



SAVANNAH CHRISTIAN PREPARATORY SCHOOL

ENROLLMENT PROCEDURES FOR PREKINDERGARTEN

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 four before August 1 of the year for which they apply
- Available vacancies



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

PreKindergarten
 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 : PreKindergarten **Morning** Program PreKindergarten **Full Day** Program

Campus Preference: Chatham Parkway 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.

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 and Facebook. 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.

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 twelfth. 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.

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



PARENT QUESTIONNAIRE FOR STUDENT ENTERING PREKINDERGARTEN

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

- feed him/herself using a spoon and/or fork? Yes No
- wash and dry his/her own hands? Yes No
- dress him/ herself with assistance? Yes No
- express his/her thoughts easily? Yes No

Is your child

- sleeping with a pacifier? Yes No
- using a pacifier during the day? Yes No
- taking rest or nap daily? Yes No
- If yes, approximately how long? _____
- toilet trained? Yes No
- able to adequately clean him/herself after toileting without help? Yes No

Does your child

- play with blocks or other construction toys without help? Yes No
- play with puzzles? Yes No
- use crayons and/or markers to color or draw? Yes No
- cut with scissors? Yes No

Does your child

- listen to stories being read? Yes No
- turn pages of a book and look at pictures? Yes No
- recall stories and events? Yes No
- talk with your friends/relatives who come to visit? Yes No
- follow simple, age-appropriate directions? Yes No

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

HELP US GET TO KNOW YOUR CHILD

Please describe your child's personality (shy, easily excited, etc....) _____

What are your child's favorite activities? How does your child spend his/her 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 PREKINDERGARTEN

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 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 PreKindergarten 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.

Write the appropriate letter as follows: O – Often S - Sometimes N - Not Yet

SOCIAL / EMOTIONAL SKILLS

Accepts teacher authority

Separates easily from parents

Accepts parent authority

Makes choices

Plays well with other children

Shares with other children

Able to wait for a turn

Uses language to express needs

Keeps hands, feet and other body parts to self

Has appropriate control over feelings

Appropriately solves problems
(without hitting, temper tantrums, etc.)

Responds appropriately to a variety of situations

Functions appropriately as part of current group of students

Comment on Social/Emotional Skills. Please give strengths and weaknesses. _____

SELF HELP SKILLS

Toilets independently

Attempts to do things on his/her own

Dresses self after toileting

Cares for materials properly

Washes hands independently

Comment on Self Help Skills. Please give strengths and weaknesses. _____

LISTENING SKILLS

Listens quietly to stories

Participates in circle time

Follows two step directions

Sits still when required

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

COGNITIVE SKILLS: Write the appropriate letter as follows: O - Often S - Sometimes N - Not yet

_____ States first name _____ States last name _____ Speaks so can be easily understood

_____ Speaks in simple sentences _____ Repeats short story/event

_____ Recognizes own written name _____ Matches letters _____ Recognizes some letters of the alphabet

_____ Matches like objects _____ Counts objects to six _____ Recognizes numbers 0-5

_____ Recognizes all basic colors (red, blue, green, orange, yellow, purple, brown, black & white)

_____ Recognizes all basic shapes (square, diamond, circle, triangle and rectangle)

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

FINE MOTOR SKILLS

_____ Builds with blocks _____ Cuts with scissors independently

_____ Copies shapes _____ Colors with crayons/markers at age appropriate level

Comment on Fine Motor Skills. Please give strengths and weaknesses. _____

GROSS MOTOR SKILLS

_____ Jumps on two feet _____ Climbs up/down steps alternating feet without help

_____ Attempts new things physically _____ Climbs up/down steps alternating feet with help

Comment on Gross Motor Skills. Please give strengths and weaknesses. _____

Type of Program: Half Day Half Day w/Extended Care Whole Day Daycare

5 Days 3 Days 2 Days

Attendance Record: Regular Irregular If irregular, please explain. _____

OVERALL READINESS FOR PREKINDERGARTEN

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. _____

Please attach any additional comments you would like to share.

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 _____