

# SOUTHERN NAZARENE UNIVERSITY

## School for Children

### APPLICATION FOR ADMISSION

#### STUDENT INFORMATION

Applicant Name \_\_\_\_\_  
LAST FIRST MIDDLE PREFERRED NAME

Applicant Address \_\_\_\_\_  
STREET APT. #

\_\_\_\_\_  
CITY STATE ZIP CODE

Family Contact Numbers

Home Phone # \_\_\_\_\_

Mom's Cell # \_\_\_\_\_

Dad's Cell # \_\_\_\_\_

Family E-Mail Address \_\_\_\_\_

Applicant's Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Affiliation with:  Returning Student  New Student  Child of SFC Staff  Child of SNU Employee

Church Affiliation \_\_\_\_\_

Name and address of school(s) student has previously attended:

\_\_\_\_\_  
MOST RECENT SCHOOL ATTENDED ADDRESS CITY STATE ZIP GRADES

\_\_\_\_\_  
OTHER SCHOOL ATTENDED ADDRESS CITY STATE ZIP GRADES

Has student ever repeated or been retained in any grade?  NO  YES If yes, grade? \_\_\_\_\_

Please explain \_\_\_\_\_

**STUDENT INFORMATION - continued**

Has student ever been suspended, expelled, or experienced disciplinary difficulties at another school?

NO  YES  If yes, please explain: \_\_\_\_\_

Has this student ever been evaluated or referred for evaluation for learning difficulties or school adjustment problems by a school official, psychologist, or other professional?  NO  YES  
If yes, please explain and attach a copy of any evaluations: \_\_\_\_\_

**FAMILY INFORMATION**

Check any that apply: Applicant lives with:

\_\_\_\_ Father      \_\_\_\_ Stepfather      \_\_\_\_ Grandfather      \_\_\_\_ Other Relative  
\_\_\_\_ Mother      \_\_\_\_ Stepmother      \_\_\_\_ Grandmother      \_\_\_\_ Guardian

**Parent(s) with whom child lives**

Please circle one: Father      Stepfather

Please circle one: Mother      Stepmother

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Address (If different from Father) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Occupation \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Phone \_\_\_\_\_



**PARENT SIGNATURES**

**MEDICAL RELEASE/PICK UP INFORMATION**

In event of illness or emergency and parents cannot be reached, we should notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Child's health (circle one)    excellent    good    fair    poor

List any mental, emotional or physical handicaps, which may affect the child's activities/progress

\_\_\_\_\_

Does the student regularly require any medication?     NO     YES    If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Does the student have any known allergies (food, drug, etc.)?     NO     YES    If yes, please explain.

\_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_ Hospital \_\_\_\_\_

Insurance Company \_\_\_\_\_

**MEDICAL RELEASE**

I, \_\_\_\_\_, parent and/or legal guardian of \_\_\_\_\_

\_\_\_\_\_, a minor, hereby acknowledge that said minor is presently under my care, custody and control. In the event of an emergency necessitating medical or surgical attention, I hereby give my permission to the SNU School for Children staff, directors, or sponsors, or any attending physician to make such decisions and to perform such medical treatments and/or surgery upon said minor, which may in their sole discretion be necessary and proper under the circumstances.

I, \_\_\_\_\_, parent and/or legal guardian release, acquit, discharge, and covenant to hold harmless Southern Nazarene University and the School for Children staff, directors, or any sponsors from any and all actions, damages, and liabilities arising out of the treatment of any sickness or accident incurred by said child during attendance. I also acknowledge that all financial debts incurred are my responsibility and that Southern Nazarene University and the School for Children staff, directors, or any sponsors are not responsible.

\_\_\_\_\_  
*Parent/Guardian Signature* \_\_\_\_\_  
*Date*

**PARENT SIGNATURES-continued**

**PARENT MEDIA RELEASE FORM**

I, the undersigned, do hereby grant or deny permission to SNU School for Children to use the image of my child, \_\_\_\_\_ as marked by my selection below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Southern Nazarene University/School for Children web site.

- I deny permission to use my child's for any of the above purposes.
- I grant permission to use my child's image in LIMITED USAGE within the Southern Nazarene University and/or School for Children setting only (not in the larger community).
- I grant permission to use my child's image in UNLIMITED USAGE to be used in print, video, and digital media. I understand these images may be used by Southern Nazarene University for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

**TESTING / SCREENING PERMISSION**

- YES, I give SNU School for Children and the Bethany Public School Special Education Department permission to screen and/or evaluate my child concerning educational concerns. I understand these screenings will be performed only after I am notified and I will be provided with results of all screenings and/or evaluations. These screenings will include but are not limited to the following:
  - Vision and Hearing Screenings
  - Screenings performed by Communication Gap in conjunction with the SNU School for Children
  - Evaluations conducted by the Special Education Department of the Bethany Public School District.
- NO, I prefer not to give permission for my child to be evaluated by the SNU School for Children, Bethany Public School Special Education Department or Communication Gap.

\_\_\_\_\_  
*Parent and/or Guardian Signature*

\_\_\_\_\_  
*Date*

**FIELD TRIP PERMISSION FORM**

- YES, I give my child permission to travel with the SNU School for Children staff, directors, sponsors, or any authorized personnel on school authorized field trips. I understand I will be notified in advance of field trip details.

\_\_\_\_\_  
*Parent and/or Guardian Signature*

\_\_\_\_\_  
*Date*

# **SOUTHERN NAZARENE UNIVERSITY**

## **School for Children**

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### **APPLICATION FOR ADMISSION**

1. **Completed Application Forms**

- a. The following must accompany the application:
- b. Application fee of \$105.00 (Applications submitted without this fee will not be processed.)
- c. Copies of previous school records including all educational and diagnostic testing, transcripts, and report cards (for new students entering 1<sup>st</sup> through 5<sup>th</sup> grade).
- d. Birth Certificate (or official copy)
- e. Immunization Records
- f. Signed Release of Records form (for new students entering 1<sup>st</sup> through 5<sup>th</sup> grade).

2. **Parent/School Interview and Tour**

- a. An interview appointment should be made through the School for Children office giving both the parent and school administrative opportunity for questions and to determine the school's ability to meet the needs of your student.

3. **Acceptance**

- a. Acceptance or non-acceptance will be communicated to all families as soon as enrollment as been processed.

### **PROCEDURE FOR RE-ENROLLMENT**

1. **Signed Application Forms (including Financial Agreement) and Enrollment Fee**

Only completed forms and an enrollment fee of \$55.00 guarantees enrollment for your child. After the re-enrollment deadline, open spaces are available for new enrollees.