



StoneGate Christian Academy

APPLICATION FOR ADMISSION

(Note: To be completed by the parents)

Date: _____

STUDENT INFORMATION	Name: Last		First	Middle
	Address		Home Phone ()	
	City		State	Zip
	Age	Birthday	Sex	Grade Entering
	Social Security Number		School term	
FAMILY INFORMATION	Marital Status of Parents: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
	Father's Name		Wk Phone ()	
	Employer	Occupation	Cell Phone ()	
	Home Address (If different from your child's)			
	Mother's name		Wk Phone ()	
	Employer	Occupation	Cell Phone ()	
	Home Address (If different from your child's)			
	Emergency Number (If not able to be contacted at home or work) ()			
	Father's Email		Mother's Email	
	Responsible party for financial payment			
Do you have financial obligations at another school? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, Name of School: _____		Amount: _____		
Explanation:				
How did you hear about SGCA?				
RELIGIOUS INFORMATION	Has your child made a confession of faith in Jesus Christ? <input type="checkbox"/> Yes <input type="checkbox"/> No When?			
	Is your child a member of a Church? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Pastor		Phone ()	
	Church			
	Have you, the child's parents, professed Jesus Christ as your Savior and Lord?			
	Father <input type="checkbox"/> Yes <input type="checkbox"/> No		Mother <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are you an active member of a Church? Father <input type="checkbox"/> Yes <input type="checkbox"/> No Mother <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Do you both attend regularly? Father <input type="checkbox"/> Yes <input type="checkbox"/> No Mother <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If different from above, please state where? Church			
	Pastor		Phone ()	
Church				
Do you as parents believe that you have a responsibility toward the spiritual and moral development of your child? Father <input type="checkbox"/> Yes <input type="checkbox"/> No Mother <input type="checkbox"/> Yes <input type="checkbox"/> No				

After both parents have completed the above information, please initial here. _____ Father _____ Mother

SCHOLASTIC INFORMATION	Last school attended		Grade		
	Address		City	State	Zip
	Please indicate the academic average of your child's previous work <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> F				
	Has your child ever failed in school? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	To your knowledge, does your child have any learning disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	If Yes, please explain:				
Has your child ever received any scholastic awards? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, Grade _____ Subject _____					
DISCIPLINE INFORMATION	Has your child ever been expelled, dismissed, suspended, or refused admission to another school? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, When? _____ Why? _____				
	Has your child ever had any disciplinary difficulties? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____ Why? _____				
	Has your child ever been in trouble with the law? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____ Why? _____				
	Has your child ever used tobacco, alcohol or drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	<p>When warranted, corporal correction will be exercised under the following guidelines:</p> <ol style="list-style-type: none"> 1. The student will be taken aside privately. 2. The offense will be clearly discussed with your child. 3. A staff member will discuss Scriptural applications and will pray with your child. 4. A reasonable number of firm strokes, not to exceed 3, will be administered by a staff member, using a simple, flat paddle. 5. Your child will not be physically restrained. (If he or she refuses to submit to paddling, you will be asked to come to the school to discuss the matter; and if it is believed to be in the best interest of the school, the child will be withdrawn from the school.) 6. After administering the strokes, the staff member will pray with your child, assuring him/her of their love. 7. A written record will be made of the date, offense, number of strokes, and name of correcting staff. This will be sent to you to be signed and returned to the school the next school day. 				
_____ Date		_____ Signature of Father		_____ Signature of Mother	
STUDENT PLEDGE	<p>As a Christian student of this Academy, I pledge to uphold the Academy's standards against cheating, stealing, lying, smoking, sex outside of marriage, gambling, drinking alcoholic beverages, using or talking favorably about narcotics, or using indecent or inappropriate language, and will act in a very orderly and respectful manner. I will maintain Christian standards in courtesy, kindness, morality, and honesty. I will strive to be of unquestionable character in dress, conduct, and other areas of life including social networking electronic games and movies. Concerning boy/girl relationships, I will refrain from all physical contact while at school or any school event.</p> <p>I agree to abide by the above standards of conduct and other regulations expected of each student. If there is ever a question or concern involving any aspect of the Academy, I agree to resolve it in an appropriate manner and I will not speak negatively or critically about the Academy.</p>				
	_____ Date		_____ Signature of Student		

**PARENTS
PLEDGE**

We/I, the parents of _____ having read and understood the academic discipline, financial, admission and dismissal policies, as found in the handbook, agree with those policies and will abide by the rules and regulations set forth.

We/I further agree: (please initial each item)

- _____ 1. to take the main responsibility for the spiritual growth and direction of our/my child.
- _____ 2. to make certain that our/my child is prepared academically for school which includes the proper completion of homework assignments.
- _____ 3. to make certain that our/my child abides by the hair and dress code.
- _____ 4. to support the Academy in the discipline and training of our/my child, which includes:
 - detentions
 - fines
 - corporal correction
 - dismissal when Academy deems necessary
- _____ 5. that in the event of a conflict between our/my child and the Academy, we/I agree to:
 - request a meeting with the persons involved.
 - withhold opinions until all available information is at hand.
 - refrain from inflammatory conversations with others
- _____ 6. to write an excuse stating the reason for all absences of our/my child.
- _____ 7. to give StoneGate Christian Academy or its representatives permission to secure any and all medical care considered necessary for our/my child's immediate safety. We/I agree to pay all off-campus medical expenses.
- _____ 8. that failure to live up to the terms of this pledge could be grounds for dismissal and that our/my child may not be eligible for re-application to SGCA in the future.
- _____ 9. that all information on this application is correct and that any false or misleading information would be grounds for dismissal of our/my child.
- _____ 10. to give permission for our child to take part in all school activities, including sports and school sponsored trips away from the school premises. We/I absolve the school from liability for any injury to our/my child at school or during any school activity.

_____ Date

_____ Signature of Father

_____ Signature of Mother

Nondiscriminatory Policy

StoneGate Christian Academy admits students of any race, color, nationality, and ethnic origin to all the rights, privileges, programs, and activities made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs and athletic and other school administered programs.

FOR OFFICE USE ONLY

Interviewed by: _____ Date: _____ Approved Not Approved

App Fee: _____ Ck # _____ Date _____ Int _____

Tuition: _____ Date: _____ Discount: _____ Total: _____

Reg Fee: _____ Ck # _____ Date _____ Int _____

**TUITION
SCHEDULE**

Pre-K - Kindergarten	\$5200	Junior High (7th - 8th)	\$6,000
Elementary (1st - 6th)	\$5500	High School (9th - 12th)	\$6,500

Tuition is due on the 1st of the month, from August through May. A \$75 late fee will be added for payments received after the 10th of the month and any account delinquent after the 15th of the month will result in student being removed from the academy.

Tuition Schedule includes all fees except non-refundable \$75 application fee for new students and a non-refundable \$250 registration/re-enrollment fee for all students.

A \$5.00 service charge will be added to all tuition credit card payments.

Recommendation Incentive Program

A 15% discount off one student tuition, will be applied to your account for every new student who enrolls at SGCA due to your recommendation. Discount will be deducted from referring family's monthly bill for a 10 month period provided new family remains at SGCA during that time. (If you choose to pay your full tuition and give the break to the new family we can arrange that as well.)

**Financial
Agreement**

Outstanding charges must be paid and textbooks, uniforms, and equipment returned before withdrawn students can receive report cards or transcripts.

My signature indicates my understanding of these policies and I accept responsibility to fulfill them.

_____	_____	_____
	Printed Name	Printed Name
_____	_____	_____
Date	Signature of Father	Signature of Mother