



Spring Hill Christian Academy

Application for
School Year: _____

“Affordable Christian Education Close to Home”

A Ministry of Spring Hill Baptist Church
3140 Mariner Blvd. • Spring Hill, FL 34609
Phone (352) 683-8485 • Fax (352) 683-5087

Admission Application

Student Information

Name _____ Date of Birth _____ Age _____ Gender _____
FIRST M.I. LAST

Entering Grade _____ Student's Soc. Sec. # _____ Place of Birth _____
CITY/STATE

Student's Address _____ City _____ State _____ Zip _____

Phone _____ Student's E-mail _____

Last School Attended _____

Address _____ City _____ State _____ Zip _____

If child has repeated any grade, state grade and reason _____

Has student had disciplinary problems such as probation, suspension, expulsion or police record? Yes No

If so, state briefly _____

Any physical/emotional disabilities? Yes No

If so, state briefly _____

Does the student have any special learning difficulties? Yes No

If so, state briefly _____

Does the student have any allergies? Medication Food Animals

If so, state briefly _____

Family Information

Father: Name _____ S.S. # _____ Lives with student? Yes No

Address _____ City _____ State _____ Zip _____

Employer _____ Occupation _____

Work Phone _____ Cell/Pager _____ Work Hours _____

Father's E-mail _____

Education Attained: High School College Trade Other

Marital Status: Married (1st time) Single Separated Divorced Remarried

Allowed to pick up child? Yes No

Party responsible for tuition? Yes No



Family Information

(Continued)

Mother: Name _____ S.S. # _____ Lives with student? Yes No
Address _____ City _____ State _____ Zip _____
Employer _____ Occupation _____
Work Phone _____ Cell/Pager _____ Work Hours _____
Mother's E-mail _____
Education Attained: High School College Trade Other
Marital Status: Married (1st time) Single Separated Divorced Remarried
Allowed to pick up child? Yes No Party responsible for tuition? Yes No

Please state how you came to hear of our school _____



Church Information

Father: Church Attending _____ Pastor's Name _____
Church Address _____ City _____ State _____ Zip _____
Church Phone _____ Services Attended AM PM Mid Week
Does your child attend this church? Yes No

Mother: Church Attending _____ Pastor's Name _____
Church Address _____ City _____ State _____ Zip _____
Church Phone _____ Services Attended AM PM Mid Week
Does your child attend this church? Yes No



Parental Agreement

- I will pray earnestly for Spring Hill Christian Academy.
- I will cooperate fully in the educational functions of SHCA, doing my best to make Christian education effective in the life of each of my children that he or she may love and serve the Lord Jesus Christ all of his or her life.
- I agree to support the school in its educational philosophy, statement of faith, and mission.
- If I become dissatisfied with the school in any respect, I will seek to resolve the matter with the person or persons involved rather than begin to spread criticism or hold a negative attitude in my heart.
- If and when I can no longer support the school in its policies and educational philosophy, I will quietly withdraw my child in a peaceful manner.
- I pledge to pay my financial obligation to SHCA in a timely manner in keeping with the school's financial policies.
- I understand that there is a registration fee per child.
- I have read each of the statements of this parental agreement and have signed this with wholehearted support.
- I have read, understand and agree to abide to the financial policies of SHCA
- By signing below I understand I am entering into a contractual agreement.

Father/Guardian Signature Date Mother/Guardian Signature Date

SHCA does not discriminate on the basis of race, color, national and/or ethnic origin in the administration of its educational policies, admission policies, tuition programs, personnel policies or other school administered programs.

Enrollment Fee:	\$ _____	Child (ren): _____	Date Paid: _____
Book Fee:	\$ _____	Child (ren): _____	Date Paid: _____
Band Fee:	\$ _____	Child (ren): _____	Date Paid: _____
Lab Fee:	\$ _____	Child (ren): _____	Date Paid: _____
Testing Fee:	\$ _____	Child (ren): _____	Date Paid: _____
Total Family Tuition To Be Collected:	\$ _____		Date Paid: _____