

APPLICATION

St. Petersburg Christian School
2021 62nd Avenue North, St. Petersburg, FL 33702
(727) 522-3000

Please print:

Date: _____

Applicant's Legal Name: _____
Last First Middle Preferred Name

Date of Birth: _____ Current Grade: _____ Applying for Grade: _____ Projected Date of Entrance: _____

SS#: _____ () Boy () Girl Race: _____ U.S. Citizen: () Yes () No

Father/Legal Guardian Information:

Mother/Legal Guardian Information:

Name: _____
Mr./Dr./Rev. First Last

Name: _____
Mrs./Ms./Dr./Rev. First Last

Address: _____
Street

Address: _____
Street

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Home: Phone _____ E-Mail _____

Home: Phone _____ E-Mail _____

Work: Phone _____ E-Mail _____

Work: Phone _____ E-Mail _____

Cell Phone: _____ Occupation: _____

Cell Phone: _____ Occupation: _____

Employer: _____

Employer: _____

Industry: _____ Position: _____

Industry: _____ Position: _____

Check ALL that apply:

Applicant lives with: () Mother () Father () Stepmother () Stepfather () Other _____

Applicant's () Father is deceased () Mother is deceased () Parents are separated () Parents are divorced

If parents are divorced or separated, is the non-custodial parent to receive a copy of the report card? () Yes () No

Person having legal custody (if applicable): _____ Is applicant adopted?: () Yes () No

People to notify in case of an emergency when parent or guardian cannot be reached:

Name: _____ Home Phone: _____ Work Phone: _____ Relationship: _____

Name: _____ Home Phone: _____ Work Phone: _____ Relationship: _____

For Office Use Only:

Date: _____ Appl. Fee Rec'd: _____ School Reference Form: _____ Pastor/Youth Worker Questionnaire: _____

Transcript: _____ Reg. Fee Rec'd: _____ Test Scores Rec'd: _____ Test Fee Paid: _____ Test Date: _____

Accepted: _____ Denied: _____ Waiting List: _____ Acceptance Letter Sent: _____

Immunization: _____ Physical Form: _____ Medical Release Form: _____ Birth Certificate: _____

EDUCATIONAL BACKGROUND:

School applicant is attending or last attended: _____
Name _____ Phone _____
Street _____ City _____ State _____ Zip _____

Attendance dates: _____ Grades: _____

Has the applicant ever been retained? () Yes () No If yes, please explain: _____

Has the applicant ever skipped a grade? () Yes () No If yes, please explain: _____

Has the applicant ever been tested for a learning difficulty? () Yes () No (If yes, please discuss the results and include a copy of the report.)

Has the applicant ever been enrolled in a special program or special education program (A.D.D., L.D., etc) ? () Yes () No If yes, please explain: _____

Has the applicant ever been referred for or received psychological or personal counseling? () Yes () No
If yes, please describe: _____

Has the applicant ever been arrested? () Yes () No If yes, please explain: _____

Has the applicant had behavioral problems? () Yes () No If yes, please explain: _____

Has he/she had an attendance or tardiness problem? () Yes () No If yes, please explain: _____

Has the applicant ever been suspended, expelled, or withdrawn from any school for any reason? () Yes () No If yes, please give the name of the school, year, contact person and nature of the problem: _____

Applicant's extra curricular interest, achievements, musical instruments played? _____

What special needs does he/she have? _____

Is there a language other than English spoken in the home? () Yes () No If yes, please list: _____

RELIGIOUS BACKGROUND:

Father: Religious preference: _____ Church Attending: _____ Member? () Yes () No

Mother: Religious preference: _____ Church Attending: _____ Member? () Yes () No

What church are you now attending? _____ Regularly? () Yes () No

Pastor: _____ Phone: _____

HEALTH BACKGROUND:

Does the applicant have a physical health problem of which the school should be aware? (This may include special diet, prescriptions, surgeries, or limitations on normal activities):

If the applicant has allergies, please list those items to which he/she is allergic : _____

Does he/she wear glasses or contacts? () Yes () No If yes, when are they needed? _____

Does the applicant take medication regularly? () Yes () No If yes, please list and explain: _____

On an attached sheet, please give any instructions or doctor's recommendation which may be helpful. (Physical Education is a requirement which may only be excused by a note from your physician.) Instructions attached: () Yes () No

Dental Insurance? () Yes () No

Insurance Company: _____ Policy Number: _____

Dentist's Name: _____ Address: _____ Phone: _____

Medical Insurance? () Yes () No

Insurance Company: _____ Policy number: _____

How did you hear of SPCS?:

We first learned of SPCS through (please check only one):

- | | | | | |
|---|---|-----------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Parent of SPCS student | <input type="checkbox"/> Telephone book | <input type="checkbox"/> Magazine | <input type="checkbox"/> Alumnus | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Sign on 62nd Avenue | <input type="checkbox"/> Summer Camp | <input type="checkbox"/> Minister | <input type="checkbox"/> Website | <input type="checkbox"/> Other: _____ |

The two factors most influencing us to apply to SPCS (please check only two):

- | | | | |
|-------------------------------------|---|---|---|
| <input type="checkbox"/> Location | <input type="checkbox"/> Advantages of a small school | <input type="checkbox"/> Fine Arts Program | <input type="checkbox"/> Sports Program |
| <input type="checkbox"/> Discipline | <input type="checkbox"/> Academic reputation | <input type="checkbox"/> Christian teaching | <input type="checkbox"/> Other: _____ |

OUTREACH:

Please provide names of any prospective students for SPCS:

Student Name: _____ School currently attending: _____ Grade: _____

Address: _____ Telephone: _____

Parent's Name: _____

Student Name: _____ School currently attending: _____ Grade: _____

Address: _____ Telephone: _____

Parent's Name: _____

IN CONCLUSION:

Do other children in the family attend SPCS? () Yes () No If yes, please list names and grade levels: _____

Please list names and ages of siblings who do not attend SPCS: _____

Have others in your family attended SPCS? () Yes () No If yes, please list who and when: _____

Names of all Grandparents:

Name Address City State Zip Phone

Name Address City State Zip Phone

Name Address City State Zip Phone

Name Address City State Zip Phone

I understand that from time to time my child may be included in photographs, videotapes, audio tapes or other recordings taken by SPCS to be used for general promotional purposes, including on the SPCS Website and **stpetechristian.org**. I give the SPCS administration permission to use such photographs, video tapes, or other recordings of my child for purposes of promoting SPCS as it may see fit.

Yes No

A blank response will be interpreted as "yes".

I give the SPCS administration permission to use such photographs of my child in the yearbook and school newspaper.

Yes No

A blank response will be interpreted as "yes".

Please check if you **DO NOT** want to be included in our school directory

PARENTAL COMMITMENT TO ST. PETERSBURG CHRISTIAN SCHOOL

- A. In signing this application I/we acknowledge commitment to the following:
1. To accept teacher and administrative authority.
2. To support the Christian philosophy of education as taught at SPCS.
3. To support SPCS policies as stated in this application and the student handbook.
4. To participate in fund-raising projects.
5. To actively participate in the Parent Teacher Fellowship. (PTF)
6. To provide tax deductible gifts to the school as God leads and provides.
7. To make tuition payments on schedule.
8. To follow God's line of authority: When differences exist, we will first go to the person with whom we have a problem. If it is not resolved, we will go with the person to his/her supervisor. (Matthew 18:15-17)
9. To pay a handling fee of \$25.00 if tuition is not paid by the 5th of each month.
B. If I/we choose to withdraw or are requested to withdraw the applicant from the school, we are responsible to pay the tuition and fees for the month in which we do so, as well as any balance of fees.
C. I/we understand that final grades, diplomas and report cards will be retained by the school until accounts are paid in full. Report cards will be held at the end of each grading period if accounts are not current.
D. The applicant may participate in scheduled field trips and other school sponsored activities.

Father or Legal Guardian

Date

Mother or Legal Guardian

Date