



St. Cloud Christian School
APPLICATION PROCESS & PROCEDURES
(For Current Families)
2018-19 School Year

Our Mission: St. Cloud Christian School exists in partnership with Christian families and churches to assist each student to grow in excellence spiritually, academically, socially, and physically.

Admissions Process (for siblings):

- 1. **Complete Sibling Application**
- 2. **Academic Screening** - After application materials are received in the office we will contact you to **schedule a screening** time for your child. You can plan for 30 -60 minutes for this screening. All new students, regardless of age, will be required to complete an academic screening evaluation.
- 3. **School Records** - A **copy of** the following items are required to hold classroom placement and to complete the admissions process:
 - A copy of** each student's most recent **Report Card** and/or **Standardized Test** scores
 - IEP/504 or ISP** reports (if any)
 - Birth Certificate**(a copy is sufficient)
 - Health Records** (immunizations/physicals)
- 4. **Tuition Assistance** - Financial aid is applied for through FACTS at [www.https://online.factsmgt.com](https://online.factsmgt.com). Please apply early. Processing may take up to 2 weeks.
- 5. **SCCS Tuition Agreement** (with deposit)

Admissions Policies:

****Christian Partnership Policy:** St. Cloud Christian School seeks to educate the children of Christian parents. Therefore, it is required that at least one of the parents/guardians is able to give a clear testimony of a personal faith in Jesus Christ. Parents/guardians are also required to read and sign the Statement of Faith (printed on page 6 of this application) to indicate their knowledge and support of the doctrinal position taught at this school.

***Nondiscrimination Policy:** St. Cloud Christian School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. SCCS does not discriminate on the basis of race, color, national or ethnic origin, gender, status in regard to public assistance in administration of its educational policies, admissions policies, tuition assistance programs, athletic and other school-administered programs.

Family Lifestyle Policy: St. Cloud Christian School's biblical role is to partner with Christian parents to mold students to be Christ-like servant-leaders. On occasion, the atmosphere or conduct within a particular home may be counter or in opposition to clear biblical standards. This includes, but is not necessarily limited to, sexual immorality, homosexual sexual orientation, or inability to support the moral principles of the school. In such cases, the school reserves the right, within its sole discretion, to refuse admission of an applicant or to discontinue enrollment of a student.

St. Cloud Christian School
SIBLING APPLICATION
2018-19 School Year

Please type or print clearly.

Family Information:

Family/Child's Last Name: _____

Father's Full Name: _____ Mother's Full Name: _____

Student Information:

Name	Birth Date	Age	Grade	Sex
_____	_____	_____	_____	M/F
_____	_____	_____	_____	M/F

List names and ages of other children not enrolled at SCCS:

Name: _____ Age: _____ Name: _____ Age: _____
Name: _____ Age: _____ Name: _____ Age: _____

Name of school(s) child(ren) attended last? _____

School District(s): _____

Answering "yes" to a question on this page will not automatically disqualify an applicant. However, due to limited programming options, St. Cloud Christian School carefully reviews all applications to help insure that the needs of enrolled students can be met.

1. Any general health problems? ___ Yes ___ No Any physical limitations? ___ Yes ___ No

If you have answered "Yes" above, please explain:

2. Has your child been *diagnosed, referred for services, or received services* for any of the following health/learning concerns:

___ A.D.D. ___ Hyperactivity ___ Convulsions ___ Hearing ___ Title I or Tutoring
___ A.D.H.D. ___ Vision ___ Speech ___ Allergies ___ Asthma
___ O.D.D. ___ Diabetic ___ Epilepsy ___ Orthopedic ___ Medications
___ Heart ___ Referred for Counseling ___ Other Behavioral Concerns
___ Other: _____

If you checked one of the above conditions, please explain: (attach additional pages if needed)

3. Either now or in the past, has your child had an educational IEP or any accommodation or modification plan?

___ YES ___ NO If yes, a current copy of the plan must accompany this application.

Please briefly explain the content of the plan: _____

4. Are there any other physical or emotional issues that may affect your child's educational needs?
___ YES ___ NO If yes, please explain: _____

5. Has your child ever repeated a grade?
___ YES ___ NO If yes, please explain: _____

6. Has your child ever been arrested, referred to juvenile court, social service, etc.?
___ YES ___ NO If yes, please explain: _____

7. Has your child ever been treated, referred for treatment, or had issues related to drug or alcohol use or abuse?
___ YES ___ NO If yes, please explain: _____

8. Has your child ever been under academic or disciplinary suspension, disqualification, expulsion, dismissal, refused admission, or similar action at any school?
___ YES ___ NO If yes, please explain: _____

9. Are you aware of any other factors that would affect the educational process for your child, including below average progress in any subject areas?
___ YES ___ NO If yes, please explain: _____

What do you see as your student's greatest strengths?

Spiritually: _____

Academically: _____

Socially: _____

Any weaknesses or areas of concern?

Is there any other information you would like to share with us?

