

South Jersey Christian Academy
406 Church Road
Sicklerville, NJ 08081

Elementary School Application

Grade: _____ Year: _____
Date: _____

Child's Name: _____ Nickname: _____
Address: _____ Town: _____ Zip: _____
Phone: () _____ D.O.B: _____ Sex: _____
Email: _____

My Child's Family:

Father or Guardian (circle one)

Name: _____ Bus. Phone: _____
License #: _____
Business Address: _____
(Name of organization) (Street) (City/State)
Occupation: _____ Cell Phone: _____ Pager: _____

Mother or Guardian (circle one)

Name: _____ Bus. Phone: _____
License #: _____
Business Address: _____
(Name of organization) (Street) (City/State)
Occupation: _____ Cell Phone: _____ Pager: _____

Parents are: Living Together: _____ Living Apart: _____ Divorced: _____
Date of Divorce or Separation: _____ Additional Home Phone: _____
Others living in the child's home:
Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____

Family Religious History:

Name of church you attend: _____
Denomination: _____ Years Attended: _____
Pastor's Name: _____

Scholastic Information:

Name of Previous School: _____ Last Grade Completed: _____
Address of School: _____
Has your child ever had disciplinary difficulties?
No: _____ Yes: _____ Explain: _____
Has your child ever failed in school?
No: _____ Yes: _____ Explain: _____

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I.E.P.

Child's Health History:

Pediatrician: _____ Phone: _____

Choice of hospital: _____

Has your child had any serious illness, physical handicap, medical conditions, allergies, diet or physical restrictions? Please list & explain: _____

Does your child take any medications on a regular basis? Yes:____ No:_____

Name of Medication: _____ Total daily dosage: _____

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Was your child born prematurely: _____ How many weeks early? _____

Birth weight: _____

Emergency Contacts: Every attempt will be made to contact the parents in case of an emergency. All students must have an available place to go in the event that they are ill and must leave school.

If neither parent can be reached, contact:

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Bus. Phone: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Bus. Phone: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Bus. Phone: _____

Release form: The following people have permission to pick up my child. I understand that my child will not be released to anyone else unless special arrangements are made beforehand by WRITTEN PERMISSION OR TELEPHONE. Copies of custody papers, legal guardian documents, and restraining orders must be submitted by law.