home address

Street City State Zip Code

Home Phone

School last attended

Name of School Address City, State Zip Code

Last Grade Attended

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

Name Address

**Secondary Parent Information** () Mother () Father () Other

Name Address

(If different from above) (If different from above)

Phone # (if different)

Phone # (if different)

Cell #

Pager #

Cell #

Pager #

E-mail address

Employment

E-mail address

Employment

Name of Company Name of Company

Employment Phone # Ext.

Employment Phone #

Ext.

Occupation Lives w/Student

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?

Emergency contact if parents cannot be reached

If not, why?

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? Does student belong to Church’s youth group?

Attends Sunday school regularly? Other Church participation?

Attends Worship Service? 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 #

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

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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 siblings?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 diagnosed 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 ?

Student medical history

**\*\*\*\* Write a full statement as to” Why you want to enroll your child at Sunnybrook? “ \*\*\*\***

Mother’s/Guardian Signature Father’s/Guardian Signature

*Mother’s Photo Here Father’s Photo Here*