

# SOUTHSIDE Christian School

3439 KNIGHT AVE WAYCROSS, GEORGIA 31503

## STUDENT APPLICATION

**Entrance Date:** \_\_\_\_\_ **Withdrawal Date:** \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Home Address (if different from child's) Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Employer's Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Home Address (if different from child's) Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Employer's Address \_\_\_\_\_

Child's Living Arrangements: (Check One)  Both Parents  Mother  Father  Other \_\_\_\_\_

Child's Legal Guardian(s): (Check One)  Both Parents  Mother  Father  Other \_\_\_\_\_

The child may be released to the person(s) signing this agreement or to the following:

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Other identifying information (if any) \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Other identifying information (if any) \_\_\_\_\_

Persons to contact in case of emergency when parent or guardian cannot be reached:

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

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

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

Name of Public or Private School child attends, if any \_\_\_\_\_

Child's doctor or clinic name \_\_\_\_\_

Doctor/Clinic Phone number \_\_\_\_\_

My child has the following special needs/necessary accommodations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Emergency Medical Authorization**

Should (child's name) \_\_\_\_\_ Date of birth \_\_\_\_\_

Suffer an injury or illness while in the care of Southside Christian School and the facility is unable to contact me(us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (we) shall assume responsibility for payment of services.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Administrator Signature \_\_\_\_\_

Date \_\_\_\_\_

Admission Information for Grades PK2-12

You are applying to attend what grade? \_\_\_\_\_ School Attended last year: \_\_\_\_\_

Address of School: \_\_\_\_\_

Have all financial obligations been fulfilled at the school listed above?  Yes  No

Have any grade been repeated? \_\_\_\_\_ If yes, which one? \_\_\_\_\_ Reason: \_\_\_\_\_

Does the applicant exhibit any kind of rebellious attitudes toward parents or other in authority?  Yes  No

Applicant:

Are you willing to commit to working diligently in our academic program?  Yes  No

Student Signature: \_\_\_\_\_

Please give the specific name of the church where you and your child attend or are members:

\_\_\_\_\_

Does your child attend Sunday School regularly?  Yes  No You?  Yes  No

How did you hear about Southside? \_\_\_\_\_

**Confidential**

Yes  No Does the applicant have any significant physical impairment?

If yes, what? \_\_\_\_\_

Yes  No Has the applicant been previously hospitalized?

If yes, for what? \_\_\_\_\_

Yes  No Is the applicant allergic to anything?

If yes, what? \_\_\_\_\_

Yes  No Has the applicant had or have any major diseases or illnesses?

If yes, what? \_\_\_\_\_

Yes  No Is the applicant under the care of a doctor?

If yes, for what reason? \_\_\_\_\_

Yes  No Has the applicant ever been treated for any nervous, mental, or emotional disorder, or seen a psychologist?

If yes, for what reason? \_\_\_\_\_

Yes No Has the applicant ever been expelled, dropped, or suspended by any school?

If yes, for what reason? \_\_\_\_\_

Yes No Does the applicant have any physical, emotional, or mental handicaps which may affect activities or progress?

If yes, please explain \_\_\_\_\_

Yes No Has the applicant received any type of tutoring or therapy?

If yes, please explain: \_\_\_\_\_

Reason for leaving current school \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **Our agreement**

We have read and understand the parent/student handbook, and we are in agreement with the policies set forth. We give permission for my child to take part in all school activities, including sports and school sponsored trips away from the school premises. We further agree to hold the school and its agents harmless for any liability to my child or guardian or parent thereof because of any claims on behalf of my child against the school or any agent thereof because of any injury or alleged injury to my child. Should legal action for any reason, be taken against the school or any employee or agent thereof on my child's behalf and the school or its agents not be found at fault, we agree to pay any attorney fees, court fees, damages, or other costs that the school or its agents should incur to defend itself against such action. Should legal action be required to collect my account should it become delinquent, we agree to pay any attorney's fees, collection fees, or court fees that the school or its agents should incur.

We agree to uphold and support the high academic standards of the school by providing a place at home for our child to study and by giving our child encouragement in the completion of homework and assignments.

We recognize that for our child to make good progress in his work, it is essential that he have confidence in his teacher and school. Therefore, we will do all in our power to see that our child respects and obeys the school staff and standards. We agree that if our child should become involved in any difficulty with other children,

teachers, or staff in the school, we will refrain from complaining to any parent, but with prayerful Christian spirit will register complaints with the teacher or principal.

We shall endeavor to support and uphold the principles, practices, and educational policies of the school in every way.

This statement of cooperation will be in effect for as long as my children attend the school.

Father's signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's signature \_\_\_\_\_ Date \_\_\_\_\_

Southside Christian School admits students of any race, color, or ethnic origin.