

TOUR REQUEST FORM

Thank you for your interest in touring Smyrna Christian School! We look forward to meeting with you, and we hope you find what you are looking for here at SCS!

PARENT NAME: _____

PHONE NUMBER: _____

E-MAIL: _____

Please list the name of your child and the age and grade in which you are interested in placing your child. Your child will be tested upon enrollment to determine final grade placement.

CHILD NAME

AGE/GRADE

Currently we conduct tours on Wednesday mornings from 9-11am. Please choose the top 3 Wednesday dates that are most convenient for you to visit our facility. Also, please let us know what time you would like to come for your tour.

TOP 3 WEDNESDAY DATES TO
SCHEDULE YOUR TOUR

PREFERRED TIME TO SCHEDULE
YOUR TOUR

Office use only

Received by: _____ Date Received: _____