Smithfield Christian Academy

219 Executive Way - DeSoto, TX 75115

Phone 972-572-1555 972-572-1558 (Fax)

ENROLLMENT APPLICATION

PLEASE TYPE OR PRINT LEGIBLY

Student's Name_____**Sex**_____**Date of Birth**_____

Last First Middle (M/F)

Month/Date/Year

Home Address_____

(Please include Street, City, State, Zip)

Father's Name_____**Home Address** (if different)_____

Father's Home Phone No._____**Business No.**_____**Cell No.**_____

Father's Place of Employment_____**Address**_____

Mother's Name_____**Home Address** (if different)_____

Mother's Home Phone No._____**Business No.**_____**Cell No.**_____

Mother's Place of Employment_____**Address**_____

Guardian'Name (if applicable)_____**Relationship to Student**_____

Does student reside with both parents? If no, with whom?_____

Last School Attended? _____

Does student have physical challenges? (If yes, what)_____

Does student have other siblings attending SCA? (Please list) _____

EMERGENCY CONTACT INFORMATION

LIST THREE (3) PERSONS THAT MAY BE CONTACTED IN CASE OF EMERGENCY IF PARENTS ARE UNAVAILABLE

NAME	RELATIONSHIP TO STUDENT	HOME NUMBER	WORK NUMBER	CELL NUMBER

HEALTH INFORMATION

(PLEASE LIST ANY HEALTH CONDITIONS THAT SCA SHOULD BE AWARE)

HEALTH CONDITON	ACTIONS (IF ANY) THAT SHOULD BE TAKEN BY SCA

DOCTOR/HOSPITAL PREFERENCE

(PLEASE LIST THE NAME OF HEALTH PROFESSIONAL AND HEALTH FACILITY PREFERENCE BELOW

HEALTH PROFESSIONAL/PHONE NUMBER	HEALTH FACILITY/ADDRESS

I, THE UNDERSIGNED, AUTHORIZE THE OFFICIAL OF THE Smithfield CHRISTIAN ACADEMY TO CONTACT DIRECTLY THE PERSONS NAME ON THIS FORM, AND DO AUTHORIZE THE NAMED PHYSICIANS TO RENDER SUCH TREATMENT AS MAY BE CONSIDERED NECESSARY IN AN EMERGENCY FOR THE HEALTH OF MY CHILD.

IN THE EVENT THE PHYSICIANS, OTHER PERSONS NAMED ON THIS FORM, OR PARENTS CANNOT BE CONTACTED, THE SCHOOL OFFICIALS ARE AUTHORIZED TO TAKE WHATEVER ACTION IS CONSIDERED NECESSARY IN THEIR JUDGEMENT FOR THE HEALTH OF MY CHILD.

I WILL NOT HOLD THE SCHOOL FINANCIALLY RESPONSIBLE FOR THE EMERGENCY CARE AND/OR TRANSPORTATION OF MY CHILD.

_____ _____

Signature of Parent/Guardian **Date**

FOR OFFICE USE ONLY

Enrollment Date _____

Withdrawal Date _____

Immunization Record _____

Birth Certificate _____

Other Notes _____