



SOUTHWEST CHRISTIAN SCHOOL APPLICATION

14605 SW Weir Road, Beaverton, OR 97007 Phone: 503.524.8000 FAX: 503.521.8427

(please print all information)

Date _____

For School Year 20____ - 20____

Student Information

Name _____

(Last)

(First)

(M.I.)

Child's preferred first name _____

Age _____ Sex _____ Date of Birth _____

Address _____

City, State Zip _____

Home Phone _____ Cell Phone(s) _____

Email Address (please print very clearly) _____

School last attended _____

Address _____

Grade student will be entering _____

Family Information

Father's Name _____

Employment _____

Position _____ Phone _____

Mother's Name _____

Employment _____

Position _____ Phone _____

Marital Status: Married _____ Widow _____ Divorced _____ Separated _____

Other school-age children:

Name _____ Age _____

_____ Age _____

_____ Age _____

Reason they are not applying: _____

Religious Information

Does family attend church regularly? Yes _____ No _____

Church attending: _____ Years in attendance: _____

Pastor: _____ Church Phone: _____

Have parents received Christ as Savior? Father: Yes _____ No _____ Mother: Yes _____ No _____

Has child ever made a profession of faith in Christ? Yes _____ No _____

How do you provide spiritual training for your child at home? _____

Scholastic Information

Has child ever been suspended, dismissed or refused admission to another school? _____

If yes, explain: _____

Did this student have any disciplinary problems in previous school? _____

What method of discipline do you use in training your child? _____

Please indicate academic level of child's previous work:

Excellent _____ Good _____ Average _____ Poor _____

Has child ever failed in school? _____ If yes, explain: _____

Medical Information

Please list any pertinent information you think the school should have on record for your child, i.e., allergies, food allergies, daily medications, reaction to bee sting, etc.: _____

Are there any diagnosed learning disabilities such as dyslexia, etc., that require special treatment and/or programs? _____ (include additional sheet if needed)

Emergency phone no.: _____ Contact Name _____

(please note that you are responsible to update this information with the school)

General Information

We first learned about Southwest Christian School through: (please circle only one)

- Child(ren) currently enrolled Alumni Friend or neighbor
- Phone book Internet Other _____

What are your reasons for enrolling your child at SCS? _____

What factors most influenced you to apply to SCS?

- Location Christian philosophy
- Recommendation of other SCS families Academic reputation
- Desire to attend private Christian School Displeasure with public schools

References

Please list three personal references for this student.

Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____

Financial Information

Though a ministry of Southwest Bible Church, SCS is financially self-sustaining without aid from the church. Our income comes from student tuitions and fees and limited fund-raising. According to our tuition schedule, can you pay the tuition and fees for this student? Yes_____ No_____

Enclose Application Fee: \$30.00. This Application Fee will apply towards your Registration Fee, which is non-refundable (see schedule). Please note that a completed Application is not a guarantee of admission, but only a request for admission.

By my signature, I certify that I have answered the above questions honestly and completely. I further realize that attendance at SCS is a privilege and I will do my best to adhere to all school rules and policies.

 Father's signature
 Date _____

 Mother's signature
 Date _____

Southwest Christian School admits students of any race, color, and national or ethnic origin.

FOR OFFICE USE ONLY:

interview, date _____ Application Fee paid _____

Notes: _____
