

Application for Enrollment
Southland Christian Academy

7000 Gloryland Way • Denham Springs, LA 70726 • (Ph) 225-667-7745 • (Fax) 225-667-8551

For Office Use: Decision Letter Sent: ___/___/___
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Date of Application _____

Year Applying for _____

Grade Applying for _____

Student's Full Name _____ DOB ___/___/___ Age _____

Preferred Name _____ Gender: M F Social Security # _____ - _____ - _____

Student's Address _____

Name the student's legal guardian(s). _____

What is the relationship of the guardian(s) to the student? (check all that apply)

Father Mother Stepfather Stepmother Grandparent Other _____

Contact numbers for Guardian(s) Home _____ Work _____ Cell _____

Church Membership? Yes No Name of Church _____

What most influenced your decision to apply to Southland Christian Academy? _____

Please list each school the student has attended starting with the most recent.

_____ Name of School	_____ City, State	_____ Grades Attended
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_____ Name of School	_____ City, State	_____ Grades Attended
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Has the student ever been asked to repeat a grade? Yes No If yes, which one? _____

Attach a copy of the student's most recent report card and achievement test results if available.

Has the student ever been expelled, suspended, or asked not to return to a school? Yes No

If yes, please explain fully. _____

State any chronic health, emotional, or physical problem(s) the student has. _____

Does the applicant have a learning difference? Yes No

Has the student ever been recommended for testing? Yes No

Does the student require modifications to meet academic requirements? Yes No

Has the student ever participated in a special needs program (including gifted, resource, special ed.)? Yes No

If you answered yes to any of the previous four questions, please explain in detail. _____

Please name two references for your son, daughter or ward that can provide information relevant to his or her character.

Name _____ Relationship to student _____

Contact Numbers: Home _____ Cell _____ Work _____

Name _____ Relationship to student _____

Contact Numbers: Home _____ Cell _____ Work _____

I understand that, after acceptance, a place will be held for my child when the Student Registration Form and the non-refundable registration fee has been submitted to the school by the date indicated in the acceptance letter. I certify that the student named on this application is of good moral character and amenable to discipline; and making application, he or she agrees to abide by the rules of the school. To the best of my knowledge, the information contained herein is accurate and truthful.

Printed name _____ Signature _____

Date _____

Admissions Committee Use:
Interview: ___/___/___
Reference: ___/___/___
Accept Deny

Southland Christian Academy admits all qualified applicants regardless of race, gender, creed, color, or national and ethnic origin.