



SAVANNAH CHRISTIAN PREPARATORY SCHOOL

ENROLLMENT PROCEDURES FOR GRADES 1 THROUGH 5

APPLY STEP 1

Submit a completed Application for Enrollment - A signed Application for Enrollment assumes the student and parent/guardian agree to abide by and uphold the policies of the school.

- Provide a copy of recent report card
- Provide a copy of 2012-13 and 2013-14 final report card
- Provide a copy of latest standardized test scores
- Return the completed Parent Questionnaire
- Return the completed Teacher Recommendation Form
- Complete and submit all application forms to:
SCPS Lower School, P.O. Box 2848, Savannah, GA 31402-2848

STEP 2

Take admissions test - First through fifth grade applicants must complete the admissions assessment scheduled for Saturday, January 24th for early acceptance or Saturday, February 21st for general acceptance. The school will contact you to confirm the assessment. Initial acceptances are made from students who participate in one of these assessment dates.

STEP 3

Parent conference - Upon the completion of the evaluation of steps 1 and 2, a conference with a Lower School Administrator may be requested.

ACCEPTANCE

Acceptance is based on:

- A satisfactory score on the entrance exam
- A successful academic history in previous schools without failing marks. Students with failing marks are not accepted.
- A history of good behavior in previous schools with no dismissals from previous schools or withdrawals in lieu of dismissal
- Review of Teacher Recommendation and Parent Questionnaire
- Available vacancies

Students will not be accepted or will be dismissed if false information is given on an application.



SAVANNAH CHRISTIAN PREPARATORY SCHOOL
 P.O. Box 2848, Savannah, GA 31402-2848
 912-234-1653, Fax: 912-234-0491
 www.savcps.com

Grades 1-5
 2015-2016 Application

STUDENT

Applicant's name _____ Date _____
Last First Middle Preferred
 Date of Birth _____ Home Phone _____ **Applying to Grade** _____
 Home Address _____
Street City State ZIP Code County

SCHOLASTIC INFORMATION

Current Grade _____ **Applying to Grade** _____ For School Year _____
 Campus Preference: Chatham Pkwy. DeRenne Ave.
 Current or Previous School _____ Dates of Enrollment _____
 School's Address _____ School's Phone _____
 Has the applicant ever applied for admission to SCPS? Yes No If yes, what grade(s)? _____
 Has the applicant ever attended SCPS? Yes No If yes, what grade(s)? _____
 Does the applicant have siblings **applying** to SCPS for the 2015-2016 school year? Yes No
 If yes, please give names and grades _____
 Does the applicant have siblings **currently attending** SCPS? Yes No If yes, please give names and grades _____
 Are the applicant's parents/grandparents SCPS alumni? Yes No Name(s)/Graduation year(s) _____

STUDENT HISTORY

Does the applicant have any current or history of medical, behavioral or emotional problems that would affect his/her work?
 If yes, please explain. _____

 Does the applicant have an IEP or an AEP? Yes No If yes, please include a copy with application materials.
 Has the applicant skipped a grade? Yes No Has the applicant repeated a grade? Yes No Which grade? _____
 Has the applicant ever been expelled, denied re-enrollment, counseled not to return to a school or been the subject of any major school disciplinary action? Yes No If yes, give details. _____

FATHER

Father's Name (Dr./Mr.) _____
 Last First Middle Suffix - II III IV Jr.

Home Address _____
 _____ area code and phone number
 city state zip Email _____

Employer _____ Position _____
 _____ cell phone number

Business Address _____ Email _____

 city state zip area code and phone number

Religion _____ Place of Worship _____

MOTHER

Mother's Name (Dr./Mrs./Ms.) _____
 Last First Middle Suffix - II III IV Jr.

Home Address _____
 _____ area code and phone number
 city state zip Email _____

Employer _____ Position _____
 _____ cell phone number

Business Address _____ Email _____

 city state zip area code and phone number

Religion _____ Place of Worship _____

STEP-PARENTS

Step-Mother
Name (Dr./Mrs./Ms.) _____
 Last First Middle Preferred

Home address _____
 _____ area code and phone number
 city state zip cell phone number

Step-Father
Name (Dr./Mr.) _____
 Last First Middle Preferred

Home address _____
 _____ area code and phone number
 city state zip cell phone number

CONTACT INFORMATION

Parents are: married separated divorced father deceased mother deceased single parent

With whom does the student live? _____

E-mail address for SCPS correspondence: _____

Emergency contact person: _____ Phone number: _____

FINANCIAL

Name of person responsible for bills. (This person must sign financial contract along with other parent or person having custody.) Give address if not noted on this application _____

Relationship to Student _____

EXTENDED FAMILY

In order to keep grandparents of our current students informed about our school activities, they are sent the school's newsletter and invitations to special events. Please name living grandparents and give their addresses.

_____ first name last name address city state zip

_____ first name last name address city state zip

_____ first name last name address city state zip

_____ first name last name address city state zip

INTEREST

How did you first learn of SCPS? SCPS Family SCPS Faculty Website Advertisement Preschool Minister Employer Realtor Other _____

Please give us the name and address of the person who influenced you in making the decision to apply to SCPS, so we may

thank them: _____

Key factors influencing your application to SCPS: Faculty Facilities Academic reputation Fine Arts Program Christian teaching Class Size Location Other _____

***Transportation Request: *See fee sheet for details.**

- Standard (Existing Savannah area routes)
- Campus-to-Campus Shuttle (Either way)
- Midway/Richmond Hill route
- Hilton Head/Effingham route

If pick-up and/or drop-off are different from home address, complete the information below. (Pick-up/drop-off changes are made ONLY IF they fit the existing routes.)

A.M. Pick-up _____ P.M. Drop-Off _____

***Yearly Lunch Tickets: *See fee sheet for details.** Yes No

***See fee sheet for details. Cost of requested transportation and yearly lunch tickets will be reflected on billing statement.**

I understand that my child may be included in photographs, videotapes, audio tapes or other recordings to be used for school and general promotional purposes, including the SCPS website. I give the SCPS administration permission to use such photographs, video tapes, or other recordings of my child for purposes of promoting the school as it may see fit.

Yes No

A blank response will be interpreted as "yes".

To complete a "no" response a recent photo, for identification purposes, must be attached to this application.



Office Use Only BO _____
 AF _____ TeD _____
 Acc/Den _____ RF _____
 TD _____ FC _____
 BB _____

Grades 3-5 Only

HONOR CODE

The Honor Code at SCPS is an agreement among members of the school community based upon a love for God and respect for one another. The Honor Code consists of a statement of personal integrity to which we commit to live by in order to foster a Christian community that reflects Biblical values, respect, individual self-discipline and good citizenship. The Honor Code also serves as the means by which we hold one another accountable.

HONOR CODE STATEMENT

I pledge my honor that I will not lie, cheat nor steal, nor tolerate those who do. I also pledge my honor that I will live by the rules and regulations of SCPS as set forth in the Honor Code for my own good, welfare of the school community and for the glory of God.

PERSONAL COMMITMENT

I have read the SCPS HONOR CODE and I understand the provisions and guidelines set forth. I understand that by signing this Agreement, I affirm my commitment in view of the pledges of my fellow students and the SCPS community and agree to willingly follow the provisions and guidelines set forth in the Honor Code.

I understand if I violate any of the provisions or guidelines, I bring upon myself the disciplinary actions prescribed in the Honor Code .

 Applicant signature Date

 Witness signature of Parent or Guardian Date

 Witness signature of Parent or Guardian Date

APPLICANT PLEDGE

I hereby apply for enrollment to Savannah Christian Preparatory School. If accepted, I will cooperate with the spirit and regulations of the school. I will cheerfully maintain prescribed standards of DRESS AND CONDUCT, including the wearing of proper uniforms and total abstention from the use or possession of tobacco, drugs, drug paraphernalia, alcohol or weapons. I understand that acceptance is contingent upon my satisfactory completion of the current academic year. In signing this application, I am giving the school assurance that I understand and will abide by these requirements.

Date _____ Signed _____
 Student Applicant (grades 3-5 only)

PARENT/GUARDIAN PLEDGE

I attest that the information provided in this Application for Enrollment is true and accurate. I understand that if any information is found to be false or misleading, the application process may be terminated or the applicant may be dismissed from Savannah Christian Preparatory School. I also understand that acceptance is contingent upon the applicant's satisfactory completion of his or her current academic year.

Date _____ Signed _____
 Parent or Guardian

SAVANNAH CHRISTIAN

P.O. Box 2848

912-234-1653



PREPARATORY SCHOOL

Savannah, GA 31402

Fax: 912-234-0491

PARENT QUESTIONNAIRE FOR STUDENT ENTERING FIRST - FIFTH GRADE

CHILD INFORMATION

Name _____

Date _____

Date of Birth _____ Age _____

Male

Female

FAMILY INFORMATION

With whom has the child lived for most of the past year?

Mother Father Both Guardian Other (specify) _____

Siblings (names and ages) _____

Other people living in household _____

What language is primarily spoken at home? English Other (specify) _____

What other languages are spoken at home? _____

MEDICAL HISTORY

Eyes Does your child wear glasses? Yes No

Has your child had his/her eyes tested in the past year? Yes No

Ears Has your child had frequent ear infections? Yes No

Has your child had tubes in one or both ears? Yes No

Has your child had his/her ears tested in the past year? Yes No

Speech Can your child speak so that he/she can be understood by others? Yes No

Has your child had any difficulties with speech or language? Yes No

If yes, please explain. _____

Are there any medical concerns that we should take into consideration when evaluating your child?

Yes No If yes, please explain. _____

OTHER INFORMATION

Does your child have any special learning needs? Yes No If yes, please explain. _____

Has your child had or been recommended for any psychological/psycho-educational evaluations? Yes No

If yes, please explain. _____

Has your child had any difficulties at school related to behavioral problems? Yes No If yes, please explain.

Has your child had any difficulties at school with adult authority? Yes No If yes, please explain.

Has your child had any difficulties at school with other students? Yes No If yes, please explain.

HELP US GET TO KNOW YOUR CHILD

What are your child's favorite hobbies, sports, talents? How does your child spend free time? _____

Please describe your child's strengths. _____

Please describe your child's weaknesses. _____

What are your educational goals for your child? _____

What are your Christian character goals for your child? _____

Why do you want your child to attend Savannah Christian Lower School? _____

May we contact your child's current school if further questions arise? Yes No

Signature of person completing questionnaire

Relationship to child



TEACHER RECOMMENDATION FOR STUDENT ENTERING FIRST - FIFTH GRADE

Please forward this form to your child's present teacher.

Pursuant to the Family & Education Rights and Privacy Act of 1974, the following options are open to you. Please initial the following before having the form completed. Please initial the appropriate statements.

I waive the right to see this evaluation after it is completed.

I reserve the right to see this evaluation after it is completed.

I grant permission for the person completing this form to speak with an administrator from Savannah Christian Preparatory School.

Child's Name _____ **Date** _____

As part of the acceptance process for the above student, please complete this Recommendation Form. As the teacher, we feel you know the student and the work done on a day-to-day basis. You have observed many academic, developmental, social and physical areas which would be helpful to us as we prepare for our next first - fifth grades. Please take a few minutes to complete this form and be as specific as possible. Please return the completed form to the Lower School office. Thank you for your time and assistance.

Please check as appropriate.

ACADEMIC SKILLS

Reading

Reading Comprehension	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Below Average <input type="checkbox"/>	N/A <input type="checkbox"/>
Oral Reading	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Below Average <input type="checkbox"/>	N/A <input type="checkbox"/>
Listening Skills	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Below Average <input type="checkbox"/>	N/A <input type="checkbox"/>

Comment on Reading Skills. Please give strengths and weaknesses. _____

Math Skills

Problem Solving	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Below Average <input type="checkbox"/>	N/A <input type="checkbox"/>
Procedures	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Below Average <input type="checkbox"/>	N/A <input type="checkbox"/>
Math Facts	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Below Average <input type="checkbox"/>	N/A <input type="checkbox"/>
Mastered Facts	Addition <input type="checkbox"/>	Subtraction <input type="checkbox"/>	Multiplication <input type="checkbox"/>	Division <input type="checkbox"/>	

Comment on Math Skills. Please give strengths and weaknesses. _____

Expressive Skills

Written Expression	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Below Average <input type="checkbox"/>	N/A <input type="checkbox"/>
Oral Expression	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Below Average <input type="checkbox"/>	N/A <input type="checkbox"/>
Handwriting	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Below Average <input type="checkbox"/>	N/A <input type="checkbox"/>
Writes in Cursive	Mastered <input type="checkbox"/>	Working On <input type="checkbox"/>	Introduced To <input type="checkbox"/>	N/A <input type="checkbox"/>	
Writes in D'Nealian	Mastered <input type="checkbox"/>	Working On <input type="checkbox"/>	Introduced To <input type="checkbox"/>	N/A <input type="checkbox"/>	

Comment on Expressive Skills. Please give strengths and weaknesses.

STUDY SKILLS / WORK HABITS

Motivation to learn	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Below Average	N/A <input type="checkbox"/>
Responsible for work	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Below Average	N/A <input type="checkbox"/>
Completes assignments promptly	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Below Average	N/A <input type="checkbox"/>
Brings required materials to class	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Below Average	N/A <input type="checkbox"/>
Works independently	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Below Average	N/A <input type="checkbox"/>
Works well in small group	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Below Average	N/A <input type="checkbox"/>

Comment on Study Skills / Work Habits. Please give strengths and weaknesses.

SOCIAL DEVELOPMENT / EMOTIONAL GROWTH

Interaction with peers	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Below Average <input type="checkbox"/>	N/A <input type="checkbox"/>
Self control	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Below Average <input type="checkbox"/>	N/A <input type="checkbox"/>
Respect for authority	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Below Average <input type="checkbox"/>	N/A <input type="checkbox"/>
Follows classroom rules	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Below Average <input type="checkbox"/>	N/A <input type="checkbox"/>

Comment on Social Development and Emotional Growth. Please give strengths and weaknesses.

Attendance: Regular Irregular If irregular, please explain. _____

How long have you known this student?

In your opinion, is this student ready for an academically challenging curriculum? Yes No

In your opinion, is this student ready for a structured Christian environment? Yes No

If you have additional comments you would like to share, please attach to this form.

If the need arises, may we contact you to discuss the applicant further? Yes No

Form filled out by _____ Signature _____

Title/Position _____ School _____

Phone Number _____ Email _____