










Checklist for Admission to
Sunset Christian Preparatory

Please provide the following documents to SCP administrator with the enrollment form:

-  1. Application (all grades)
-  2. Birth Certificate (all grades)
-  3. Most recent report card from current school (all grades)
-  4. Emergency Card (all grades)
-  5. Testing for exceptional student services. For example, gifted, learning disability, speech, etc. (all grades)

The following documents are required prior to the first day of school:

-  6. Current immunization form (HRS form 680) and proof of physical from a Florida physician of the Florida Department of Health (HRS form 3040) (all grades)
-  7. Withdrawal form from a previous school (all grades)



Address: 843 Woodbury Rd.
Orlando, Fl. 32828

Phone number: 407-203-3835
Fax number: 407-641-8931
Email: info@scp.school



New Family Application

*Family information (Please fill out)
Applying for the 20___-20___ school year
Student lives with: Both parents ___ Father only ___
Mother only ___ Legal guardian ___*

Mother/Stepmother (*Please circle*)

(Mrs./Miss) Name _____ Preferred Name _____

Address _____ City _____

State _____ Zip Code _____ SSN _____

Email for correspondence _____

Cell phone _____ Work phone _____

Carrier (Ex. T-mobile, Verizon, Metro PCS, etc.) _____

Employer _____ Occupation/Title _____

Employer Address _____

Father/ Stepfather (*Please circle*)

(Mr./Dr.) Name _____ Preferred Name _____

Address _____ City _____

State _____ Zip Code _____ SSN _____

Email for correspondence _____

Cell phone _____ Work phone _____

Carrier (Ex. T-mobile, Verizon, Metro PCS, etc.) _____

Employer _____ Occupation/Title _____

Employer Address _____



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Student information

Entering grade (Please circle) \mathcal{K} 1 2 3 4 5 6 7 8
(Students must be 5 years old by September 1st for \mathcal{K})

Name _____ Male _____ Female _____

Address _____ City _____

State _____ Zip Code _____

Birth Date (Month, day, 4 digit year) _____

Student SSN _____

Name of prior school _____

Phone of prior school _____

This student (check one) currently receives or is applying for
____ McKay Scholarship _____ Step up _____ Gardiner

Name and ages of all brothers and sisters

Has this student ever been _____ suspended _____ expelled _____ asked to withdraw from another school or _____ been referred to administration for discipline reasons? _____ none of the above. If yes, give the name of school and details of situation.

Has this student _____ skipped or _____ repeated any grades?
Which grade? _____ Why? _____

Has this student been referred for academic, behavior, emotional, or learning difficulties?
_____ No _____ Yes (If yes, please give details)

Has this student ever evaluated for academic, behavior or learning difficulties by a school official, psychologist, or other professional? _____ Yes _____ No (If yes, please attach with this application the current evaluation and current I.E.P. or A.I.P failure to why is this student leaving his/her current school



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Emergency Information Card

Student Last Name _____ Student First Name _____

M.I. _____ FSI# _____

Grade _____ Social Security # _____ Date of Birth _____

Address _____ City _____ Zip Code _____

Email _____ Home Phone (____) _____

Living with (please circle all that apply): Mother Father Stepfather Stepmother Guardian

Parent's Name _____ Work Phone (____) _____ Cellphone (____) _____

Parent's Name _____ Work Phone (____) _____ Cellphone (____) _____

IN CASE OF ILLNESS OR ACCIDENT (insert school name) HAS MY PERMISSION TO TAKE MY CHILD TO THE HOSPITAL. THE SCHOOL ALSO HAS MY PERMISSION TO PERMIT MY CHILD TO LEAVE THE BUILDING WITH ONE OF THE EMERGENCY CONTACTS LISTED BELOW IF I CANNOT BE LOCATED.

NAME	RELATIONSHIP	ADDRESS	PHONE

PARENT/GUARDIAN NAME (PLEASE PRINT): _____

PARENT/GUARDIAN SIGNATURE: _____

PARENT/GUARDIAN EMAIL (PLEASE PRINT): _____



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Medical Information Card

DEAR PARENTS, FOR YOUR CHILD'S WELFARE AND SAFETY, IT IS IMPERATIVE THAT YOU PROVIDE US WITH THE FOLLOWING INFORMATION: INDICATE BELOW ANY HEALTH PROBLEMS REGARDING YOUR CHILD.

NO HEALTH PROBLEMS_____ CAN YOUR CHILD PRACTICE IN ALL SCHOOL ACTIVITIES? ____

DOES YOUR CHILD HAVE ANY ALLERGIES? IF YES, LIST ALL ALLERGIES BELOW:

IS YOUR CHILD:

ASTHMATIC_____ BRONCHITIS_____ DIABETIC_____ EPILEPSY_____

HEART PROBLEM (SPECIFY): _____

KIDNEY OR BLADDER PROBLEMS (SPECIFY): _____

SEVERE REACTIONS TO BEE STINGS OR INSECT BITES (SPECIFY): _____

SERIOUS REACTION(S) TO ANY MEDICATION(S): _____

IS YOUR CHILD CURRECNTLY ON ANY MEDICATION, IF YES, PLEASE SPECIFY:

OTHER (ANYTHING ELSE WE SHOULD KNOW ABOUT YOUR CHILD):



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Billing Information
(please fill out even though you have a scholarship)

Bill to _____ SSN of person being billed _____

Address _____ City _____

State _____ Zip code _____

Cell phone _____ Work Phone _____

Email _____

Tuition is based on the academic year with holidays and teachers workdays already calculated in our calculations. Vacations and absences do not affect tuition payments.

Tuition can be paid in 10 equal payments August to May. Students who enroll after the school year has started will pay the first month prorated. All payments are in advance; Failure to make payments may result in suspension of service to your child (ren), and balances will be grants if any. The enrollment fee is due in full registration. These fees are non-refundable once they have been paid or billed. Monthly payments are due to SCP by the fifth of each month. A late fee of \$30.00 will be applied when account is not paid by seven days after. I will be responsible for any resource room fees, after school care, transportation, uniforms, class fees, fines, field trips, activity fees, and other miscellaneous items.

I (we) agree to abide by the terms and conditions herein outlined.

Both parents/guardians must sign in order for the both to have access to financial information.

Father or Legal Guardian _____ Date _____

Mother or Legal Guardian _____ Date _____



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Insurance Information

Every student in our school is covered by our insurance plan for the hours he/she is under school supervision. Coverage is coordinated with insurance that you have and reimbursements begins after deductible has been met. Please provide your child's insurance information:

Insurance Co. Name: _____ Group #: _____

ID #: _____ Toll Free Phone Number: _____

Accepted by:

Father Signature

Mother Signature



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