

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 _____