

APPLICATION FOR ENROLLMENT



SMYRNA
CHURCH OF CHRIST
and
CHRISTIAN SCHOOL

1630 Joe Goldsborough Road, Smyrna, DE 19977
302-653-4556

For academic year beginning August _____ Today's Date _____

Applying for: _____ Pre-School 3 Half Day _____ Pre-School 3 Full Day _____ Pre-School 4
_____ Kindergarten _____ 1st Grade _____ 2nd Grade _____ 3rd Grade
_____ 4th Grade _____ 5th Grade _____ 6th Grade _____ 7th Grade
_____ 8th Grade _____ Home School

STUDENT'S NAME _____
First Middle Last

Date of Birth _____ Male _____ Female _____

Mailing Address _____
Street

City State Zip Code

Best Contact Number/Time _____

Student's First Language _____ Other Language(s) _____

Father's Full Name _____ Father's Email _____

Father's Home Phone _____ Father's Cell _____

Address (if different from above) _____

Employer _____
Name Address Phone

Mother's Full Name _____ Mother's Email _____

Mother's Home Phone _____ Mother's Cell _____

Address (if different from above) _____

Employer _____
Name Address Phone

Student Lives with (check all that apply): _____ Father _____ Mother _____ Step-father _____ Step-mother
_____ Other _____
Name/Relationship

Previous School(s) Attended (begin with the most recent):

Name	Address	Phone

Student Profile (to be completed by parent or guardian):

Why do you want your child to attend Smyrna Christian School?

Please describe any behavioral, social and/or cognitive special needs of your child that Smyrna Christian School should be aware of:

Does your child have any diagnosed learning disabilities? Yes ___ No ___

Has your child been enrolled in a special education program? Yes ___ No ___

If so, do they have an Individual Education Plan? Yes ___ No ___

Describe any remedial program/actions being taken:

Has your child ever been suspended from school or subject to any other serious disciplinary actions?

No ___ Yes ___ If yes, please explain: _____

Please describe your family's church affiliation/involvement:

Please share any major events that have occurred during your child's life that Smyrna Christian School should be aware of (relocation, death in the family, major illness, divorce, etc.):

Smyrna Christian School is a Christ-centered school that encourages and prepares its students to grow in their personal faith in Jesus Christ, to pursue higher education, and to serve the Lord, their families, and their community. Smyrna Christian School believes that the spiritual growth of its students gives meaning to all their intellectual and physical endeavors. By signing below, I fully acknowledge and understand that my child will be taught spiritual truths in accordance with Scripture at Smyrna Christian School.

I understand that this application will not be processed until the \$20 application fee is paid.

Upon receipt of this application, all materials, documents and files comprising the applicant folder become the property of Smyrna Christian School. I understand that admittance into Smyrna Christian School is not guaranteed, but at the discretion of the Principal and Board Members of the school.

Parent's Signature _____ Date _____

For Office Use Only

NOTES

Application-Date Received _____

Interview-Date Completed _____

Assessment-Date Completed _____

Student File Requested-Date _____

Application Fee-Date Paid _____

Decision Letter Sent-Date _____

Reg. Packet-Date Completed _____

Registration Fee-Date Paid _____