

SHEETS MEMORIAL CHRISTIAN SCHOOL
307 HOLT STREET
LEXINGTON, NC 27292
PHONE: 336-249-4224
APPLICATION FOR ADMISSION

NAME _____ S S # _____ - _____ - _____
FIRST MIDDLE LAST

GRADE APPLYING FOR: _____ BIRTHDAY _____ Circle MALE OR FEMALE

ADDRESS _____

DAD'S PHONES: _____
HOME WORK CELL OR PAGER

MOM'S PHONES: _____
HOME WORK CELL OR PAGER

EMERGENCY CONTACTS

[OTHER THAN PARENTS]

CHILD'S DOCTOR & PHONE # _____

ARE THERE ANY PHYSICAL OR MENTAL WEAKNESSES? _____
EXPLAIN _____

HOSPITAL PREFERENCE IF EVER NEEDED _____

DOES THE CHILD ATTEND SUNDAY SCHOOL? _____ PASTOR _____

NAME OF CHURCH AND ADDRESS: _____

FATHER: NAME _____ S S # _____

EMPLOYER _____ LIVES W/ CHILD? YES ___ NO ___

CHURCH MEMBER? _____ WHERE _____

MOTHER: NAME _____ S S # _____

EMPLOYER _____ LIVES W/ CHILD? YES ___ NO ___

CHURCH MEMBER? _____ WHERE _____

AGES OF CHILDREN AT HOME: _____

PLEASE LIST ADDRESSES & GRADE LEVELS OF THE LAST TWO SCHOOLS APPLICANT
ATTENDED. _____

HAS ANY GRADE BEEN REPEATED? IF YES, WHICH: _____; EVER BEEN EXPELLED OR
SUSPENDED? _____ IF YES, PLEASE EXPLAIN _____

PLEASE STATE BELOW THE REASON YOU ARE APPLYING FOR ADMISSION TO SHEETS MEMORIAL CHRISTIAN SCHOOL _____:

DO YOU PLAN TO ALLOW YOUR CHILD TO COMPLETE THEIR EDUCATION AT SHEETS MEMORIAL? _____

DO YOU BELIEVE THAT CHRISTIAN EDUCATION IS THE ONLY EDUCATION THAT IS RIGHT FOR YOUR CHILD? [As opposed to non-Christian education?] _____

WHY OR WHY NOT? _____

HOW DID YOU FIND OUT ABOUT OUR SCHOOL? _____

A non-refundable fee of \$10 must be paid when this application is submitted. Acceptance of the application does not assure placement in the school. You will be notified as quickly as possible of the acceptance or denial. Upon notification of acceptance, the non-refundable registration fee is due within **two weeks** to complete the acceptance process.

Book fees, and the first month's tuition are due by August 1st and considered late if not paid by the 10th. Each month's tuition payment thereafter [September thru May] is due by the 1st and considered late if not paid by the 10th of the month. A \$10 late fee will be added on the 11th of the month. Accounts that are 30 days delinquent will cause the child to be withdrawn from the school. Upon withdrawal, neither records nor information will be released until the account is paid in full. If a student attends school any part of a month, the whole month's tuition is due.

In making application for my child to enroll at SHEETS MEMORIAL CHRISTIAN SCHOOL, I agree to abide by the policies outlined in the student Handbook and other policies that might be instated as the year progresses. This would include all forms of discipline, methods of study, courses of study, and any rules and regulations so stated or implied. I agree to abide by the judgement and decisions of the administration concerning my child.

PARENT SIGNATURES:

FATHER _____

MOTHER _____

DATE _____

THIS APPLICATION MUST BE FILLED OUT COMPLETELY AND HAVE A PASTOR'S RECOMMENDATION FROM THE CHURCH YOU ARE PRESENTLY, ACTIVELY ATTENDING SUBMITTED BEFORE ACCEPTANCE.