

# SPURLING CHRISTIAN ACADEMY



HOME OF THE SOARING EAGLES

MOUNT OLIVE MINISTRY CENTER 

**"Teaching Mind, Body and Spirit"**

## Application for Admission

1200 High Point Road      Arlington, Texas 76015  
Office (817)465-1122      Fax (817)465-0609

[www.spurling.org](http://www.spurling.org)

## Admission Checklist

- Application
- Parent Questionnaire
- Student Questionnaire (Grades 7 – 12)
- Parent Interview
- Student Interview (Grades 7 – 12)
- Admission Test Scheduled (K3, K4, K5 and 1<sup>st</sup> Grade)
- Photographs
- Birth Certificate
- Report Card / Transcript
- Parent Consent for Release of Records (If applicable)
- Immunization Records
- Extended School Enhancement Program Application (If applicable)
- Statement of Cooperation
- Parental Agreement of Discipline Policy
- Parental Agreement of Uniform Policy
- Photo Release
- Contact Information Release
- Student Information Form
- Copy of identification of person(s) to whom the child may be released
- Registration & Book Fees (Non-refundable)

### Application Form

Complete the application form and submit it to the Office of Admission with the registration fee.

### Admission Testing

Readiness testing is required for new students entering K3, K4, K5 and 1<sup>st</sup> Grade. The cost of the testing (\$35) is not included in the registration fee.

### Parent and Student Interviews

Parent interviews are required for parents of students applying to K3 through Grade 12. The Office of Admission will contact you to schedule a meeting date and time.

### Parent Questionnaire

Complete the questionnaire carefully and return to the Office of Admission along with the completed application.

### Photograph

Submit one small applicant photo (and one small family photo, if possible).

### Birth Certificate

Children applying must submit a certified copy of the child's birth certificate.

### Report Card / Transcript

Submit a copy of the most recent report card and a copy of the applicant's transcript showing grades for the past two years.

### Immunization Records

Please submit a copy of the applicant's current immunization record.

### Grade Placement (K-12)

SCA reserves the right to place students in the appropriate grade based on age, admission testing and other evaluative information.

### Registration Fee (Non-refundable)

\$225 for new students grades K3 – 12; \$200 for returning students. The application is not considered complete without the registration fee. Please make checks payable to Spurling Christian Academy.

## Frequently asked questions

### What about wait lists?

If an applicant is qualified to attend SCA, but there are no places currently available, the applicant's name will be placed in a "wait pool." The wait pool is made up of qualified applicants available to fill a specific opening in a specific grade. Wait pools are not prioritized wait lists. When and if an opening becomes available, the most appropriate candidate will be selected for the opening. Once a new school year begins we purge the existing wait pool and begin the application process for the next year.

### Do priorities exist?

In a desire to keep families together, SCA reserves the right to give priority consideration to qualified sibling and alumni applicants.

### At what age can my child attend SCA?

A child must be 3 years old by September 1, in order to start school in our K-3 class.

### What are the school hours?

- K-3 through 6<sup>th</sup> grade  
8:30 am – 3:15 pm
- Junior and Senior High  
8:30 am – 3:00 pm

## Visiting SCA

### Parent Tours

We offer informative guided tours of our campus. Please contact the SCA office to make your reservation.

### Student Visits

The best way to discover the benefits of a Spurling Christian Academy education is to experience it first-hand. Students applying to grades 7-12<sup>th</sup> are encouraged to spend a half-day attending classes and participating in the many exciting activities occurring during a typical day. An application must be on file with the SCA office prior to scheduling a visit.

### Open House

Mark your calendars now! The second Tuesday in March is your opportunity to visit our campus. Bring your whole family! No reservations required.

 **PENCIL ONLY PLEASE**

**Office Use Only:** Accepted / Declined Reason \_\_\_\_\_  
 Student ID. \_\_\_\_\_ Entry Date \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Student Name: Last		First	Middle	Nickname:
Date of Birth:	Race	Sex: M / F		Social Security Number:
Home Address:				
City:			Zip:	Home Phone:
Mailing Address (if different)				
Parents: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Custodial Parent (specify)				
<b>Father:</b>			<b>Mother:</b>	
Social Security Number:			Social Security Number:	
Employer:			Employer:	
Work Phone:	Mobile Phone:	Work Phone:	Mobile Phone:	
Email Address:			Email Address:	
Emergency Contact:	Primary Phone:		Alternate Phone:	
Emergency Contact:	Primary Phone:		Alternate Phone:	
Child's Physician:	Address:		Phone:	
Medical Information (allergy restrictions, medical limitations, medications taken on a regular basis)				

Previous Grades attended at SCA (Circle all that apply) K3 K4 K5 1 2 3 4 5 6 7 8 9 10 11

School Attended Last Year: \_\_\_\_\_ Previous Grade: \_\_\_\_\_

Has applicant ever been retained?  Yes  No Does applicant regularly require medication?  Yes  No  
 Has applicant received testing or special help for learning differences?  Yes  No If yes, include copy of report.

Sibling Information		
Name	Age	School & Grade

**Statement of Cooperation**

In making application for my child it is my desire to have him/her complete the school year \_\_\_\_\_ - \_\_\_\_\_. It is also my understanding that the tuition policy of the school is to make no refunds on registration fees and to honor my monthly financial obligations. I also give my permission for my child to participate in activities on and away from Spurling Christian Academy premises, and I absolve the school from liability to me or my child due to any injuries to my child at school or during any school activity.

Parent/Guardian Signature

Date

**Parental Agreement of Discipline Policy and Responsibilities**

I will maintain a close working relationship with my child's teacher and build this relationship based on mutual trust, respect and open communication. Additionally, I will pray for the staff and faculty, cooperate with them, lay a spiritual foundation through Godly examples in the home, follow through with any work assignments or forms requiring my response, see that my child arrives on time and attend parent functions. I will abide by the decisions of the faculty and administration, support SCA, and be involved in the discipline of my child, as the school deems necessary.

Parent/Guardian Signature

Date

**Parental Agreement of Uniform Policy and Responsibilities**

Parental cooperation and accountability to the SCA Uniform Policy and Responsibilities standards are necessary in order for our school to maintain its consistency and discipline as a well-groomed establishment for the glory of God. I agree with the Uniform Policy and will abide by the decisions of the faculty and administration, support SCA and be involved in the discipline of my child as the school deems necessary.

Parent/Guardian Signature

Date

**Photo Release**

SCA occasionally submits photographs for publication in the local newspapers which show our students participation in classroom and service activities. The newspapers now require a signed parental release before they will publish pictures of students.

I do / do not (circle one) give my permission for my child, \_\_\_\_\_ to be photographed during school activities for educational purposes. I understand that this permission is for public/commercial use of the photograph or video (newspapers, brochures, etc.)

Parent/Guardian Signature

Date

**Contact Information Release**

I do / do not (circle one) give my permission for my home number and email address to be given to SCA staff, MOMC staff, or parents of other children in my child's class for the purpose of notifying me of school/church related activities. I understand that this does not release my contact information for general distribution.

Parent/Guardian Signature

Date

Name of persons authorized to take child (other than those listed on reverse):

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

# PARENT QUESTIONNAIRE

---

## For All Applicants

We appreciate your interest in enrolling your son/daughter at Spurling Christian Academy. We view ourselves as partners with you in providing a strong education within a Christian community which integrates biblical faith and learning. To help us toward this end, we ask you to complete this questionnaire and return it to us along with the completed application.

(Please type or print clearly.)

Name of Applicant: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

1. Please make a full statement describing what Christ means to you and the difference He makes in our life.

---

---

---

---

2. Please describe the ways in which you integrate your faith into your family's life.

---

---

---

---

3. Name of Family's Church: \_\_\_\_\_

Pastor: \_\_\_\_\_ Number of Years: \_\_\_\_\_

Address: \_\_\_\_\_

Please check all that apply:

Applicant:

- Member
- Attends church regularly
- Attends Sunday School
- Attends church occasionally
- Belongs to Youth Group
- Does not attend church

Parents:

- Member
- Attends church regularly
- Attends Sunday School
- Attends church occasionally
- Does not attend church
- Other: \_\_\_\_\_

# PARENT QUESTIONNAIRE

*Continued*

	<b>Student Applicant</b>	<b>Mother of Student</b>	<b>Father of Student</b>	<b>Sibling of Student</b>	<b>Other Household Members</b>
4. Are you currently under indictment for or have you ever pled guilty, no contest or been convicted of a felony or misdemeanor by a civilian or military court, or participated in deferred adjudication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you currently use illegal drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Has the student applicant ever been disciplined by a school official for misconduct at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

If yes, please describe the misconduct and when it occurred.

---

---

---

---

7. If divorced, please indicate type of custody ordered by the court:  Joint  Sole

Which spouse holds legal responsibility for school decisions? \_\_\_\_\_

Is there any special information the school may need? \_\_\_\_\_

---

---

---

Name of Parent / Guardian completing this questionnaire: \_\_\_\_\_

PLEASE PRINT OR TYPE

Relationship to applicant: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



10. **Please indicate your involvement in any of the activities listed below, being as specific as possible.** Although SCA does not expect you to be involved in all of the areas listed below, we want you to have the opportunity to write about those in which you have taken an active interest.

Artistic:

---

---

Athletic:

---

---

Community Service:

---

---

Dramatic / Literary:

---

---

Math / Science:

---

---

Musical:

---

---

Church Activities:

---

---

Other:

---

---

11. Do you consider yourself to be a Christian?  Yes  No

If yes, briefly state the reason why you consider yourself a Christian.

---

---

---

---

# Student Information

Year \_\_\_\_\_ - \_\_\_\_\_

**PENCIL ONLY PLEASE**

*Office Use Only:*      Grade \_\_\_\_\_      Teacher \_\_\_\_\_

Student Name: Last	First	Middle	Nickname:
Date of Birth:	Family members in home:		
Mailing Address:		Home Phone:	
City:		Zip:	
Parents: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Custodial Parent (specify)			
<b>Father:</b>		<b>Mother:</b>	
Work Phone:		Work Phone:	
Mobile Phone:		Mobile Phone:	
Email Address:		Email Address:	

### Medical Information

Allergy Restrictions (food, medicine, etc.)
Medical Limitations (heart murmur, vision, hearing, etc.)
Does this student wear glasses?
Medications taken on a regular basis and why:

Will your child be attending the SCA Extended School Enhancement Program?     Yes     No

Is your child required to wear glasses?       Yes     No

### Volunteer Work

Would you be available to volunteer in classrooms or on school field trips?      Check all that apply

Once a week	Once a month	As needed	Volunteer from home
Class parties	Fun Fridays	Fund Raisers	Book Fair
Fall Festival	Donate morning snacks	Christmas play	Field Trips
Room parent	Spring Carnival	Graduation	Advertising
Read-a-thon	Book reviewer	PTO	Other

\*We will use the email system as much as possible for contacting parents. Please keep email addresses up-to-date with the school office. Written documents will be available for parents who are unable to receive email.

## EXTENDED SCHOOL ENHANCEMENT PROGRAM APPLICATION

Year \_\_\_\_\_ - \_\_\_\_\_

 **PENCIL ONLY PLEASE**

Student Name: Last		First	Middle	Nickname:
Date of Birth:		Home Phone:		
Home Address:				
City:			Zip:	
Parents: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Custodial Parent (specify)				
<b>Father:</b>		<b>Mother:</b>		
Last four digits of Social Security Number:		Last four digits of Social Security Number		
Work Phone:		Work Phone:		
Mobile Phone:		Mobile Phone:		
Email Address:		Email Address:		
Emergency Contact:	Primary Phone:		Alternate Phone:	
Emergency Contact:	Primary Phone:		Alternate Phone:	
Child's Physician:	Address:		Phone:	

Name of persons authorized to take child (other than those listed above):

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

### Medical Information

Allergy Restrictions (food, medicine, etc.)
Medical Limitations (heart murmur, vision, hearing, etc.)
Does this student wear glasses?
Medications taken on a regular basis and why: