



SAVANNAH CHRISTIAN PREPARATORY SCHOOL

ENROLLMENT PROCEDURES FOR GRADES 9 THROUGH 11

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. No applicant will be considered without signing the Drug Testing Consent and the Honor Code located on the back of the application. Please complete the following:

- Submit the non-refundable \$125 application/testing fee
- 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
- Provide a copy of Discipline Record
- Submit a current Georgia Department of Human Resources Form 3231 immunization certificate
- Complete and submit all application forms to:
SCPS Upper School, P.O. Box 2848, Savannah, GA 31402-2848

STEP 2

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

STEP 3

Student interview - Upon evaluation of steps 1 and 2 an interview with the school principal 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
- Coursework that shows the student is on track to meet SCPS graduation requirements
- Available vacancies

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



SAVANNAH CHRISTIAN PREPARATORY SCHOOL

Box 2848, Savannah, GA 31402
912-234-1653 912-234-0491 (fax)
www.savcps.com

Grades 9-11
2015-2016 Application

Please submit the non-refundable **\$125** application/testing fee with application.
This fee will be applied to the registration fee.

STUDENT

Applicant's name _____ **Date** _____
Last First Middle Preferred

Date of Birth _____ Social Security # _____ Home Phone _____

Home Address _____ Gender _____
Street City State ZIP Code County

SCHOLASTIC INFORMATION

Current Grade _____ **Applying to Grade** _____ For School Year _____

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? Yes No If yes, please give names and grades _____

Are the applicant's parents/grandparents SCPS alumni? Yes No Name(s)/Graduation year(s) _____

Please list honors and awards the applicant has received: _____

Please share information to help us understand the applicant's athletic interests, talents and team participation: _____

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

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. _____

Has the applicant ever had in-house and/or out-of-school suspension? Yes No If yes, give details. _____

Has the applicant ever been to juvenile court? Yes No If yes, give details. _____

Has there ever been any known drug use by the applicant? If yes, give details. _____

Is there any special information the school needs to know about the applicant in order to work with him/her more effectively? If yes, give details. _____

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 _____

OTHER 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

CONTACT

E-mail address for SCPS correspondence: _____

Emergency contact person: _____ Phone number: _____

INTEREST

How did you first learn of SCPS? SCPS Family SCPS Faculty Website Advertisement
 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
 Christian teaching Athletic Program Fine Arts Program Class Size Location
 Discipline Other _____

***Transportation Request:**

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

If pick-up and/or drop-off are different from home address, complete (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:** Yes No

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

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 abstinence 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

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



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

HONOR CODE

The Honor Code and Discipline Code at SCPS are agreements among members of the school community based upon a love for God and respect for one another. The Honor Code and Discipline Code consist of statements 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 and Discipline Code also serve 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, DISCIPLINE CODE and STUDENT HANDBOOK and I understand the provisions and guidelines set forth in each. 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 Codes and Handbook, respectively.

I understand if I violate any of the provisions or guidelines, I bring upon myself the disciplinary actions prescribed in the Codes and/or Handbook.

 Applicant signature Date

 Witness signature of Parent or Guardian Date

 Witness signature of Parent or Guardian Date

DRUG TESTING POLICY CONSENT FORM FOR GRADES 8-12

We, the undersigned, have read the SCPS Drug Testing Policy and understand the Policy, its procedures and fee. We understand that enrollment in Savannah Christian Preparatory School is contingent on acceptance of and conformance to this policy and fee. We agree to this policy and its procedures including the random drug testing of a student during the student's enrollment at Savannah Christian Preparatory School.

 Student Date

In addition to the above statement, we the parents understand that our child will be drug tested and we consent to any test given during the school year.

 Parent Date

 Parent Date

I understand that my child may be included in photographs, vidoetapes, 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.

SAVANNAH CHRISTIAN Preparatory School

HONOR CODE OF CONDUCT

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 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.

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All violations require parent notification and/or parent conference. During a conference when a dismissal may result, a Honor Council will be present. The Honor Council shall consist of the principal and at least one of the following: headmaster, assistant principal or the school attorney. The guidance counselor may be present at the discretion of the principal. Following the conference, the panel will decide what action will be taken. Notification of action to student and parents will be in writing.

I. HONOR OFFENSES/DISHONESTY*

A. Cheating

1st Offense: Parent conference/zero on work
2nd Offense: Up to 3 days suspension/zero on work
3rd Offense: Dismissal

B. Stealing

1st Offense: Up to 3 days suspension/warning
2nd Offense: Up to 5 days suspension
3rd Offense: Dismissal

C. Lying

1st Offense: Up to 3 days suspension/warning
2nd Offense: Up to 5 days suspension
3rd Offense: Dismissal

D. Plagiarism

1st Offense: Warning/disciplinary action
2nd Offense: Up to 3 days suspension
3rd Offense: Dismissal

*Any student guilty of dishonesty shall be prohibited from participation in the Honor Society or BETA Club and shall lose eligibility for Honor Roll, High Honor Roll and Headmaster's List for the school year. Effective with the class of 2017, any student committing two (2) honor code violations during the course of his/her high school career at SCPS may not graduate with honors.

II. CLARIFICATIONS

Suspension:

Students who are serving out of school suspension are prohibited from participating in any school activities, including extracurricular activities such as dances, field trips, athletic contests, etc. For each day suspended, 2 points will be deducted from the quarter grade. Students who are serving in-house suspension are permitted to participate in extracurricular activities. For each two days of in-house suspension, 1 point will be deducted from the quarter grade.

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SAVANNAH CHRISTIAN Preparatory School

DRUG TESTING POLICY

SCPS reserves the right to request drug testing on any student, or on a student suspected of illegal drug use, or on a student who is in violation of the discipline policy. In the event that Savannah Christian Preparatory School finds it necessary to require a student to undergo a test for alcohol and/or illegal drugs, the following chain of custody must be followed.

1. From the time of request of the test until specimen collection, the student must be in the presence of a SCPS administrator or designee. The student should inform the administrator of any prescription or over the counter drugs that he is using, as these must be considered in the testing procedure.
2. The administrator or his/her designee will accompany the student, in the same vehicle, to the testing facility. Only SCPS approved laboratories may be used.
3. A specimen will be collected by the laboratory's personnel following a proper drug testing protocol. At the time of specimen collection, chain of custody will be turned over to the testing facility.
4. The testing facility will follow proper specimen handling in regard to chain of custody.
5. Test results will be sent directly to SCPS from the testing facility to the requesting principal. The results will be held confidential.

Unexplained positive results will be grounds for dismissal. Refusal to submit to testing will be regarded as a positive test. The student has the right to request confirmatory testing by alternative methodology on a positive sample. SCPS will pay for the screening procedure. If confirmatory testing is requested, payment is the responsibility of the student. Confirmatory testing will be done at the same laboratory as the original screen and on the original sample, i.e. the sample that screened positive.

RANDOM STUDENT DRUG TESTING POLICY

Purpose:

The SCPS Student Drug Testing Policy is designed to protect and maintain the health and integrity of our students as well as provide for a drug free and enhanced learning environment. This policy and its procedures will allow SCPS to partner with its families to assist them in protecting their children from the psychological and physical dangers of drug use.

Testing:

The Upper School Student Body and the Middle School's Eighth Grade Students will be subject to random drug testing during the school year on a schedule selected by the administration. In addition, all Upper School students (Grades 9-12) competing on athletic teams will be drug tested during their respective season.

Anonymity:

Students will be assigned a student identification number and those numbers will be utilized in contact with the selected testing service. The service will not be aware of any student identity during the initial testing procedure. Upon receipt of a positive result, the service will have to receive contact information from the school regarding the student to review the student's medical history in order to insure that the result is not a "false" result.

Procedure - Student Body (8th - 12th Grade)

The testing of students will be conducted by a professional testing service selected by the SCPS Administration. On a selected day for testing, a group of students will be selected in a random manner by said testing service. The selected testing service will oversee the testing on the given day with the support and assistance of the SCPS staff and faculty.

The testing service will complete the tests and report the result of the tests to the respective school principal or principal's designee. On the day that a student is tested, a letter will be given to the student to take home advising his/her parent(s) that he/she has been randomly tested on that day.

Procedure: Athletes (Upper School Only)

The testing of students will be conducted by a professional testing service selected by the SCPS Administration. On the selected testing day, all student athletes on the selected team will undergo drug testing. The selected testing service will oversee the testing on the given day with the support and assistance of the SCPS staff and faculty.

The testing service will complete the tests and report the result of the tests to the respective school principal or principal's designee.

Types of Test

The primary means of testing for SCPS will be urinalysis. SCPS reserves the right to use which ever test it deems appropriate to the needs of the school.

As a minimum, substance testing shall be performed for amphetamines, cannabinoids, cocaine, phencyclidine, and opiates. Other substances may be added to the panel by Savannah Christian.

Communication of Results

The parents of those students receiving a positive result will be contacted as soon as the principal receives the results.

Refusal to take the Test

On the selected test day, the refusal of a student to take a drug test will result in dismissal from Savannah Christian Preparatory School.

Consequences:

A Positive Test Result by a student will result in the following:

1. Within one week of parental notification of a confirmed positive result, the student must be enrolled in a drug counseling program approved by Savannah Christian Preparatory School. (Cost of counseling will be the expense of the parents.)
2. Upon confirmation of a positive result, the student will be removed from all extracurricular activities and a suspension from all such activities will run for 120 calendar days.
3. The student who receives the positive result will then subsequently be tested on a more routine basis for the next six months. If the student subsequently tests positive during said six month period, the student will be dismissed from Savannah Christian Preparatory School. (Cost of this testing will be the expense of the parents.)

Refusal to undergo the above consequences will result in dismissal from Savannah Christian Preparatory School.