



SAVANNAH CHRISTIAN PREPARATORY SCHOOL

ENROLLMENT PROCEDURES FOR KINDERGARTEN

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 to:
SCPS Lower School, P.O. Box 2848, Savannah, GA 31402-2848

STEP 2

Entrance assessment - 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 assessment
- 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



SAVANNAH CHRISTIAN PREPARATORY SCHOOL

P.O. Box 2848, Savannah, GA 31402-2848

912-234-1653, Fax: 912-234-0491

savcps.com

Kindergarten 2015-2016 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 2015-16 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? _____

To whom should school information be sent? _____

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 invitations to special events. Please name living grandparents and give their addresses.

first name last name address city state zip email

first name last name address city state zip email

first name last name address city state zip email

first name last name address city state zip email

first name last name address city state zip email

first name last name address city state zip email

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. 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 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.

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, please list dates: _____

Name of child's present or most recent school _____

Type of program: 5 Days 3 Days 2 Days

Number of hours per day: _____

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

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 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.

BEHAVIOR / DEVELOPMENTAL SKILLS Please check the following if the child performs the skills satisfactorily.

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.

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 _____