



## Student Application

2024-2025

*South Side Christian Academy shall admit students of any race, color, religion or national or ethnic origin to all the rights, privileges, programs, and activities generally afforded or made available to students at the school. It shall not discriminate on the basis of race, color, religion, or national or ethnic origin in the administration of its educational policies, admissions policies, scholarship and loan programs, athletic programs or other school administered programs.*

## **PARENT COVENANT –**

While we see educating your child as a privilege and responsibility, we recognize that you as a parent/guardian have the greatest possible impact on your child's life. We cannot achieve the greatest potential for our students if parents are not willing to partner with teachers and our school as a team. We believe that when you support your child outside of school, he/she has a greater chance of reaching his/her potential. Because of this, we ask the parents of SSCA to renew their commitment to our Parent Covenant each year. The following is the covenant that we ask parents to sign:

In recognition of the promises of SSCA to provide my child with an outstanding Christ-centered education, and that my child's success in school depends largely on my support and involvement:

~I accept the school's mission statement, beliefs, and strategies of education and behavior management that are in accordance with the Word of God and biblical virtues.

~I accept that the entire program of education that my child will receive at SSCA will be consistent with SSCA's religious beliefs.

~I agree to support the school and its staff with respect and kindness in the pursuit of their mission to provide a Christ-centered education and in upholding the SSCA rules as stated in the Family Handbook and Board Policies. As a parent, I am responsible for the behavior and actions of my child.

~I agree to participate in mandatory parent activities including:

- 3 Parent Nights
- 2 Parent/Teacher Conferences

~I agree to send my child to school in a uniform that aligns with the SSCA dress code.

~I agree to provide a supportive, educational environment for my child including:

- I will make sure my child is ready for the bus each day or I will have him/her to school on time each day.
- I will ensure that my child attends school each day on the required days and will report any absences to the school as soon as I know my child will need to miss a day of school.
- I will check my child's backpack every night and make it a priority to read with him/her every night.
- I will provide all necessary medical and financial information on time to the school office.

*Failure to adhere to any of these commitments may cause my student to lose various privileges and may ultimately lead to my child's removal from SSCA.*

South Side Christian Academy  
Student Application  
2024-2025

Date Rec'd \_\_\_\_\_  
Date Contacted \_\_\_\_\_  
Assessment Date \_\_\_\_\_  
Parent Interview \_\_\_\_\_  
Notification Date \_\_\_\_\_

**STUDENT INFORMATION**

Legal Name: \_\_\_\_\_  
(First) (Middle) (Last)

Preferred Name: \_\_\_\_\_

Shirt Size: YXS, YS, YM, YL, YXL AS, AM, AL, AXL, A2XL

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male or Female

Student's Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Grade applying for: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

Name of Current/Previous schools:  
\_\_\_\_\_  
\_\_\_\_\_

**Student Residential Status:**

\_\_\_\_ Parent/Legal Guardian

\_\_\_\_ Homeless

\_\_\_\_ Foster Home

\_\_\_\_ Temporary Residence

**Race/Ethnic Designation**

Race (Select one or more)

\_\_\_\_ American Indian or Alaskan Native

\_\_\_\_ Black or African American

\_\_\_\_ Asian

\_\_\_\_ White

\_\_\_\_ 2 or more races

Is the student Hispanic? Yes or No

Primary Home Language:

\_\_\_\_ English

\_\_\_\_ Spanish

\_\_\_\_ Other

Military: YES or NO

Active: YES or NO

Branch \_\_\_\_\_

You have a choice of where you send your child to school. Please describe briefly why you are applying to SSCA.

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- Has the student ever received Special Education services? YES or NO
- Does the student receive any extra academic/behavioral support? YES or NO
- Does the student receive speech services? YES or NO
- Does the student have an active 504 plan? YES or NO
- Has the student ever repeated a grade? YES or NO
- Has the student ever been dismissed from a school? YES or NO

If "YES" to any of these questions, please explain below:

**SIBLING INFORMATION**

Please list all siblings older and younger living at this address

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(Sibling Name)	(Date of Birth)(Grade)	(Current School)
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(Sibling Name)	(Date of Birth)(Grade)	(Current School)
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(Sibling Name)	(Date of Birth)(Grade)	(Current School)
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(Sibling Name)	(Date of Birth)(Grade)	(Current School)
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**CONTACT INFORMATION**

Parent/Guardian Name \_\_\_\_\_

Parent Mailing Address \_\_\_\_\_

Lives with student            YES or NO

Relationship to Student \_\_\_\_\_

Phone Number \_\_\_\_\_ Texting Available    YES or NO

Parent Email \_\_\_\_\_

Parent Employer Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent Mailing Address \_\_\_\_\_

Lives with student            YES or NO

Relationship to Student \_\_\_\_\_

Phone Number \_\_\_\_\_ Texting Available    YES or NO

Parent Email \_\_\_\_\_

Parent Employer Name \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (other than parent/guardian)**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Student \_\_\_\_\_

May release student to this person    YES or NO

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Student \_\_\_\_\_

May release student to this person    YES or NO

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Student \_\_\_\_\_

May release student to this person    YES or NO

**MEDICAL RELEASE**

Has your child ever had or have now (CIRCLE ALL THAT APPLY)

- Allergies
- Asthma
- Chronic/Recurring Illness
- Diabetes
- Diet – Food Allergies
- Physical conditions that limit physical activity
- Heart Issues
- Emotional problems that require medication
- Surgery or recent serious illness
- Seizures
- Other: \_\_\_\_\_

**Please explain any items circled above:**

**Medications taken regularly:**

**My child will be taking medication during the school day** YES or NO

CONSENT: I give permission for my child, \_\_\_\_\_, to participate in all SSCA activities and authorize the leaders supervising these activities to administer emergency treatment to my child for any accident or illness and to act in my stead in approving necessary medical care. This authorization shall cover all programming during the 2024-2025 school year. I understand I am to provide primary health insurance and any insurance coverage of the school will be secondary.

\_\_\_\_\_

(Parent/Guardian Signature) (Date)

## TRANSPORTATION LIABILITY WAIVER

My child, \_\_\_\_\_, has permission to ride the bus to and from school if qualified and to and from all South Side Christian Academy (SSCA) field trips. I, the undersigned, give my consent for the person identified above to be transported by SSCA and will assume all liability for my child's participation in any activity/event and any injury that may result during the transport or at the event/activity.

Further, by signing below:

1. I will not hold SSCA, its officers, agents, employees, or anyone acting on its behalf, responsible or liable for injury occurring to the named person in the course of such activities or travel.
2. I hereby accept financial responsibility for personal items lost by my student.
3. I authorize SSCA to transport and to obtain, through a physician of its choice, any emergency medical care that may become reasonably necessary for my child during such activities/events or such travel and agree to accept the cost of the transportation and/or treatment by medical personnel or facility.
4. I accept full responsibility and hereby grant permission for me or my minor to travel with SSCA during the 2024-25 school year.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian Printed Name)

**MEDIA RELEASE**

I give consent for my child's photograph to be used in printed materials, video, or any promotion of South Side Christian Academy.

I give the school permission to publish any work my child produces for the purpose of using it as an example of what the students at South Side Christian Academy are accomplishing.

Student Name \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_





The following student has applied for enrollment at South Side Christian Academy:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current School: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Please email all records (report cards, test results, screening reports, IEPs, attendance records, health records, birth certificate, etc.) to [susan.ssca@gmail.com](mailto:susan.ssca@gmail.com)

These documents are necessary for us to review whether the above student is eligible for enrollment at SSCA. Thank you for your assistance.

Parent signature: \_\_\_\_\_

Parent name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date: \_\_\_\_\_

*Please read the Parent Covenant carefully. Upon admission to SSCA, parents/guardians will be required to sign and adhere to the Parent Covenant each year. Please be sure that you are willing to fully follow all that the covenant entails. Thank you.*