

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/Ethnic: _____ U.S. Citizen: () Yes () No

Father/Legal Guardian Information:

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

Address: _____
Street

City: _____ State: _____ Zip: _____

Home: Phone _____ E-Mail _____

Work: Phone _____ E-Mail _____

Cell Phone: _____

Employer: _____

Position: _____

Mother/Legal Guardian Information:

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

Address: _____
Street

City: _____ State: _____ Zip: _____

Home: Phone _____ E-Mail _____

Work: Phone _____ E-Mail _____

Cell Phone: _____

Employer: _____

Position: _____

Check ALL that apply:

Applicant primarily resides 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 access to ParentsWeb? () Yes () No

Person(s) 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: _____ Application Fee: _____ Check # _____

SUFS _____

Testing Required: YES NO Testing Fee: _____ Check # _____

McKay _____

Accepted: _____ Denied: _____ Waiting List: _____

EDUCATIONAL BACKGROUND:

School applicant is attending or last attended: _____

Name	Phone
Street	City
State	Zip

Attendance dates: _____ Grades: _____ VPK: () Yes () No

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: _____

Dentist's Name: _____ Phone: _____

Medical Insurance? () Yes () No

Insurance Company: _____

Doctor's Name: _____ Phone: _____

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: _____

