



## Registration Checklist\*

- Screening
- Screening Fee \$25
- SCA Preschool Recommendation Letter
- Student Registration Forms
- Signature Page
- Payment Plan Form
- \$ 260 Registration Fee
- EdChoice/Expansion Scholarship Information Returned  
*(New, Renewal, Current Utility Bill)*
- Birth Certificate
- Emergency Medical Form
- Shot Records
- Authorization for Release of Records
- Classroom Teacher Recommendation Form
- Family Interview

**\*All items on the Registration checklist must be completed to finalize registration.**

PLEASE  
ATTACH  
RECENT  
PHOTO



*Office Use Only*

Reg. Fee Pd.: Yes    No     
Form of Pymt.: \_\_\_\_\_  
Date of Pymt.: \_\_\_\_\_  
Amount Pd.: \_\_\_\_\_  
Check#: \_\_\_\_\_

**Application for School Year 2025-2026**  
**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: \_\_\_\_\_ School District: \_\_\_\_\_

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

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

**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 comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 experienced 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
- 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!*



## 2025-2026 Financial Information

### **Registration (1/2 is refundable until June 1st):**

Kindergarten - 12th	Early Payment Discount for Returning Students
\$260	\$210 before Feb 3, 2025

### **Tuition:**

Tuition Fees Only	Monthly Tuition				
Kindergarten - 8th Grade: \$6165	\$560.45/mo for 11 months				
9th-12th Grade: \$8407	\$764.27/mo for 11 months				
Facility/ Tech Fee:	<table> <tr> <td><b>\$250 1st Child</b></td> <td><b>\$200 3rd Child</b></td> </tr> <tr> <td><b>\$225 2nd Child</b></td> <td><b>\$175 4th Child</b></td> </tr> </table>	<b>\$250 1st Child</b>	<b>\$200 3rd Child</b>	<b>\$225 2nd Child</b>	<b>\$175 4th Child</b>
<b>\$250 1st Child</b>	<b>\$200 3rd Child</b>				
<b>\$225 2nd Child</b>	<b>\$175 4th Child</b>				

\*Before enrollment process can be completed all prior charges must be paid in full.

#### **Extended Care Grades K-5:**

**Cost:** \$5 per hour  
\$3 per 1/2 hour

**Hours:** 7:15 a.m.- 8:20 a.m. & 3:10 p.m. 5:30 p.m.

- 40% discount for any additional children from the same family.
- \$1 per minute after 5:30 p.m. paid directly to the Extended Care Workers— No exceptions.
- Statements are emailed every two weeks with payment due the following Friday.
- \$10 late fee will be assessed to past due balances every 2 weeks
- Extended care rates apply **Hours: 7:00 a.m - 8:00 a.m. & 3:20 p.m. - 5:00 p.m.**

#### **Study Tables Grades 6-12:**

**Tuition Payment Options:**

- **Full year** payment is due the first week of August. (**\$400 discount**)
- **Half year** payments are due the first week of August and January. (**\$200 discount**)
- **Monthly Payments** are electronically transferred from your checking or savings account on the 15th of each month for **11 monthly payments beginning Aug. 15th with the last payment in June**. An “EFT Adjustment Request Form” must be submitted 2 business days prior to prevent late fees.

#### **Withdrawal**

One month tuition plus each day the student is enrolled will be assessed.

#### **Late Fee**

A Late Fee of \$15 will be assessed for all tuition, facility/tech, and registration late payments. Overdue balances jeopardize student enrollment.

#### **Non-Sufficient Funds Return**

All charges for non-sufficient funds will be passed on to the account holder.

#### **Make all checks payable to:**

Salem Christian Academy Schools

#### **Tuition Assistance**

SCA accepts EdChoice/Expansion Scholarships (visit the Ohio Department of Education website [www.education.ohio.gov](http://www.education.ohio.gov) and search School Choice/EdChoice). Annual and semi annual discounts do not apply when receiving EdChoice Scholarships

#### **Transportation**

Northmont School District provides busing to families in this district. Contact them directly at 937-832-5050. Transportation Reimbursement Forms are available in the school office for most other districts.

## **PAYMENT PLAN - TUITION**

Children Enrolled (Please include grade level): \_\_\_\_\_

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

Party Accepting Financial Responsibility: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_

### **Choose Payment Method For the Balance of Your Tuition After EdChoice or Full Tuition (if no EdChoice was applied for)**

**Annual:** Due the 1st week of August, 2025

**Semi-Annual:** Due the 1st week of August, 2025 and the 1st week of January, 2026

**Monthly:** 11 monthly ACH transfers **on the 15th of each month** from 8/15/25 - 6/15/26

**Add Facility/Tech Fee** to payment option checked above

Only complete the bottom portion of this form if you are paying your tuition balance monthly or if you would like your annual or semi-annual tuition balance withdrawn via ACH. **Your payment will be automatically transferred via ACH every month on the 15th beginning 8/15/25 and ending 6/15/26.**

### **AUTHORIZED AGREEMENT FOR DIRECT PAYMENT**

I hereby authorize Salem Christian Academy Schools to initiate ACH transfers from my:

Checking Account       Savings Account

**\* ATTACH A VOIDED CHECK, COPY OF A CHECK OR LETTER FROM BANK HERE \***

**Name on Account:** \_\_\_\_\_

**Financial Institution:** \_\_\_\_\_

**Routing #:** \_\_\_\_\_

**Account #:** \_\_\_\_\_

This authority is to remain in full force and effect until Salem Christian Academy Schools has received written notification from me at least 2 weeks prior to termination.

**Authorized Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **PAYMENT PLAN - FACILITY / TECH FEE 2025-2026**

Children Enrolled (Please include grade level): \_\_\_\_\_  
\_\_\_\_\_

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

Party Accepting Financial Responsibility: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_

**Choose Payment Method For Your Facility / Tech Fee:**  
\$250 - 1st child; \$225 - 2nd child; \$200 - 3rd child; \$175 - 4th child

**Annual:** Due the 1st week of August, 2025

**Semi-Annual:** Due the 1st week of August, 2025 and the 1st week of January, 2026

**Monthly:** 5 monthly ACH transfers **on the 15th of each month** from 8/15/25 - 12/15/25

**Monthly:** 10 monthly ACH transfers **on the 15th of each month** from 8/15/25 - 5/15/26

Only complete the bottom portion of this form if you are paying the Facility/Tech Fee monthly or if you would like your annual or semi-annual payment withdrawn via ACH. **Your payment will be automatically transferred via ACH every month on the 15th beginning 8/15/25 for the period designated above.**

### **AUTHORIZED AGREEMENT FOR DIRECT PAYMENT**

I hereby authorize Salem Christian Academy Schools to initiate ACH transfers from my:

Checking Account

Savings Account

Annual \$\_\_\_\_\_; Semiannual \$\_\_\_\_\_; 5 Monthly \$\_\_\_\_\_; 10 Monthly - \$\_\_\_\_\_

**\* ATTACH A VOIDED CHECK, COPY OF A CHECK OR LETTER FROM BANK HERE \***

**Name on Account:** \_\_\_\_\_

**Financial Institution:** \_\_\_\_\_

**Routing #:** \_\_\_\_\_

**Account #:** \_\_\_\_\_

This authority is to remain in full force and effect until Salem Christian Academy Schools has received written notification from me at least 2 weeks prior to termination.

**Authorized Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **SIGNATURE PAGE**

The following is the signature page for documents referenced below. The full documents can be found at [salemchristianacademy.com](http://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 Phone: \_\_\_\_\_

**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