

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 _____

Current School _____

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 _____

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

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:** _____

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 salemchristianacademy.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: _____

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: _____

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

Signature of Parent/Guardian

Date