



# SAVANNAH CHRISTIAN PREPARATORY SCHOOL

## ENROLLMENT PROCEDURES FOR KINDERGARTEN

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### 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. Please complete the following:

- Provide a copy of recent report card or progress report if applicable
- Return the completed Parent Questionnaire
- Return completed Teacher Recommendation Form
- Submit all application forms and fee to:  
SCPS Lower School, P.O. Box 2848, Savannah, GA 31402-2848

#### STEP 2

**Entrance assessment** - Assessments will be held Saturday, January 25th for early acceptance or Saturday, February 22nd for general acceptance. PreKindergarten applicants will be assigned a scheduled assessment time. Initial acceptances are made from students who participate in one of these test dates.

#### STEP 3

**Student interview** - Upon the completion of the evaluation of steps 1 and 2, an interview with a Lower School Administrator may be requested.

### ACCEPTANCE

Acceptance is based on:

- A satisfactory score on the entrance assessment and student interview
- 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
- We recommend, but do not require, that students entering the SCPS PreKindergarten program turn five before August 1 of the year for which they apply
- Available vacancies

If you have questions regarding our admission procedures, please call Debbie Fairbanks, Director of Admissions, at (912) 234-1653, ext. 106.

*Developing the whole person to the glory of God*



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

Kindergarten  
 2014-2015 Application

STUDENT

Applicant's name \_\_\_\_\_ Boy  Girl   
Last First Middle Preferred

Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State ZIP Code County

SCHOLASTIC INFORMATION

**Applying to :** Kindergarten **Morning** Program  Kindergarten **Full Day** Program

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? \_\_\_\_\_

Has the applicant ever attended SCPS? Yes  No  If yes, what grade? \_\_\_\_\_

Does the applicant have siblings **applying** to SCPS for the 2014-15 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. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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-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

Step-Mother's Name (Dr./Mrs./Ms.) \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_  
\_\_\_\_\_ area code and phone number

city state zip Email \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_  
\_\_\_\_\_ 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) and 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

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 \_\_\_\_\_

**Yearly Lunch Tickets:**             Yes             No

**See fee sheet for details. Cost of yearly lunch tickets will be added to the student's account.**

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I understand that my child may be included in photographs, video tapes, 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.**

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**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

The Savannah Christian Preparatory School is a co-educational, non-denominational, independent day school for students in grades prekindergarten through twelve. SCPS admits students of any race, color or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, scholarship and financial aid programs, and athletic and other school-administered programs.

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



## PARENT QUESTIONNAIRE FOR ENTERING KINDERGARTEN

### 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? \_\_\_\_\_

### PRESCHOOL / CHILD CARE HISTORY

Has your child attended preschool/child care before? Yes  No

- If yes, for how long? \_\_\_\_\_

Name of child's present or most recent school \_\_\_\_\_

Type of program: 5 Days  3 Days  2 Days

Number of Hours Daily \_\_\_\_\_

Attendance Record: Attended Regularly  Missed a few days

Missed a lot of time  Reason \_\_\_\_\_

- If no, does your child have opportunities to socialize / play with other children? Yes  No

Where? \_\_\_\_\_

### MEDICAL HISTORY

Was your child more than three weeks premature? Yes  No

Early health problems? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Child's Health Since Birth

*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. \_\_\_\_\_

**CHILD'S CURRENT BEHAVIOR**

**Does your child**

act appropriately in a group setting at school? Most of the time  Some of the time  Working on this

act appropriately in a group setting elsewhere? Most of the time  Some of the time  Working on this

play well one on one with other children? Most of the time  Some of the time  Working on this

respond respectfully to parental authority? Most of the time  Some of the time  Working on this

respond consistently to teacher authority? Most of the time  Some of the time  Working on this

respond with respect to other adults? Most of the time  Some of the time  Working on this

**CHILD'S DEVELOPMENT**

**Can your child**

zip/button own clothes after using restroom? Yes  No

express his/her thoughts and needs easily? Yes  No

**Is your child**

sleeping with a pacifier? Yes  No

able to adequately clean him/herself after toileting? Yes  No

taking rest or nap daily? Yes  No

If yes, approximately how long? \_\_\_\_\_

**Does your child**

listen to stories being read for at least 10 minutes? Yes  No  Occasionally

recall stories and events? Yes  No  Occasionally

follow simple, age-appropriate directions? Yes  No  Occasionally

have an established, consistent routine at home? Yes  No  Occasionally

practice letters and numbers at home? Yes  No  Occasionally

have bathroom accidents? Yes  No  Occasionally

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 KINDERGARTEN

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 Teacher 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 for us to know as we prepare for our next Kindergarten students. 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

***Recognizes Alphabet Letters:***

***Upper Case***

All 26

20-26

15-20

10-15

Fewer than 10

***Lower Case***

All 26

20-26

15-20

10-15

Fewer than 10

By the end of the year, how many upper case and lower case letters do you cover?                                    
upper lower

***Identifies Letter Sounds:***

***Short vowels:***

a

e

i

o

u

***Consonant sounds:***

Most

Some

None

***Recognizes Numbers 0-10***

All 11

Most

Some

None

***Writes Numbers 0-10***

All 11

Most

Some

None

***Recognizes Numbers 11-20***

All 10

Most

Some

None

Counts to \_\_\_\_\_ (Highest number correct) \_\_\_\_\_

By the end of the year, our school's curriculum covers up to number \_\_\_\_\_

**Fine Motor**

- Correct pencil grip
- Correctly holds and uses scissors
- Has control over pencil stroke

**Handwriting**

- Writes first name using correct capital and lower case formation
- Writes last name using correct capital and lower case formation
- Introduced to D'Nealian handwriting

Comment on academic skills. Please give strengths and weaknesses.

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**BEHAVIOR / DEVELOPMENTAL SKILLS**

**Attention Span**

- Focuses in a group setting
- Focuses one-on-one
- Works independently for 10 minutes or more
- Listens attentively and effectively
- Sits in a seat for at least 15 minutes

**Follows Directions**

- Follows two step directions
- Completes a task independently

**Speech**

- Child easily understood by peers and teachers
- Child can be difficult to understand

**Behavior**

- Accepts responsibility for actions
- Has self control
- Accepts teacher authority
- Accepts parent authority
- Able to share
- Handles little upsets during day
- Plays well with others

**Developmental Maturation:**

- Ready for a structured environment
- Has separation anxiety
- Separates easily from parent
- Toilets independently
- Dresses self after toileting
- Washes hands independently

Comment on behavior/developmental skills. Please give strengths and weaknesses.

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**Attendance:**  Regular  Irregular If irregular, please explain. \_\_\_\_\_

**OVERALL READINESS FOR KINDERGARTEN**

Academic:       Should be ready       May not be ready       Not sure at this time

Behavioral:       Should be ready       May not be ready       Not sure at this time

Please explain your thoughts on this child's readiness. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_