

PLEASE  
ATTACH  
RECENT  
PHOTO



*Office Use Only*

Reg. Fee Pd.: Yes \_\_\_ No \_\_\_  
Form of Pymt.: \_\_\_\_\_  
Date of Pymt.: \_\_\_\_\_  
Ed Choice: Yes \_\_\_ No \_\_\_  
Pymt Plan For.: Yes \_\_\_ No \_\_\_  
Completed Reg. Yes \_\_\_ No \_\_\_

**Application for School Year 2026-2027**  
**Anticipated Grade Level: \_\_\_\_\_**

Student's Legal Name \_\_\_\_\_  
first middle last

Address \_\_\_\_\_  
street city state zip  
code

Phone (\_\_\_\_) \_\_\_\_\_ Sex \_\_\_\_ Date of Birth \_\_\_\_\_ Social Security \_\_\_\_\_

Current School \_\_\_\_\_

Address \_\_\_\_\_  
street city state zip  
code

How did you hear about SCA? Friend ☐ Social Media ☐ Sign ☐ Church ☐ Website ☐ Other ☐

Did someone from SCA refer you? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, who? \_\_\_\_\_

FATHER / STEP-FATHER / GUARDIAN *(please circle)*

Name \_\_\_\_\_ Living with child? \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

MOTHER / STEP-MOTHER / GUARDIAN *(please circle)*

Name \_\_\_\_\_ Living with child? \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

\* If parents are separated, with whom does the child reside? \_\_\_\_\_

## **SCHOOL**

Does your child require any special accommodations for a learning disability, developmental delay, physical disability, etc.? \_\_\_\_\_ Yes\* \_\_\_\_\_ No

\*If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have an IEP or 504 plan? \_\_\_\_\_ Yes\* \_\_\_\_\_ No

\*If yes, a copy of the ETR/IEP or 504 plan must be provided to SCA.

Has or is your child receiving counseling or in the process of psychological testing? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has or is your child experiencing any physical, emotional, mental, or social struggles at home or at school?

\_\_\_\_\_ Yes\* \_\_\_\_\_ No \*If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child ever been retained a grade level, suspended, expelled, or asked to withdraw from a school?

\_\_\_\_\_ Yes\* \_\_\_\_\_ No \*If yes, please comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you agree as parent(s) to support all of the policies and standards of SCA as long as your child is enrolled here? \_\_\_\_\_ Yes\* \_\_\_\_\_ No

## **CHRISTIAN BACKGROUND**

Name of your current local church affiliation (If applicable): \_\_\_\_\_

Do you understand that SCA is a Christian school that follows Scriptural teachings and will always conduct the education of students according to the dictates of God's Word? \_\_\_\_\_ Yes \_\_\_\_\_ No

# CLASSROOM TEACHER RECOMMENDATION FORM

## CURRENT SCHOOL

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

\_\_\_\_\_ is applying for admission to Salem Christian Academy.

(Student's full name)

Your knowledge of this child's preparedness will assist us in determining his/her potential for success at SCA. All information will be kept in strict confidence. Please email this form to [scaanswers@gmail.com](mailto:scaanswers@gmail.com).

Please check the level of mastery the student has achieved in each of the following skill areas.

	Always	Usually	Sometimes	Never	N/A
Transitions from subject to subject well	_____	_____	_____	_____	_____
Completes in-class assignments	_____	_____	_____	_____	_____
Begins a task within an acceptable period of time	_____	_____	_____	_____	_____
Completes tasks independently	_____	_____	_____	_____	_____
Follows written directions	_____	_____	_____	_____	_____
Follows verbal directions	_____	_____	_____	_____	_____
Completes work commensurate with his/her abilities	_____	_____	_____	_____	_____
Exhibits good work habits	_____	_____	_____	_____	_____
Has a good attendance habit	_____	_____	_____	_____	_____
Sustains adequate attention in class and on assignments	_____	_____	_____	_____	_____
Is flexible and manages changes in a daily routine	_____	_____	_____	_____	_____
Responds adequately to verbal directions	_____	_____	_____	_____	_____
Responds adequately to non-verbal directions	_____	_____	_____	_____	_____
Copes adequately with auditory distractions	_____	_____	_____	_____	_____
Copes adequately with visual distractions	_____	_____	_____	_____	_____
Exhibits age appropriate activity level	_____	_____	_____	_____	_____
Asks for assistance when needed	_____	_____	_____	_____	_____
Exhibits a positive attitude	_____	_____	_____	_____	_____
Possesses adequate age-appropriate social skills	_____	_____	_____	_____	_____
Works well in a small group situation	_____	_____	_____	_____	_____
Respects the rights of others	_____	_____	_____	_____	_____
Habitually violates others' personal space	_____	_____	_____	_____	_____
Manages frustration and anger appropriately for age	_____	_____	_____	_____	_____
Responds well to correction	_____	_____	_____	_____	_____
Is able to take turns	_____	_____	_____	_____	_____
Rushes through in-class work	_____	_____	_____	_____	_____
Requires excessive attention from teacher	_____	_____	_____	_____	_____
Requires excessive attention from peers	_____	_____	_____	_____	_____

How long have you known this student? \_\_\_\_\_

Are the parents supportive? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown

Summarize any additional thoughts, observations, or comments about the student's behavior and academic ability.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_ would \_\_\_\_\_ would not recommend this student for enrollment to Salem Christian Academy.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



## Authorization For Release Of Records

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
School Telephone # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

The following student is applying to Salem Christian Academy. Please send ALL of the following records:

- \_\_\_\_\_ All Academic Records / Transcript/ Tier 1 Dyslexia Screening
- \_\_\_\_\_ Explanation of Grading System / School Profile
- \_\_\_\_\_ All Discipline Information
- \_\_\_\_\_ Discipline Records are attached
- \_\_\_\_\_ Evaluative Records (Achievement testing, Psychological or other learning disability test results)
- \_\_\_\_\_ Attendance Records
- \_\_\_\_\_ Immunization / Health Records
- \_\_\_\_\_ Outstanding balance
- \_\_\_\_\_ There are no Discipline Records on file for this student \_\_\_\_\_  
(Principal's signature)

Student's Name: \_\_\_\_\_

Student's Address: \_\_\_\_\_

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Student's Birth Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_

I hereby authorize the release of ALL requested records to Salem Christian Academy.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

Please email copies of all requested records to:

[scaanswers@gmail.com](mailto:scaanswers@gmail.com)

**Attention: Admissions Coordinator**

**Phone: 937-836-9910**

*Thank you for your cooperation in this matter!*

# **PAYMENT PLAN - TUITION, FACILITY/TECH FEES & EXTENDED CARE**

Student(s) Enrolled (include grade level): \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Party Accepting Financial Responsibility (if different): \_\_\_\_\_

Home Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## **1. Tuition: Tuition Difference (EdChoice + \$100 per student)**

Beginning with the 2026–2027 school year, tuition exceeds the EdChoice scholarship amount by **\$100 per student**.

### **Choose ONE payment option:**

- ☐ **Annual** – Due in August
- ☐ **Semi-Annual** – Due in August and January
- ☐ **Monthly ACH** – Payments on the 15th beginning August 15
  - ☐ 5 months   ☐ 10 months

Only families who qualify at the EdChoice poverty level are exempt from the \$100 tuition difference.

- Income verification **must be submitted to EdChoice**
- **All families (including regular EdChoice) must submit income verification to qualify**
- Income verification must be approved **by EdChoice by July 30**

If income verification is not approved by July 30, the \$100 will be charged and **refunded if approval is later received**.

**ONLY re-submit income verification if you are confident you qualify at the poverty level.**

Submitting income that later exceeds eligibility **may reduce your scholarship award**.

Questions? Please contact the school office before submitting.

## **2. FACILITY / TECHNOLOGY FEE (REQUIRED – NOT COVERED BY EDCHOICE)**

Fee Schedule (Declining Scale):

- 1st Child: \$250 - 2nd Child: \$225 - 3rd Child: \$200 - 4th Child: \$175

Total Facility/Tech Fee Due: \$ \_\_\_\_\_

### **Choose ONE payment option:**

- ☐ **Annual** – Due in August
- ☐ **Semi-Annual** – Due in August and January
- ☐ **Monthly ACH** – Payments on the 15th beginning August 15
  - ☐ 5 months   ☐ 10 months

### 3. PAYMENT METHOD REQUIREMENTS

All tuition and facility/technology fees must be paid via ACH withdrawal unless otherwise approved by the school office.

☐ Checking    ☐ Savings    **A voided check OR official bank letter is required.**

- Must include account holder name, routing number, and account number
- **Handwritten banking information is not accepted**
- Credit/debit card payments require prior approval

**Forms submitted without proper banking documentation are considered incomplete.**

#### EXTENDED CARE PAYMENT METHOD

Extended Care charges may be paid by **ACH or debit/credit card**. ☐ ACH (same account as above) ☐ Debit/Credit Card (complete section below)

Extended Care charges will be processed on the **15th of each month** for all services rendered up to that date.

#### EXTENDED CARE – DEBIT/CREDIT CARD INFORMATION

Name on Card: \_\_\_\_\_ Card Type: ☐ Visa    ☐ MasterCard    ☐ Discover    ☐ AmEx

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CVV: \_\_\_\_\_ Billing ZIP Code: \_\_\_\_\_

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#### AUTHORIZATION FOR UNPAID SCHOOL FEES

I authorize Salem Christian Academy to automatically withdraw payment for **past-due balances** on the **15th of each month**.

This authorization applies to unpaid fees including, but not limited to:

- Extended care
- Tardy and detention fees
- Athletic and activity fees
- Lost or damaged books, uniforms, or equipment
- Other school-related charges

This authorization applies **only to balances that are past due**.

☐ I understand that failure to maintain a current balance may result in a **\$25 late fee** and may **jeopardize continued enrollment**.

Self-pay arrangements may be approved on a **case-by-case basis** and must be authorized by the school office.

#### AUTHORIZED SIGNATURE

Authorized Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

## SIGNATURE PAGE

The following is the signature page for documents referenced below. The full documents can be found at [saalemchristianacademy.com](http://saalemchristianacademy.com). Please read through each document and use this page to sign for acknowledgement /agreement.

### AGREEMENT OF COOPERATION

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### GRIEVANCE COVENANT

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### PARENT COMMITMENT FORM

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### ADMISSION POLICY AND PROCEDURE

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### SCA POSITIONAL FOUNDATION

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

2026-2027

**EMERGENCY MEDICAL AUTHORIZATION FORM**

Salem Christian Academy, LLC

**Allergy  
Alert**☐

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
 (please print) Last First

Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Male ☐  
 MM/DD/YYYY

City/Zip Code: \_\_\_\_\_ Student resides with: \_\_\_\_\_ Female ☐

**PARENT/GUARDIAN & EMERGENCY CONTACT INFORMATION**

Relationship:	Name:	Home Phone:	Cell Phone:	Work Phone:	Can Pick Up:
Parent/Guardian	_____	_____	_____	_____	<input type="checkbox"/>
Parent/Guardian	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>

**Please indicate if your child has any of the following:**

1. Allergies:\* \_\_\_\_\_

\***CHOOSE ONE** - If your child has allergies, should he/she eat lunch: ☐ at the class table - or - ☐ at the table for students w/ allergies?

2. Medications:\*\* \_\_\_\_\_

3. Inhalers:\*\* \_\_\_\_\_

4. Other medical concerns or conditions: \_\_\_\_\_

\*\*Use of any medication at school requires the appropriate documentation to be completed & on file with the school office. Any listed medication & completed Student Medication Form **MUST** be turned in to the office prior to the 1st day of school. *Student Medication Forms can be found at SalemChristianAcademy.com*

**PART I OR II MUST BE COMPLETED****PART I: TO GRANT CONSENT**

**I Hereby Grant Consent** for the following medical care providers and local hospital to be called:

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_

Local Hospital/Emergency Room: \_\_\_\_\_

Signature of Parent/Guardian

Date

**PART II: REFUSAL TO CONSENT**

**I Do Not Grant Consent** for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian

Date