



Application for Admission, page 2

Why have you chosen *Seacoast Christian Academy* for your child? _____

Has your child been diagnosed with a specific learning disability (SLD) or an attention Deficit disability?(ADD)

Yes No If yes, please explain _____

Does your child have any academic problems?

Yes No If yes, please explain _____

Has your child ever been suspended or expelled from school?

Yes No If yes, please explain _____

Does your child participate in activities outside of school?

Yes No If yes, please explain _____

How did you hear about *Seacoast Christian Academy*? _____

Do you know any other families that may be interested in enrolling at *Seacoast Christian Academy*? (list names and contact information)_____

Non- Discrimination Policy

Seacoast Christian Academy admits students of any race, color, national or ethnic origin.

Parent Signatures

My signature verifies that the information provided on this application is correct and I willingly accept and agree to abide by the policies of *Seacoast Christian Academy*

Parent/Legal Guardians Signature : _____ Date : _____