

# Working Together To Change Lives

**REQUIRED**

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Student  
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## SOUTHWEST CHRISTIAN SCHOOL

Application for Enrollment

2009/2010

EARLY CHILDHOOD AND KINDERGARTEN

### STUDENT INFORMATION:

Student Name \_\_\_\_\_ Preferred Name \_\_\_\_\_  
Complete Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Applying for grade \_\_\_\_\_  
Home Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Ethnicity (circle one) African-American Anglo Asian Bi-racial Hispanic Native American Other

### ACADEMIC HISTORY:

Is your child currently enrolled in Preschool/Kindergarten?  Yes  No

School Name \_\_\_\_\_ Years of Attendance \_\_\_\_\_  
School Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### GENERAL INFORMATION:

#### Siblings:

Name	Age	Current Grade	School attending	Applying To SCS?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

#### Grandparent Information:

Please provide the names and addresses of grandparents so we can keep them informed of special events at SCS:  
(If deceased, please indicate)

Paternal Grandfather: \_\_\_\_\_  
Paternal Grandmother: \_\_\_\_\_  
Maternal Grandfather: \_\_\_\_\_  
Maternal Grandmother: \_\_\_\_\_

### HEALTH HISTORY:

Name any **medical** conditions, **past or present**, which would restrict physical or academic activities to safeguard this applicant at school (I.E. diabetes, seizures, asthma, etc.): \_\_\_\_\_

Name any **behaviorial** conditions, **past or present**, which would restrict physical or academic activities to safeguard this applicant at school (I.E. emotional disorders, ADHD, ADD, etc.): \_\_\_\_\_

Is the applicant taking any prescription medications? \_\_\_\_\_ If yes, please specify \_\_\_\_\_

Is the applicant enrolled in any type of speech or language services?  yes  no  
If yes, please explain \_\_\_\_\_

Applicant's Doctor \_\_\_\_\_ Phone No. \_\_\_\_\_

**Note: Please send copy of applicant's immunization record with this application.**

#### NOTICE OF NON-DISCRIMINATORY POLICY

Southwest Christian School admits students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, scholarships and loan programs, and athletic and other school-administered programs.



## PARENT/GUARDIAN INFORMATION:

*This Section for Parent/Guardian Information Whom Child Lives With:*

### Parent/Guardian

Full Name \_\_\_\_\_  
Employer \_\_\_\_\_  
Position/Title \_\_\_\_\_  
Business Phone (\_\_\_\_) \_\_\_\_\_  
Cell or Pager Phone (\_\_\_\_) \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_  
Alumni of SCS?  yes  no  
Year Graduated From SCS High School \_\_\_\_\_  
Maiden Name (if applicable) \_\_\_\_\_  
Email Address Most Frequently Viewed \_\_\_\_\_  
Denomination \_\_\_\_\_ Home Church \_\_\_\_\_ Senior Pastor \_\_\_\_\_  
Attends how often? \_\_\_\_\_ Regularly \_\_\_\_\_ Occasionally  
Please list any religious and/or civic organizations to which you belong: \_\_\_\_\_

### Parent/Guardian

Full Name \_\_\_\_\_  
Employer \_\_\_\_\_  
Position/Title \_\_\_\_\_  
Business Phone (\_\_\_\_) \_\_\_\_\_  
Cell or Pager Phone (\_\_\_\_) \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_  
Alumni of SCS?  yes  no  
Year Graduated From SCS High School \_\_\_\_\_  
Maiden Name (if applicable) \_\_\_\_\_

***This Section For Non-Custodial Parent/Guardian Information Whom Child Does Not Live With: (if applicable)***

### Parent/Guardian

Full Name \_\_\_\_\_  
Employer \_\_\_\_\_  
Position/Title \_\_\_\_\_  
Business Phone (\_\_\_\_) \_\_\_\_\_  
Cell or Pager Phone (\_\_\_\_) \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_  
Alumni of SCS?  yes  no  
Year Graduated From SCS High School \_\_\_\_\_  
Maiden Name (if applicable) \_\_\_\_\_  
Email Address Most Frequently Viewed \_\_\_\_\_  
Denomination \_\_\_\_\_ Home Church \_\_\_\_\_ Senior Pastor \_\_\_\_\_  
Attends how often? \_\_\_\_\_ Regularly \_\_\_\_\_ Occasionally  
Please list any religious and/or civic organizations to which you belong: \_\_\_\_\_

### Parent/Guardian

Full Name \_\_\_\_\_  
Employer \_\_\_\_\_  
Position/Title \_\_\_\_\_  
Business Phone (\_\_\_\_) \_\_\_\_\_  
Cell or Pager Phone (\_\_\_\_) \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_  
Alumni of SCS?  yes  no  
Year Graduated From SCS High School \_\_\_\_\_  
Maiden Name (if applicable) \_\_\_\_\_

### Additional Parent/Guardian (if applicable)

If divorced, please indicate the type of custody ordered by the court: \_\_\_\_\_ Joint \_\_\_\_\_ Sole

**(The school will require a copy of the court order concerning custody for school records once student is accepted at SCS)**

To whom should notices of school activities be sent? \_\_\_\_\_

To whom should financial statements be sent? \_\_\_\_\_

## QUESTIONNAIRE:

We appreciate your interest in enrolling your child at Southwest Christian School. We view ourselves as partners with you in providing a college preparatory education within a Christian community committed to integrating Biblical faith and learning.

**How did you first hear of Southwest Christian School?** *(If any of these are checked, please give names so we can send proper thanks.)*

Current Student/Parent \_\_\_\_\_ SCS Faculty \_\_\_\_\_ Alumnus \_\_\_\_\_ Church \_\_\_\_\_

**Has your decision to pursue an education at Southwest Christian School been influenced by any of the following?**

\_\_\_\_ Newspaper \_\_\_\_ Magazine ad \_\_\_\_ Realtor \_\_\_\_ Telephone book \_\_\_\_ Private School Fair \_\_\_\_ Word of mouth \_\_\_\_ Website \_\_\_\_ Radio \_\_\_\_ Referral from another school \_\_\_\_\_

**The factor(s) most influencing us to apply to SCS are:**

\_\_\_\_ Christian philosophy \_\_\_\_ Academic standards \_\_\_\_ Location \_\_\_\_ Reputation of SCS \_\_\_\_ Desire to attend private school  
\_\_\_\_ Displeasure with local schools \_\_\_\_ Extra-curricular programs \_\_\_\_ Class size \_\_\_\_ Other \_\_\_\_\_

**Are you applying to any other schools in the area?**

\_\_\_\_ Yes \_\_\_\_ No If yes, which schools? \_\_\_\_\_

## CERTIFICATION OF AUTHENTICITY:

I have read and understand the mission statement and statement of philosophy of **Southwest Christian School**. I/We agree, if accepted, to support and follow all rules and regulations of the school and understand that failure to do so could result in disciplinary action (which may include suspension or expulsion). Furthermore, I/we understand that all new students are accepted on academic and behavioral probation for a period of one calendar year. *I/We certify that no information relevant to my child's application has been withheld and agree to the terms of this application and the policy of the school.* Failure to note any situations that could influence acceptance could result in the student's separation from **Southwest Christian School**. I/We understand that acceptance of this application by Southwest Christian School in no way guarantees enrollment. All applicants are considered in accordance with the official admission policy, and final decisions will be made by the Administration of **Southwest Christian School, Inc.** By my/our signature hereon, we certify that we understand these policies and that all information provided on this application is true and correct to the best of our knowledge.

**Parent's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**OFFICE OF ADMISSIONS—ELEMENTARY**  
**SOUTHWEST CHRISTIAN SCHOOL**  
6801 Dan Danciger Road • Fort Worth, Texas 76133  
817-294-0350 • Fax 817-294-0752