



# SAVANNAH CHRISTIAN PREPARATORY SCHOOL

## ENROLLMENT PROCEDURES FOR GRADES 1 THROUGH 5

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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.

- Provide a copy of recent report card
- Provide a copy of 2011-12 and 2012-13 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 and fee to:  
SCPS Lower School, P.O. Box 2848, Savannah, GA 31402-2848

### STEP 2

**Take admissions test** - The school will contact you to schedule a test date,

### STEP 3

**Student interview** - Upon completion of the evaluation of steps 1 and 2, an interview with the Lower School Admissions Committee 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  
 2014-2015 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 2014-2015 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 \_\_\_\_\_  
 \_\_\_\_\_ area code and phone number  
 city state zip

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 \_\_\_\_\_  
 \_\_\_\_\_ area code and phone number  
 city state zip

Religion \_\_\_\_\_ Place of Worship \_\_\_\_\_

STEP-PARENTS

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

Home address \_\_\_\_\_  
 \_\_\_\_\_ area code and phone number  
 \_\_\_\_\_ cell phone number  
 city state zip

**Step-Father**  
**Name (Dr./Mr.)** \_\_\_\_\_  
 Last First Middle Preferred

Home address \_\_\_\_\_  
 \_\_\_\_\_ area code and phone number  
 \_\_\_\_\_ cell phone number  
 city state zip

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

**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. (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 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 (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.

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**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.

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**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.

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

How long have you known this student?

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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 \_\_\_\_\_