

OTHER INFORMATION AND MEDICAL HISTORY

Has applicant ever skipped or repeated a grade? Yes No If yes, please explain: _____

Has applicant ever consulted with a professional for testing or guidance? Yes No

Has applicant ever been tested for, ADD, ADHD, learning disabilities, speech/language, and/or psychological concerns? Yes No If yes, to any of the above please explain and give dates of testing: _____

Does the applicant have any current behavioral, psychological or educational evaluations, treatments or interventions? Yes No If yes, please explain: _____

Does the applicant regularly require any medication? Yes No If yes, please explain and list the medications: _____

Describe any other special circumstances that may have affected the applicant's performance in school not explained above. _____

If you have documentation for any of the above please share with administration during the interview, and please include any copies of the results of the testing.

AUTHORIZATION

In signing this application, I understand that it authorizes the Academy to investigate my child's academic record and to secure other pertinent information necessary to reach an admission decision. I also voluntarily waive the right of access to all information and materials of any kind received by Summer Grove Baptist Academy from any source in connection with the application.

Father/Guardian signature _____ Date _____

Mother/Guardian signature _____ Date _____

SUMMER GROVE BAPTIST ACADEMY

STUDENT APPLICATION

2820 Summer Grove Drive • Shreveport, LA 71118 • 318-687-9003 • Fax: 318-6879607

www.eharron@summergrove.org



Application for Admission

Mission Statement

In pursuit of excellence in education the mission of Summer Grove Baptist Academy is:

To focus on the ten principles of Kingdom Education and to assist Christian parents by helping equip students to embrace these principles, strive for academic excellence, and model Christ-like leadership in the home, church, and the community, for the next generation.

Application Fee: \$50

(A non-refundable application fee which includes entrance testing)

NONDISCRIMINATORY POLICY

Summer Grove Baptist Academy admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the academy. The academy does not discriminate on the basis or race, color, national or ethnic origin in administration of its educational policies, admission policies, and other academy-administered programs.

FOR OFFICE USE

Date Application Received _____

Fee Received _____

Date Contract Recorded _____

STUDENT

Full name _____
(Last) (First) (Middle) (Preferred Name)

Grade for which student is applying _____ For school year beginning _____

Address _____
(Street) (City) (State) (Zip)

Is English your child's first language? Yes No If no, what language? _____

Is your child a U. S. citizen? Yes No If no, list citizenship _____

ETHNICITY (Optional)

- African American Asian Caucasian
- Hispanic Middle Easterner Native American
- Multiracial Other _____

APPLICANT'S CURRENT SCHOOL

Name of school _____ Grades attended _____

Address _____
(Street) (City) (State) (Zip)

Telephone _____ - _____
(Area Code)

OTHER SCHOOLS ATTENDED

Name of school _____ City _____ Grades _____ Dates _____

Name of school _____ City _____ Grades _____ Dates _____

Name of school _____ City _____ Grades _____ Dates _____

Has your child been suspended from or asked to leave school? Yes No

If yes, please explain _____

PARENTS

Student lives with (check all that apply)

- Father & Mother
- Mother
- Stepfather
- Father
- Stepmother
- Guardian
- Other

If other, please explain: _____

Check all that apply:

- Parents are married
- Parents are separated
- Parents are divorced
- Parents have joint custody
- Mother has custody
- Father has custody
- Parents are deceased
- Mother has remarried
- Father has remarried

PARENTAL AUTHORITY

Release information to (check all that apply) Father Mother Guardian

Person responsible for school related decisions:

Name: _____

Address: _____
(Street) (City) (State) (Zip)

Phone Number _____ - _____ Cell Number _____ - _____
(Area Code) (Area Code)

FATHER

Full name _____
(Last) (First) (Preferred Name)

Street address _____ Home Phone () _____

City and State _____ Zip _____

Employer _____ Position _____

Business Address _____ City and State _____

Business Phone () _____ Father's Cell Phone () _____

E-mail address _____ Religious affiliation (Optional) _____

MOTHER

Full name _____
(Last) (First) (Preferred Name)

Street address _____ Home Phone () _____

City and State _____ Zip _____

Employer _____ Position _____

Business Address _____ City and State _____

Business Phone () _____ Mother's Cell Phone () _____

E-mail address _____ Religious affiliation (Optional) _____