



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

\*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 [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: \_\_\_\_\_

2025-2026

**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 Phone: \_\_\_\_\_

\_\_\_\_\_  
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