



SOUTHPORT PRESBYTERIAN CHRISTIAN SCHOOL

Southport Presbyterian Christian School Application for Enrollment

Date of Application _____ School Year _____

Grade Applying for: ___ Kindergarten ___ 1st ___ 2nd ___ 3rd ___ 4th ___ 5th

Student Information

Student's Full Name: _____

Gender: ___ Male ___ Female Age _____ Birthdate _____

Ethnicity: ___ Hispanic ___ American Indian ___ Asian ___ Black ___ Pacific Islander ___ White ___ Multiracial

School District of Residence _____ Local School _____

Last School/Preschool Attended _____ Phone Number _____

Does your child have an _____ IEP _____ ISP _____ 504. If so, please provide a copy with your application.

Does your child have Special Needs? Yes or No Explain _____

Is your child an English Language Learner? Yes or No If Yes, what is the primary language spoken _____

Did the student qualify for free or reduced lunch at their previous school? Yes or No

Family Information:

Mother's Name: _____ Home: _____

Address: _____

Employer: _____ Work: _____ Cell: _____

Email: _____

Financial Responsibility—Yes or No (Circle One) **Would like copies of Report Card**- Yes or No (Circle One)

Father's Name _____ Home: _____

Address: _____

Employer: _____ Work: _____ Cell: _____

Email: _____

Financial Responsibility—Yes or No (Circle One) **Would like copies of Report Card**- Yes or No (Circle One)

With whom does the child reside? ___ Both Parents ___ Mother ___ Father ___ Grandparents ___ Guardian
Who has physical custody of the child? _____

Parents Marital Status: ___ Married ___ Separated ___ Divorced

Other siblings in the home:

- | | |
|---------------|-----------|
| 1. Name _____ | Age _____ |
| 2. Name _____ | Age _____ |
| 3. Name _____ | Age _____ |
| 4. Name _____ | Age _____ |
| 5. Name _____ | Age _____ |

If custodial issues are involved, please provide any of these that apply and answer the questions below:

- a. any court order that prevents or limits access of a parent to a child or the child's educational record,
- b. court documents showing physical custody of the child, or
- c. any restraining orders or other legal documents specifically limiting the access of any individual to the student(s) being enrolled.

1. Are there any restrictions legally placed upon non-custodial parent's right to information about, or dealing with, the student named on this form?

Yes No If yes, a copy of the decree needs to be on file at the school.

2. If separated or divorced, which parent(s) or person has legal custody of student?

Mother Father Both Parents Other

3. May we contact non-custodial parent(s) in an emergency?

Yes No If no, a copy of a decree needs to be on file at school.

4. Is the student allowed to leave with non-custodial parent?

Yes No If no, a copy of a decree needs to be on file at school.

Student Health Information

Check the following conditions/ diseases your child has:

- | | |
|-----------------------------|--------------------------|
| _____ Seizures | _____ Bee Sting Reaction |
| _____ Asthma | _____ Diabetes |
| _____ Nosebleeds | _____ Other |
| _____ Allergies List: _____ | |

Vision: Wears Glasses ___ Yes ___ No
 Wears Contacts ___ Yes ___ No

Hearing: Wears Aid ___ Yes ___ No

Church Affiliation

Name of church _____ Member _____ Visitor _____ No Home Church _____

Please include the following documentation with this application:

- Copy of Previous Report Card
- Attendance Records
- ILEARN Scores
- IREAD scores (If entering 4th grade.)
- WIDA scores (English Language Learners only)

Please Check if you are interested in:

- the CHOICE Voucher Program
- Before and After Care Program