



**Christian Academy**

3600 Brightseat Rd., Landover MD, 20785  
 301-386-9400 Phone 301-773-6282 Fax  
[www.shabachministries.org](http://www.shabachministries.org)

**APPLICATION FOR ADMISSION**

**Indicate grade level to which you are applying**

<i>Pre- School</i>	<i>Elementary School</i>	<i>Middle School</i>	<i>Multi - Graded Classes</i>		<i>Homeschool</i>
6weeks-17months _____	Kindergarten _____	Grade 6 _____	Grade 3 _____	Grade 9 _____	Oversight _____
18months- 23months _____	Grade 1 _____	Grade 7 _____	Grade 4 _____	Grade 10 _____	Group Class _____
Pre - K2 _____	Grade 2 _____	Grade 8 _____	Grade 5 _____	Grade 11 _____	
Pre - K3 _____	Grade 3 _____		Grade 6 _____	Grade 12 _____	
Pre- K4 _____	Grade 4 _____		Grade 7 _____		
	Grade 5 _____		Grade 8 _____		

Name of Student \_\_\_\_\_  
 Last Name First Name Middle Name

Address \_\_\_\_\_  
 Number and Street Name City State Zip

Home Phone Number \_\_\_\_\_ With whom does the child reside? \_\_\_\_\_

\_\_\_\_ Male \_\_\_\_ Female Date of Birth \_\_\_\_\_  
 (MM) (DD) (YYYY)

Age of student as of August 31st this year \_\_\_\_\_

Father's Name \_\_\_\_\_  
 Last Name First Name

Address \_\_\_\_\_  
 Number and Street Name City State Zip

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Occupation \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name \_\_\_\_\_  
 Last Name First Name

Address \_\_\_\_\_  
 Number and Street Name City State Zip

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Occupation \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

NOTE: Fees are due when this application is submitted

**Office Use Only:** Date of Application \_\_\_\_\_ Check # \_\_\_\_\_ M.O.# \_\_\_\_\_

List other children in the student's immediate family attending or applying for admission to SCA:

<i>Student's Name</i>	<i>Date of Birth</i>	<i>Grade</i>	<i>Age</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has your child ever been placed on probation, suspended, expelled from school or has your child been subject to any disciplinary action? If yes, please explain:

Has your child ever received or been recommended for special education services?  Yes  No  
 Does your child currently have an IEP? (Individualized Educational Plan)?  Yes  No  
 Has your child ever been diagnosed with a learning disability?  Yes  No  
 Has your child been diagnosed with ADD, or ADHD?  Yes  No  
 Has your child been prescribed any on-going medications?  Yes  No  
 Do you have concerns regarding your child's behavior or ability to learn?  Yes  No

Please provide explanation regarding any questions that were answered yes.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Indicate hobbies, interests, and/or natural talents of the student.

**(New Students Only) Indicate previous schools attended during the last three years. Include a copy of academic school records from each school.**

Name of School	Address	Highest Grade Level Attended
		Pre-K K 1 2 3 4 5 6 7 8 9 10 11 12
		Pre-K K 1 2 3 4 5 6 7 8 9 10 11 12

***Important Information that You Should Know:*****Applicants for the Pre - School Program**

*Please complete this application and return to the Office of the Registrar for consideration. In the event there is no slot available, your application fee can be returned or you may remain on our waiting list for future consideration.*

*Application fees are non - transferable and when the space is available non - refundable.*

***Application Fee:******New Student - \$75.00******Returning Student - \$50.00*****Applicants for Homeschool Program**

*Please provide the following information when returning this application:*

- Copy of child's Birth Certificate*
- Copy of educational, psychological, speech, behavior, physical therapy or occupational therapy assessments, when applicable.*
- Letter on church letterhead attesting to church membership*

***Application Fee:******New Student - \$100.00******Returning Student - \$75.00*****Applicants for Kindergarten - High School (New Applicants Only)**

*Please provide the following information when returning this application:*

- Copy of child's Social Security Card*
- Copy of child's Birth Certificate*
- Letter on church letterhead attesting to church membership. Members of FBCG do not need a letter.*
- Report cards and/or past progress reports from all school's attended prior to SHABACH! Christian Academy*
- Copy of Standardized tests (does not apply to students applying for Kindergarten)*
- Copy of educational, psychological, speech, behavior, physical therapy or occupational therapy assessments, when applicable.*

***Application Fee:******New Student - \$200.00******Returning Student - \$150.00*****Before And After Care Services**

*School Age Students Only: K-Grade 8*

*Please indicate whether or not this is a service you will need*

*Yes*     *No*

*If yes please complete a Before And After Care Selection Form with this application.*

CHURCH INFORMATION

Church \_\_\_\_\_ Phone Number \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Are you are a born again believer in Jesus Christ? \_\_\_\_\_

Address \_\_\_\_\_  
Number and Street Name City Sate Zip

STATEMENT OF FAITH

We believe in God, the Father, the Almighty, the Creator of the heavens and the earth. We believe that God has existed from all eternity in three persons: God the Father, God the Son, and God the Holy Spirit.

We believe in the eternal deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His substitutionary death on Calvary for our sins, in His triumphant bodily resurrection from the grave, in His exaltations as Lord of all, and in His indwelling victorious life within His body, the church.

We believe that all men have sinned and come short of God's standard and therefore need a Savior.

We believe that salvation is offered as a gift, free to the sinner. The gift must be responded to in individual faith, not trusting in any personal works whatsoever, but in the sacrificial death of Jesus Christ alone.

I/ we , the undersigned, pledge that the information given on this application is true and accurate to the best of my/ our knowledge. I/we have submitted an application fee of \_\_\_\_\_, which is non-refundable. If my/our child is accepted to SHABACH! Christian Academy (SCA), I/we agree to comply with all rules and regulations which the school may deem necessary for the proper operation of the school. I/we sincerely pledge our loyalty to the aims and ideals of the school and will support the school program in every way possible. I/we understand that the school reserves the right to dismiss any child who does not cooperate with the educational process or behavior guidelines, and to dismiss any family that does not honor the Parent/School Covenant.

I/we understand that upon admission of my/our child to SCA, I/we will be required to sign a contractual agreement that details my/our financial commitment to SCA. I/we have received a Tuition and Fees schedule for SCA. I/we understand that SCA operates under the umbrella of SHACBACH! Ministries, Inc. If accepted for admission to SCA and I/we have an outstanding balance due to past obligations to SCA, my/our child will not be permitted to attend school until the debt is satisfied. I/we understand that all students are accepted on a nine-week probationary basis.

SHABACH! Christian Academy does not discriminate on the basis of race, gender, or national origin.

\_\_\_\_\_  
Father/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Guardian Signature

