



Slidell Bible Chapel's

Slidell Christian Academy

Application for Readmission and Registration 2023-2024

Please use blue or black ink

Student's Name: _____ Birth Date: _____

Address: _____
Street City State Zip Code

Father's Name: _____ Work Phone: _____

Cell: _____ Email: _____

Father's Workplace: _____

Mother's Name: _____ Work Phone: _____

Cell: _____ Email: _____

Mother's Workplace: _____

Legal Guardian's Name: _____ Work Phone: _____

Cell: _____ Email: _____

Legal Guardian's Workplace: _____

Student lives with: Mother: ____ Father: ____ Both: ____ Guardian: ____ Guardian/s Relationship to student: _____

Who has legal custody of this student? _____ (If changed, provide a copy of custody papers for student's file.)

Church Affiliation: _____ Number of times attending per week: _____

CURRENT HEALTH CONDITIONS DIAGNOSED BY A MEDICAL DOCTOR

Below check any current health condition diagnosed by a medical doctor that may require attention during the school day. If any medication prescribed by a doctor is given during the school day, a completed Medication Administration Form must be submitted yearly to the school for approval. All students will participate in all the same group activities unless exempted from these by written instructions from a medical doctor.

- Allergies (be specific):
 - Foods: _____
 - Medicines: _____
 - Bee Sting or Insect Bite: _____
 - Other: _____
- Asthma
- Seizures
- Hearing Problems
- Heart Problems (be specific): _____
- Hemophilia
- Physical Disability (be specific): _____
- Respiratory (be specific): _____
- Cancer (be specific): _____
- Diabetes Type 1 Diabetes Type 2
- Vision Problems (be specific): _____
 - Glasses Contacts

DOCUMENTATION OF ANY MEDICAL CONDITION DIAGNOSED BY A MEDICAL DOCTOR MUST BE SUBMITTED TO THE SCHOOL EACH YEAR.

Medical Contacts: (This information must be completed.)

Physician's Name: _____ Phone: _____

Insurance: _____ Phone: _____ Policy Number: _____

Pick Up and Emergency Contacts

Emergency contacts other than parents should be local. NOTE: This information must be completed. If any of this information changes, please notify the school immediately. Before the student is released to the individuals listed below, a legal picture ID will be required. Under no circumstances will a child be released to anyone other than the parents or those individuals listed below without written authorization from a parent or guardian. Phone calls, faxes, and emails are not acceptable.

Name: _____ Cell: _____ Home Phone: _____

Name: _____ Cell: _____ Home Phone: _____

Name: _____ Cell: _____ Home Phone: _____

Name: _____ Cell: _____ Home Phone: _____

Name: _____ Cell: _____ Home Phone: _____

Name: _____ Cell: _____ Home Phone: _____

I have read, understand, and agree to the *SCA Fees & Basic Policies, Medication Release Policy, Uniform Policy, Attendance Policy, and Discipline Policy*. I will wholeheartedly support and cooperate with these, and hereby request that my child be accepted as a student at Slidell Christian Academy. I further affirm that my child is not on any psycho-pharmacological drug such as lithium, Ritalin, or similar drugs and does not have any communicable disease. Additionally, I will make time to spend time with my child each day, provide healthy meals, and ensure that they get plenty of sleep each night. I understand that SCA admits students of any race, color, and national or ethnic origin, but has the right to deny acceptance to any child based on religious, moral, or biblical grounds. The principal is the final determining authority in all acceptance and rejection decisions. Slidell Christian Academy is a private school and does not receive federal funding for special education services. PHOTO RELEASE: I hereby give Slidell Bible Chapel and its ministry, Slidell Christian Academy, permission to use photographs of my child, children, or other family members in the yearbook, school publications, website, social media, news releases, or advertisements. I waive all rights to preview these photos and will not expect or request any sort of financial or other form of remuneration. DRUG TESTING: I hereby do grant permission for and consent to my child being tested for substance abuse or misuse. I understand that evidence of abuse of legal or illegal substances, falsifying information on this form, or falsifying any information provided to Slidell Bible Chapel and its ministry, Slidell Christian Academy, throughout the year will result in disciplinary action as deemed appropriate by the principal or his designated representative. MEDICAL CONSENT: I hereby give my consent authorizing Slidell Bible Chapel and their ministry, Slidell Christian Academy, as well as their representatives and employees to authorize necessary emergency medical transportation and care:

Signature of Father: _____ Date: _____

Signature of Mother: _____ Date: _____

Signature of Legal Guardian: _____ Date: _____

I am aware that I must pay late fees if fees are not paid on time. Parent Signature: _____ Date: _____

NOTE: Application Fees, Registration Fees, Supply Fees, and Tuition Payments are non-refundable. Parent Initials: _____

K4/K5 Registration Fee:

\$180.00

K4/K5 Tuition:

* \$150 per week

K4/K5 Supply Fee:

\$115.00

Grades 1 – 8 Registration Fee Schedule:

\$400 Registration Fee before March 1

\$450 Registration Fee March 1 - May 1

\$500 Registration Fee after May 1

Supply Fees:

Grades 1 & 2: \$120.00

Grades 3-6: \$145.00

Grades 7 & 8: \$155.00

Grades 1 – 8 Tuition:

* \$300 per month for 12 months

* Multiple child discounts are available.

All Registration Fees are non-refundable.

Rate increases for tuition and fees normally take place in January each year.