



SOCIAL CIRCLE CHRISTIAN SCHOOL

195 North Cherokee Road, P.O. BOX 357, Social Circle, Georgia 30025

Phone 770-464-4039 Fax 770-464-2628 www.scsaints.com

STUDENT APPLICATION FORM 2022-2023

OFFICE USE ONLY

- Birth Certificate
- Immunization Form #3231
- Hearing/Eye Exam (K5+)
- Copy of parent's license

Date _____ / _____ / _____ D.O.B _____ / _____ / _____ Grade _____

Student's Full Name: _____ Boy Girl

Physical Address: _____

Mailing Address: _____

County of Residence: _____

Parents are: Married Separated Divorced (Check all that apply)

Student Resides with: Father Mother Both Parents Legal Guardian (please provide documentation)

Church Affiliation: _____

Father's Name: _____ Employer: _____

Address (if different from above): _____

Home Phone (if different): _____ Work Phone: _____

Mobile Number: _____ Email: _____

Contact in Case of Emergency? Yes No Is this Parent Allowed to Pick Up Child? Yes No

Mother's Name: _____ Employer: _____

Address (if different from above): _____

Home Phone (if different): _____ Work Phone: _____

Mobile Number: _____ Email: _____

Contact in Case of Emergency? Yes No Is this Parent Allowed to Pick Up Child? Yes No

Legal Guardian Name (if applicable): _____ Employer: _____

Address (if different from above): _____

Home Phone (if different): _____ Work Phone: _____

Mobile Number: _____ Email: _____

Contact in Case of Emergency? Yes No Is this Parent Allowed to Pick Up Child? Yes No

Emergency Contact (Other Than Parents) Please Specify Relation and Phone Numbers

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Medical Information

Any Allergies? Yes No If yes, please list: _____

If yes, is it life threatening? _____

Are there any daily medications that will need to be kept in the school office for this purpose? Yes No

Please list any other information Personal or Medical that you want us to know:

In the event of an *emergency* and we need to seek *immediate medical attention* for your child. Please provide the following information:

Physician Name: _____ Phone: _____

Insurance Provider: _____ Phone: _____

Policy Number: _____ Group Number: _____

Insured Name: _____ Preferred Hospital: _____

Learning Information

Most recent school attended: _____ (if homeschool, write that in the space)

Are there any diagnosed disabilities or special needs? If yes, please explain: _____

Is there an active IEP or 504 plan? Yes No Is it SPEECH related? Yes No (Speech services are provided through Social Circle City Schools)

Yes No I understand that SCCS is not legally obligated to follow an IEP or 504, but simple adjustments can be made in teaching practices or classroom environment to aid in student’s success. I understand that SCCS does not have the flexibility to offer special needs services, curriculum adjustments, or personnel to accommodate learning needs outside the scope of our general education program.

Yes No I understand that if standardized testing results from the previous year cannot be attained, a \$40 fee will need to be paid with this application for placement testing. After receiving the application, we will immediately request copies of educational records from your child's current or previous school to be sent to ours for review.

Yes No I attest that this student is generally respectful to adults and children and has NOT had behavior issues that have been frequently disruptive to a classroom environment.

Yes No I attest that this student has NOT been suspended or expelled from another school or classroom environment.

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I, _____, grant permission to Social Circle Christian School, to use my child’s image (photographs and/or video) for use in Media publications including: (Check All That Apply)

- Videos - Email Blasts - Recruiting Brochures - Newsletters - Magazines/ Newspaper - General Publications
- Website - Social Media - Promotional Material

- I DO NOT GIVE PERMISSION FOR MY CHILD’S IMAGE TO BE USED IN MEDIA PUBLICATIONS.

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

Signature of parent or legal guardian: _____ Date: _____

Name of parent or legal guardian: (please print): _____