



SONSHINE CHRISTIAN ACADEMY

7201 Sollers Point Rd, Baltimore, MD 21222
PHONE: 410-285-0080 FAX: 410-***-****
office@sonshinechristianacademy.com

FOR OFFICE USE ONLY:

Application Received _____
Application Fee Paid _____
Cash _____ Check # _____

APPLICATION FOR ADMISSION

Student's Full Name _____ Male _____ Female _____
Last First Middle

Street Address _____

City _____ State _____ Zip _____ Phone _____

Family Email Address: _____ Student's Cell # _____

Student's Date of Birth _____ Student's Social Security Number _____

Grade Applying for: _____ Date Entering _____

(K3 or K4: Half Day ___ Full Day ___ / 3 Day ___ 5 Day ___) (K5: Half-Day ___ Full Day ___)

Last School Attended (give complete address) _____

Why are you choosing another school? _____

What grade (s) if any has the child repeated? _____

Has this student ever been asked to leave a prior school for any reason? If so, explain _____

Has this student had prior problems with legal authorities? If so, what? _____

Has this student had prior problems with drugs, alcohol, or tobacco? If so, what? _____

Church Family Attends/Address _____

Pastor _____ Does your family attend Sunday School? ___
_____ Have regular devotions? _____

Father's Name:
Address:

Home Phone:

Work Phone:

Cell Phone:

Email:

Occupation:

Employer:

Please check if any of the following apply:

Widow ___ Separated ___ Divorced ___ Remarried ___

Are you living with a person other than your spouse?

Yes ___ No ___ If yes, what is your relationship to this person? _____

Does the child reside with father? _____

Mother's Name:
Address:

Home Phone:

Work Phone:

Cell Phone:

Email:

Occupation:

Employer:

Please check if any of the following apply:

Widow ___ Separated ___ Divorced ___ Remarried ___

Are you living with a person other than your spouse?

Yes ___ No ___ If yes, what is your relationship to this person? _____

Does the child reside with mother? _____

Paternal Grandparents

Name:
Address:
Day
Phone:

Maternal Grandparents

Name:
Address:
Day
Phone:

PLEASE COMPLETE REVERSE SIDE OF APPLICATION

Financial:

The non-refundable application fee of \$50.00 must accompany application.

The non-refundable registration/book/activity fee of \$250.00 (K3-K4) is paid upon acceptance to confirm placement.

Tuition: (select one) (All Tuition will be paid through FACTS.)

_____ Payment in full (due on or before August 15) - 2% discount

_____ Semi-Annual Payments (due on August 15 and January 15) – no discount - FACTS fee

_____ 10 monthly payments – July through April - FACTS fee

Comments: (Any information that would be helpful to the school, including special needs or health concerns):

Referred by: _____

All information given on this form is accurate and truthful. We agree to accept the Christian education philosophies and spiritual standards and to abide by the rules and regulations of Sonshine Christian Academy. Application is incomplete if no signature provided

Signed:

Parent:

Parent:

Date

Any misrepresentation will be cause for immediate dismissal of your child(ren) from school.

****All students are accepted for the first ninety days on a trial basis to assure and accurate fit for every student and family.**

I give my permission for Sonshine Christian Academy to use my child's photo for advertising purposes.

Parent's Signature