

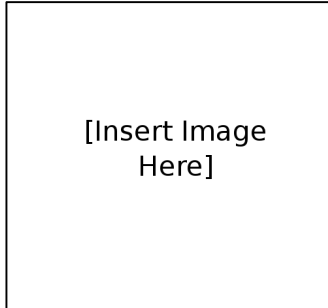


SUNNYBROOK CHRISTIAN ACADEMY

1620 Pinn Rd. * San Antonio, TX 78227 * (210) 674-8000
FOR GOD AND COUNTRY

The following must accompany this application:

Birth Certificate (not from hospital), Immunization Records, Social Security Card, Photo of child, Last Report Card, Evaluation Fee of \$30, and Registration Fee of \$175.00 for the 1st child, \$150.00 for the 2nd and \$50.00 for each additional child.



Eval Fee - \$30 (DP) _____
Reg Fee - \$175 (DP) _____

*"And all thy children shall be taught of the Lord:
and great shall be the peace of thy children."
Isaiah 54:13*

BC _____

IM _____ FC _____

SS _____ PL _____

RC _____ PSP (5th & up) _____

PRF _____ PE (sizes) _____

SOC _____

Application Date _____

Applying Grade _____

Grade Entered _____ (Office use only)

Date Entered _____ (Office use only)

Student's Name _____ Student Email: _____
First Middle Last

Age _____ Sex _____ Birth Date _____ SS# _____

Home address _____ Home Phone _____
Street City State Zip Code

School last attended _____ Last Grade Attended _____
Name of School Address City, State Zip Code

Legal Guardian Information ☐ Mother ☐ Father ☐ Other _____

Name _____

Address _____

(If different from above)

Phone # (if different) _____

Cell # _____

E-mail address _____

Employment _____

Name of Company

Employment Phone # _____ Ext. _____

Occupation _____

Lives w/Student _____

Secondary Parent Information ☐ Mother ☐ Father ☐ Other _____

Name _____

Address _____

(If different from above)

Phone # (if different) _____

Cell # _____

E-mail address _____

Employment _____

Name of Company

Employment Phone # _____ Ext. _____

Occupation _____

Lives w/Student _____

Will student live at home? _____ If not, where and why? _____

Other children under 18 yrs old with the family:

Name

Age

School presently attending

Do you plan on enrolling these children? _____

If not, why _____

EMERGENCY CONTACT IF PARENTS CANNOT BE REACHED.

Name	Relationship to student	Phone #	Email
Name	Relationship to student	Phone #	Email

CHURCH INFORMATION

Family attends what church? _____ Affiliation: _____ Number of Years _____

Address _____ Phone # _____ Pastor’s Email _____

Do family & student attend church regularly? _____ Does student belong to Church’s youth group? _____

Attends Sunday school regularly? _____ Other Church participation? _____

Who is Jesus Christ to you?

Father: _____

Mother: _____

Student: _____

REFERENCES

Please list three (3) references below:

Name	Relationship	Email	Phone #
Name	Relationship	Email	Phone #
Name	Relationship	Email	Phone #

SCHOOL INFORMATION

Is student working below, above, or on grade level overall? _____ Grade average? _____ Grade point avg. (GPA) _____

Has student been in tutoring or resource class? _____ What grade? _____ What subject? _____

Does student have any learning difficulties? If yes, please comment _____

Has student ever been retained, suspended, expelled or in alternative school? _____ If yes, please comment _____

Does student have mental, emotional, or physical hardships that might affect any type of progress? _____

Activities _____

Sports _____

Clubs _____

Other _____

HOME INFORMATION

How does student get along with siblings? _____

Describe student’s response to authority and discipline. _____

Does student have any allergies? _____ If so, what type? _____

Is student under any prescribed medication? _____

If so, please name the prescription and what it’s for. _____

Does student wear corrective lenses? _____ If yes, please specify (glasses, contacts, or both)_____

Student’s Medical History _____

WHY DO YOU WANT TO BE APART OF THE LION PRIDE AT SUNNYBROOK CHRISTIAN ACADEMY?

PARENT- _____

STUDENT- _____

SIGNATURE

FATHER/GUARDIAN- _____ MOTHER/GUARDIAN- _____

STUDENT- _____ DATE: _____