



SCS

Siouxland Christian School
6100 Morningside Avenue
Sioux City, Iowa 51106

Application for Admission

_____ Date of Application

Please give the student's full legal name				Current Grade	Grade to enter		
Street	City	State	Zip	Phone			
Applicant's Social Security #		Ethnicity		Email Address			
Name of Parents or Guardians – (Please Print)							
Applicant prefers to be called	Date of Birth	Sex	Place of Birth (City & State)				
Applicant's Age	Typical Grades	Please list any subjects in which the applicant has been tutored or has repeated					
Please list any disabilities which may affect the applicant's ability to function in a normal classroom environment							
Please list any unusual factors in the applicant's life (severe illness, social or physical trauma, etc.)							
<p>Has a doctor ever prescribed medication for behavioral control for this child? ___ No ___ Yes</p> <p>Has the applicant ever misused or become addicted to drugs? ___ No ___ Yes</p> <p>Has the applicant ever been suspended or expelled or disciplined beyond the ordinary? ___ No ___ Yes</p> <p style="text-align: center;"><i>If the answer to any question is "Yes," please include a letter of explanation.</i></p>							
Please consider the applicant's characteristics and circle the appropriate number on each line:							
3 - 2 - 1 - 0 - 1 - 2 - 3 Quiet	3 - 2 - 1 - 0 - 1 - 2 - 3 Talkative	3 - 2 - 1 - 0 - 1 - 2 - 3 Selfish	3 - 2 - 1 - 0 - 1 - 2 - 3 Generous	3 - 2 - 1 - 0 - 1 - 2 - 3 Obedient	3 - 2 - 1 - 0 - 1 - 2 - 3 Defiant	3 - 2 - 1 - 0 - 1 - 2 - 3 Aggressive	3 - 2 - 1 - 0 - 1 - 2 - 3 Introverted
For students in Grades K5 – 6th: Parents, please write a description of events leading up to the student's decision to accept Christ and how that decision has impacted his/her life to this point. _____							

For students in 7th-12th Grade: Students, please write your testimony of having accepted Jesus Christ as your personal Savior. This should include a description of events leading up to your decision to accept Christ and how that has impacted your life to this point.							

What school does the applicant currently attend?			
What is that school's address? <small>(We need to send for transcripts)</small>	City	State	Zip
Name of brothers and sisters _____	Age _____	Name of brothers and sisters _____	Age _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Father (Full Name) Mr. or Dr.		Occupation	
Employer	Employer's Address	Office Phone	
Church	Frequency of Attendance	When saved?	
Briefly describe your relationship with the Lord: _____ _____ _____ _____			
Mother (Full Name) Ms., Mrs. or Dr.		Occupation	
Employer	Employer's Address	Office Phone	
Church	Frequency of Attendance	When saved?	
Briefly describe your relationship with the Lord _____ _____ _____ _____			
Are there any special custodial issues we should know about if you are a single parent or a blended family?			
Please share with us why you are interested in Christian Education for your child?			
How did you become interested in Siouxland Christian School?			
Please list the families you know who currently attend Siouxland Christian School. _____			
We affirm that all statements made in this application are true and accurate to the best of our ability to discern.			
_____ Signature of Father/Guardian		_____ Signature of Mother/Guardian	