

NEW STUDENT APPLICATION FOR ADMISSION

**(ALSO FOR SIBLINGS OF
CURRENT SCA STUDENTS)**



A Ministry of First Baptist North Spartanburg
8740 Asheville Highway, Spartanburg, South Carolina 29316
Phone (864) 578-4238 ▪ Fax (864) 542-1846

The following items must be turned in for application to be accepted and process to continue:

- \$200 Non-Refundable Registration Fee (per new student)
- New Student Application
- Extended Care Application (if applicable) – 1 per student
- Copies of most recent report card (Grades K-12)
- Copy of most recent Transcripts (Grades 8-12, may be an unofficial copy)
- Educational and diagnostic testing, IEP (if applicable)

Copies of the following documents are required prior to school attendance:

- Copy of Birth Certificate
- Copy of current South Carolina Certificate of Immunization
- Copy of Child Custody decree (if applicable) or any legal papers pertaining to parental restrictions

NEW STUDENT APPLICATION FOR ADMISSION

OFFICE USE ONLY

_____ Tour	_____ Statistics
_____ Registration	_____ Arena
_____ Pending Accept/Date	_____ Powerschool
_____ Final Records Rec'd	_____ Financial
_____ Final Accept/Date	_____ Course Selection

Date of Application: _____

SCHOOL YEAR APPLYING FOR: _____ GRADE APPLYING FOR: _____

If 3K or 4K Program, please specify: 3 Day 5 Day *Student must be age of the requested program on or before September 1.

Were you referred by a current SCA family? _____

Student Personal Information

Student First Name: _____ Middle _____ Last _____

Preferred First Name or Nickname: _____ DOB: ____/____/____ Gender: _____

SS#: _____ - _____ - _____ Reside in Public school district #: _____

Ethnicity: African-American American Indian Asian Caucasian Hispanic Other

Student Cell Phone: _____ Student Cell Carrier: _____

Student E-Mail: _____

Street: _____ City: _____ State: _____ Zip: _____

Parent Cell/Home Phone: _____ Parent Name(s): _____

Name and age of all school-age siblings:

- 1) _____ Applying to SCA: Yes No Enrolled at SCA: Yes No
- 2) _____ Applying to SCA: Yes No Enrolled at SCA: Yes No
- 3) _____ Applying to SCA: Yes No Enrolled at SCA: Yes No

Academic Information

Has student previously attended SCA? _____ If yes, please list attendance dates and grade levels. _____

List the last two schools student has attended:

Name of school _____ Grade(s) _____ Year(s) _____

Name of school _____ Grade(s) _____ Year(s) _____

Has the student ever repeated a grade? _____ If yes, what grade and for what reason? _____

Has the student ever been enrolled in a special or remedial class or received tutoring? Yes No If yes, please explain _____

Has student ever been identified as qualifying for an individualized education plan (IEP)? Yes No If yes, please explain and attach the IEP. _____

Does student have any history of or ever been tested for:

ADD, ADHD (Please list medication taken) _____

Learning Disability (Please explain and provide copy of psychological testing) _____

Physical Disability (Please explain) _____

Does the applicant have any mental, emotional, or physical handicaps which may affect his/her activities or progress, or that for some reason should be known by his teacher? Please explain. *(Reply will be confidential)* _____

Discipline History

Are you aware of any discipline issues your child may have? _____

Have you ever attended a discipline conference for your child at a former school or daycare? Yes No Please explain:

Has student been suspended, expelled or denied reenrollment at any school? Yes No If yes, please include school name and explain _____

Has the student ever been brought before Juvenile Court or law enforcement agency? Yes No Arrested? Yes No Please explain: _____

Medical Information for _____ (student name)

Please list below any allergies (to food, insect stings, latex, medication, etc.), current prescription medications (including inhalers), and current and/or chronic health conditions (such as ADD, ADHD, asthma, depression, diabetes, heart problems, migraine headaches, seizure disorders, etc.).

NOTE: If your student has a life threatening allergy (e.g. bee stings), please be certain that the school is provided with an emergency kit.

Prescription medications (such as Ritalin, Adderall, antibiotics, etc.) will be dispensed by school personnel only when a parent has turned in a completed "Parental Permission to Dispense Medication" form along with the physician's order form, and the medication is in the original prescription container with clear instructions. Parents are responsible to personally deliver new medications or refills to the school nurse. Students may not carry medications, except rescue inhalers for asthma.

Student's Physician _____ Physician's Phone _____

Authorization for Emergency Care and Administration of Medication: During an emergency, when I am not readily available, I hereby give permission to our family physician and/or attending physician to hospitalize and/or provide proper treatment for my child. I hereby give permission for the health room personnel to administer the medication needed. I understand that if decision is made to send child to hospital for treatment, Spartanburg Regional Medical Center will be the designated facility. Yes No

Please check if any of the following apply to your child:

___ ADD/ADHD; Medication prescribed: _____

___ Allergies

Please list allergens: _____ Reactions: _____

Epipen needed? _____ Treatment Prescribed: _____

___ Asthma/Respiratory Problems; Medication/Inhaler prescribed: _____

___ Diabetes; Medication prescribed: _____

___ Epilepsy

___ Glasses/Contacts

___ Hearing Loss/Hearing Aid(s)

___ Heart Condition/Murmur

___ Kidney Disorder

___ Migraines

___ Seizures; Medication prescribed: _____

Date of last seizure and explanation: _____

___ Severe Headaches

___ Speech Difficulty

Please list any other conditions the school nurse should be aware of that may require a visit to the Health Room.

Please list any current medications your child is taking on a regular basis. This information helps us guard against possible drug interactions. _____

Medication Permissions: The following medications are available in the SCA Health Room. Please initial medications allowed to be dispensed to your student:

___ Tylenol ___ Ibuprofen ___ Benadryl ___ Tums ___ Eye Drops

Do you wish to be contacted before the office administers the approved non-prescription medications listed above to your child? Yes No

Parent Questionnaire

Dear Parents,

Because you know your child better than anyone else in his/her life, please help us by completing this questionnaire. We will share this information with his/her teachers so we can all better relate to and help him/her.

Thank you,

SCA Administration

Student Name: _____ Grade: _____

Student's Preferred Name or Nickname: _____

Why do you want your child to attend SCA? _____

How did you learn about SCA? _____

What are your child's academic strengths? _____

What are your child's academic weaknesses? _____

Academically, how do you rate your child's motivational level?

High Medium Low

What kinds of situations cause your child to be stressed, worried and/or anxious? _____

How does your child react to stress, worry and anxiety? _____

In five words or less, describe your child's personality. _____

What gifts or talents do you see in your child? _____

What are your child's interests and hobbies? _____

How can we assist you in motivating your child to excel academically, socially, physically and spiritually? _____

What are some effective discipline methods you have used to help your child be successful? _____

Is there anything else we should know about your child? _____

The following sections may be completed one time for each enrolling family.

Parent Information (if enrolling more than one student, complete Parent Information only once)

Who does the student live with? _____ In situations where parents may be separated, divorced or where parental custody is an issue, please describe the living arrangements and legal arrangements: _____

Primary Parent/Legal Guardian

First and Last Name _____ Relationship to student: _____

Custodial Rights? Primary Joint No Permission to Pick-Up: Yes No

Address (if different from student): _____ City: _____ State: _____ Zip: _____

Occupation and Employer: _____ Business Phone: _____

Cell Phone: _____ Cell Carrier (required for emergency texting): _____

Email Address 1: _____ Email Address 2: _____

Parent/Guardian 2

First and Last Name _____ Relationship to student: _____

Custodial Rights? Primary Joint No Permission to Pick-Up: Yes No

Address (if different from student): _____ City: _____ State: _____ Zip: _____

Occupation and Employer: _____ Business Phone: _____

Cell Phone: _____ Cell Carrier (required for emergency texting): _____

Email Address 1: _____ Email Address 2: _____

Parent/Guardian 3

First and Last Name _____ Relationship to student: _____

Custodial Rights? Primary Joint No Permission to Pick-Up: Yes No

Address (if different from student): _____ City: _____ State: _____ Zip: _____

Occupation and Employer: _____ Business Phone: _____

Cell Phone: _____ Cell Carrier (required for emergency texting): _____

Email Address 1: _____ Email Address 2: _____

Parent/Guardian 4

First and Last Name _____ Relationship to student: _____

Custodial Rights? Primary Joint No Permission to Pick-Up: Yes No

Address (if different from student): _____ City: _____ State: _____ Zip: _____

Occupation and Employer: _____ Business Phone: _____

Cell Phone: _____ Cell Carrier (required for emergency texting): _____

Email Address 1: _____ Email Address 2: _____

Emergency Contacts

In addition to parents, list two emergency contacts:

Name 1 (First & Last) _____ Relationship: _____ Phone: _____

Name 2 (First & Last) _____ Relationship: _____ Phone: _____

Permission to Pick Up

In addition to parents, list persons who have permission to pick your child up from school:

Name 1 (First & Last) _____ Relationship: _____ Phone: _____

Name 2 (First & Last) _____ Relationship: _____ Phone: _____

For the safety of your child and so school personnel are able to release your child to these designated individuals, it is critical that this information is correct and current.

Church Information

FBNS Member: Yes No *If no, please list the church your family attends and the church denomination:*

Church Name _____ Denomination _____

Family-School Covenant

We ask for parental support of the spiritual goals and values, educational philosophy, objectives, *School Handbook*, school rules, dress code, discipline policies, standards of conduct and the principles of this covenant. Parents must be willing to cooperate with the teachers in a spirit of partnership in the training of a child. If at any time during the training of a child, we can no longer work together in a spirit of unity, and all reasonable avenues of communication are exhausted, parents will withdraw the child from Spartanburg Christian Academy. Parents understand that willful disobedience by their child to these principles and guidelines may result in dismissal from Spartanburg Christian Academy.

We ask that the student who is applying have a sincere desire to attend Spartanburg Christian Academy or be willing to be under the authority of their parents in submitting and deferring to their wishes concerning enrollment at Spartanburg Christian Academy. Students must understand that Christian teachers are in partnership with their parents, and be willing to strive to obey them also as they seek to train them according to God's Word. With the help of the Holy Spirit, students will seek to live a Godly life in and out of school in order that Jesus Christ will be glorified. Students must understand that willful disobedience of these principles and the guidelines of the *School Handbook* may result in their dismissal from Spartanburg Christian Academy.

The faculty and staff of Spartanburg Christian Academy pledge by God's grace to uphold the principles of this covenant as we together train a child.

According to the Bible, parents are responsible for the training of their children. Spartanburg Christian Academy serves as partners with parents in providing an excellent education consistent with biblical truth. Harmony between home and school provides the best environment for godly training to take place (Deut. 6:1-7; Proverbs 22:6; Eph. 6:1-4). We seek to nurture development of the following essential character traits in the lives of our students.

INTEGRITY - *Maintaining a lifestyle that is above reproach.* A Christian should be honest, moral and trustworthy in all dealings (Titus 1:8; Job 27:5; Prov. 11:3, 20:11; 1 Kings 9:4; Ps.15).

RESPECT - *An attitude that highly esteems those in properly placed authority.* Parents, teachers, employers, governmental authority, and church leaders have been placed in our lives by God. God gave us a biblical command to honor them for our own good (Rom. 13:1-7; Heb.13:7; 1 Peter 2:13-21; 1 Thess. 5:12-13).

OBEDIENCE - *The outworking of the attitude of respect.* We are to obey God and all those He has placed over us in our lives. When we obey, we show our love and respect for God and the authorities He has ordained. Our lives then will be long and fruitful as He has promised (John 14:21; Eph. 6:1-4; Rom. 13:1-7; Prov. 6:23).

SELF-DISCIPLINE - *The ability to control one's thoughts and actions.* The goal is to have a life under control, self-disciplined by the Spirit of God (Gal. 5:22-26; Job 5:17; Prov. 16:32, 25:28; 1 Tim.4:7-8).

GODLY LIVING - *A lifestyle that exhibits the fruit of the Spirit and flees from the acts of our sinful nature.* Our standards are found in God's Word and our desire must be one with God and His holiness (Gal. 5:16-26; 2 Tim. 2:22; 1 Peter 1:13-16, 2:9-10; 1 Cor. 6:12-20; Prov.23:29-35; Phil.4:8; Rom. 8:6-8).

WISDOM - *Understanding what is true from God's perspective, and doing what is right.* Wisdom comes from God and our respect for Him. It is developed in our lives by our proper response to correction. If we do not respond to correction with a teachable spirit, the Bible calls us fools and unable to attain wisdom (Prov. 1:7, 20-33 Prov. 2:1-22; Prov.4:7).

RESPONSIBILITY - *Being dependable and accountable in all relationships and tasks.* - We are accountable to each other to love, encourage, confront, comfort and forgive. Furthermore, initiative, intellectual integrity and excellence should be the marks of all tasks we attempt (1 Cor. 13; Matt. 18:15-17; Gal.6:1-5; Eph. 5:29-32; Eccl. 9:10).

THANKFULNESS - *Developing an attitude of gratefulness.* We are to be thankful for everything God brings into our lives. Knowing that God's intentions for our lives are intended for "good" will help create an attitude of gratefulness for the things others do for us (Phil. 4:6-7; 1 Thess. 5:18; Col. 2:7; Eph. 5:20).

SERVICE - *A spirit of humility in focusing on the needs of others.* Christ is our example in living a life that is not self-centered but rather seeking ways to serve not rule (Eph. 5:21; Phil. 2:3-11; James 4:6,10).

ETERNAL VALUES - *Our focus should be upward.* The key is to live each day with the realization that only what is done for eternity counts (James 4:14; Matt. 6:33; Matt. 6:19-21).

My signature below affirms that I have read and am in agreement with the Family-School Covenant set above.

Parent Signature: _____ Date: _____

Parent Printed Name: _____

Student (Grade 7-12) Signature: _____ Date: _____

Student (Grade 7-12) Signature: _____ Date: _____

Parent Agreement/Authorizations

I give permission for my child to take part in all routine school activities, including athletics, field trips and school-sponsored events. Yes No

I give permission for my child to be included in a picture and/or video taken while attending Spartanburg Christian Academy. This picture and/or video may be released at any time to the various forms of the media used at Spartanburg Christian Academy. Yes No

I give permission for my child to be transported on the school-approved buses. Yes No

I give permission for my cell phone/email to be published to my child's classroom parents. Yes No

Parents of 3K-4K preschoolers: In order to maintain DSS compliance, SCA is only authorized to accept fully toilet trained students, as our caregivers may not enter the restroom with a child. These requirements have been explained to me and I understand this includes pulling clothing up/down, zipping/unzipping clothing, wiping private areas, and changing of clothes. While accidents may infrequently occur with preschool children, this should be the exception, not the norm. This policy reflects DSS guidelines and is not necessarily the opinion of school personnel. This information has been explained and I understand separation may become necessary if training issues arise. Yes No

I understand that final acceptance of my child is determined by the administration. The academy has full discretion in the grade placement and promotion of my child. Yes No

I have read and agree to comply with the Financial Contract. I also agree to comply with any additional withdrawal and/or payment penalties contained therein. I understand school records and report cards may be held for unpaid balances. Yes No

My signature below affirms that all of the information provided on this application and all information given to Spartanburg Christian Academy is accurate, complete, and honestly presented. I understand that falsification, misrepresentation or withholding information may jeopardize my child's admission or result in subsequent dismissal from Spartanburg Christian Academy.

Parent Signature: _____ Date: _____

Parent Printed Name: _____



Authorization of Release of Educational Records
Spartanburg Christian Academy

Please complete the authorization below so records can be acquired from the previous school attended.

Student's Last Name	First Name	Middle Name	Enrolling Grade
Student's Last Name	First Name	Middle Name	Enrolling Grade

School Most Recently Attended: _____

Address: _____ City: _____ State: _____ Zip: _____

School FAX Number: _____ School Phone Number: _____

Parent Signature: _____ Date: _____

Parent Printed Name: _____

The students listed above are seeking enrollment to Spartanburg Christian Academy for the _____ school year. We would appreciate your prompt return of all documents listed below.

Thank you!
SCA Admissions Department

*Academic Records
Behavioral/Discipline Records
Standardized Test Data
SC Certificate of Immunization
Copy of Social Security Card
Copy of Birth Certificate
Transfer Records from Other Schools
Psychological and Other Privileged Records Maintained with the District Office*

Please return to:
Spartanburg Christian Academy Admissions
8740 Asheville Highway, Spartanburg, South Carolina 29316
Phone (864) 578-4238
Fax (864) 542-1846
Email: lnusz@fbns.org

Student Questionnaire (completed by new students enrolling in Grades 7-12)

The following questions are to be answered by the applying student in his/her own handwriting. If more space is needed, please use another sheet of paper, giving your name and the number of the question being answered.

1. Have you trusted Christ as your personal Savior? Yes No If yes, please write a brief description of your conversion and the events that led to your decision to follow Christ. _____

On what Bible verse(s) do you base your salvation (eternal security)? _____

2. Are you active in a church youth group? Yes No Name of the Youth Pastor _____

3. What is your favorite school subject? _____ What subject is hardest for you? _____

5. Do you plan to attend college? Yes No Where would you like to attend? _____

What are your career goals? _____

6. Have you ever failed a subject? Yes No What subject? _____

7. List any honors you have received in school or outside of school. e.g. NHS, Beta Club, Honor Roll, MVP, etc. _____

8. Are you involved in any volunteer service work? Yes No List: _____

9. In what sports would you like to compete here at SCA? _____

10. Do you sing? Yes No Play a musical instrument? Yes No Which one? _____

11. Do you have other interests? Drama Art Please list others: _____

12. How often do you read a book? _____ What is the name of a book you have read recently? _____

13. Do you have a job after school or on weekends? Yes No If yes, where? _____

15. Do you know any current students here at SCA? Yes No If so, who? _____

17. State three adjectives that friends might use to describe you. _____

18. Have you ever used tobacco? Yes No Drugs? Yes No Alcoholic beverages? Yes No

If there is a "yes" answer, please explain. _____

With my signature, I certify that I have answered the above questions honestly and completely.

Student Signature _____ ***Date:*** _____



FINANCIAL CONTRACT 2022-23

FOR OFFICE USE ONLY:			
NEW			
Registration only	_____		
Pending/Final	_____	Denied	_____
RETURNING	_____		
Pending	_____	Final	_____

PERSON RESPONSIBLE FOR SCHOOL ACCOUNT

Last Name _____ First Name _____ Relationship to student _____
 Email for Billing Statement (REQUIRED) _____
 Address _____ City _____ State _____ Zip _____ - _____
 Cell Phone _____ Work Phone _____ Home Phone _____

STUDENT INFORMATION	2022-23 GRADE	CURRENT STUDENT	NEW STUDENT
Last Name _____ First _____ Middle _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Last Name _____ First _____ Middle _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Last Name _____ First _____ Middle _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Last Name _____ First _____ Middle _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

TUITION PAYMENT PLAN

Please check preferred payment plan. Discount applies ONLY if payment is received by specified due date.

Annual Plan – Prepayment of total tuition due by June 20, 2022 (3% discount)
 Semi-Annual Plan- Prepayment of ½ tuition due by June 20, 2022, ½ due by December 20, 2022 (1.5% discount)
 Monthly Payment Plan –varies depending on month of enrollment

Changes in payment plan after June 1 will incur a \$25.00 penalty fee.

CONTRACTUAL AGREEMENT

- Enrollment at SCA is a commitment for the entire year.
- Parents who wish to withdraw their student from school must notify the Headmaster in order to initiate withdrawal procedures.
- All outstanding bills are to be paid and all textbooks and SCA materials returned before school records, grades or transcripts can be released to any school or institution.
- *Parent-choice withdrawal* is defined as withdrawal for any reason other than 1) parental job change or transfer which results in the student relocating more than 50 miles from the campus, or 2) termination of enrollment by administration (expulsion, etc.).
- *Penalties for parent-choice withdrawal are listed below.*
 - **Withdrawal prior to beginning of school year after June 15**, a \$400 withdrawal fee per student is assessed and parents are obligated to pay all tuition fees billed through the date of withdrawal.
 - **Withdrawal during the school year** will constitute a \$400 withdrawal fee per student and payment for number of days enrolled.
- Accounts not paid in full before the late date (25th of each month) are assessed a \$35 late fee.
- Accounts 30 days past due will be restricted from charging other fees such as athletic charges, EC charges, etc.
- *Accounts must also be current (no outstanding charges beyond 30 days) at the following check-points during the year:*
 - Re-enrollment – account must be current before re-enrollment is accepted.
 - Beginning of school – account must be paid through July before student(s) may attend school.
 - Upon the releasing of report cards at the end of each nine week period.
 - Second semester – account must be paid through December before student(s) may return to school after Christmas break.
 - Withdrawal – no transcripts or grades (official or unofficial) will be released until account is paid in full. The new school will be notified if a student has a failing status.
 - Kindergarten Graduation – no student will be allowed to participate in the ceremony unless the account is current.
 - Seniors will not receive diploma or be able to participate in the ceremony unless account is paid in full.
 - Year-end – the account must be paid through May for the final report card to be released.
 - All major trips (5th Grade Barrier Island, 8th Grade Washington DC, senior trip, and summer athletic camps) must be paid in full before departure.

I have read and understand the SCA financial policies including the withdrawal policy above and pledge to fulfill my responsibilities accordingly. I understand that tuition rates do not cover the cost of operating the school and understand my participation in other ways such as volunteer involvement, monetary giving, and regular prayer efforts are necessary for the benefit of our children.

SIGNATURE REQUIRED _____

**COMPLETE THIS SECTION IF YOU QUALIFY FOR THE VARIOUS DISCOUNT GROUPS
(SCA/FBNS Staff, FBNS Member, SCA Alumni, Senior Pastor of a church, or Military)**

SCA/FBNS STAFF

SCA Staff

FBNS Staff

SIGNATURE REQUIRED _____

FBNS CHURCH MEMBER QUALIFICATIONS

The signature below validates that I am currently a ¹financially supporting and ²regularly attending ³member of First Baptist North Spartanburg and understand that any change in status from these stated qualifications will necessitate a recalculation of tuition fees at the point of change. Furthermore, I will take responsibility for immediately informing the school if and when a change occurs.

¹*financially supporting*: Those whose commitment is small or nonexistent in this area do not qualify. We teach planned, systematic, generous, sacrificial giving to the on-going ministry of FBNS.

²*regularly attending*: Those whose attendance is infrequent or sporadic do not qualify. We teach active and faithful participation in various ministries/services of FBNS.

³*member*: Those who are not officially registered in the church office as members of FBNS do not qualify.

Yes, I am a FBNS member.

SIGNATURE REQUIRED _____

SCA ALUMNI

Yes, I am a graduate of Spartanburg Christian Academy.

Year Graduated _____

SIGNATURE REQUIRED _____

SENIOR PASTOR QUALIFICATIONS

Yes, I am the Senior Pastor of the church listed below.

Church Name _____

Address _____ City _____ State _____ Zip _____ - _____

Church Phone _____

SIGNATURE REQUIRED _____

MILITARY DISCOUNT

Active

Reserves

Retired

Veteran

Honorably Discharged

Name of Service Member _____

Branch of Service _____

Dates of Service _____ Relationship to Student _____

SIGNATURE REQUIRED _____