



## ***Scott Valley Christian Academy***

*P.O. Box 486 Fort Jones, CA 96032 530-468-4118*

### **Returning Student Application 2017– 2018**

Dear Parents,

Thank you for choosing to send your student to Scott Valley Christian Academy (SVCA). We desire to be in partnership with families to provide academic excellence in a nurturing, non-denominational, Christian environment. We are pleased in your choice to further pursue an education, at SVCA, for your child.

Below is a check list to aide you when filling out and turning in your application. Please detach this page and keep for your records.

1. Fill out application. Please include the following with your completed application:
  - Immunization records **(if there have been any changes.)**
2. Submit completed application along with either annual tuition payment or signed payment plan agreement.

Please return all completed applications to: Scott Valley Christian Academy  
Attn: Laura Dysert  
P.O. Box 486  
Fort Jones, CA 96032

For any questions, please call and leave a message at 530-468-4118 or 530-524-4675



## **Scott Valley Christian Academy**

P.O. Box 486 Fort Jones, CA 96032 530-468-4118

### **New Student Application 2017– 2018**

Dear Parents,

Thank you for your interest in Scott Valley Christian Academy (SVCA). We desire to be in partnership with families to provide academic excellence in a nurturing, non-denominational, Christian environment. We are pleased in your choice to pursue an education at SVCA for your child.

Below is a check list to aide you when filling out and turning in your application. Please detach this page and keep for your records.

3. Fill out application. Please include the following with your completed application:
  - Copy of birth certificate
  - Immunization records showing compliance with California state law or a signed waiver.
  - Copy of most recent report card
  - Copy of most recent transcripts (Grade 9–12)
  - Recent photo of student
  - 6<sup>th</sup> – 12 grade only, include 1-page essay titled:  
***“What I Think About Attending Scott Valley Christian Academy.”***  
This essay should include your expectations, testimony, hopes, fears, long-term and short-term goals.
4. Submit completed application along with either annual tuition payment or signed payment plan agreement.
5. Upon acceptance of student, you will be notified.

Please return all completed applications to: Scott Valley Christian Academy  
Attn: Laura Dysert  
P.O. Box 486  
Fort Jones, CA 96032

For any questions, please call and leave a message at 530-468-4118 or 530-524-4675



Office Use Only:

Application	___
Birth Certificate	___
Immunizations	___
Transcripts	___
Photo	___
Essay	___
Tuition Payment	___
Payment Plan	___
Testing Date	___

**STUDENT APPLICATION 2017 - 2018**

**Please Print**

Applying for grade \_\_\_\_\_ for the \_\_\_\_\_ - \_\_\_\_\_ school year. Date \_\_\_\_\_

**Kindergarten students must reach the required age (5) by September 1<sup>st</sup>.**

Student application \_\_\_\_\_ New \_\_\_\_\_ Returning \_\_\_\_\_ E-Mail \_\_\_\_\_

How did you hear about the school? \_\_\_\_\_

**Student Information:**

Student's full legal name: \_\_\_\_\_  
Last First Middle

Physical Address: \_\_\_\_\_  
Number and Street City & State Zip

Mailing Address: \_\_\_\_\_  
P.O. Box/Number & Street City & State Zip

Phone \_\_\_\_\_ Birth Date \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Student lives with: Father \_\_\_\_\_ Mother \_\_\_\_\_ Stepfather \_\_\_\_\_ Stepmother \_\_\_\_\_ Other \_\_\_\_\_

School last attended: \_\_\_\_\_

Address of School: \_\_\_\_\_  
Number and Street City & State Zip

I do \_\_\_\_, do not \_\_\_\_, give permission to have our name, address and phone number published in the school directory.



**To Be Answered By All Students:**

My hobbies and interests are:

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I want you to know this about me: \_\_\_\_\_

**Student essay for 6<sup>th</sup> grade and higher:  
Please answer on this page.**

**Essay: “What do you think about coming to school at Scott Valley Christian Academy?”**

(If you aren't sure what to write, you may want to think about what you think it will be like, how it might be different, what you want to learn, why you do or don't want to attend SVCA or maybe tell how you feel about Jesus and God.)

**Spiritual History:**

**Current Church Membership** \_\_\_\_\_ **None** \_\_\_\_\_

**Comments on current or past church or spiritual experiences** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**References:**

1. **Pastoral** (church staff)

Name and position	Church	Phone	Years Known

2. **Academic**

Name	School	Phone	Years Known

3. **Non-Family Source**

Name	Relationship	Phone	Years Known

**Comments, or other considerations and explanations:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Doctrinal Statement:**

Please read the following statement of belief. Not-affirming this doctrinal statement does not exclude the possibility of admission into SVCA it only helps us understand the spiritual climate of the child's home.

*We believe the Bible to be the inspired, the only infallible authority and the Word of God. We believe there is one God, eternally existent in the three persons: Father, Son, and Holy Spirit. We believe that man is created in the image and likeness of God. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, and His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and His personal return in power and glory. We believe through our faith in Jesus Christ that we receive forgiveness of sins, eternal life, and adoption into the family of God.*

I, \_\_\_\_\_ **do do not not sure** affirm the above doctrinal statement.  
**Father**

I, \_\_\_\_\_ **do do not not sure** affirm the above doctrinal statement.  
**Mother**

I, \_\_\_\_\_ **do do not not sure** affirm the above doctrinal statement.  
**Student (9 years and up)**

SVCA admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, scholarship, athletic and other school-administered programs.

**Tuition & Payment Agreement:**

Total tuition is \$950.00 per student.  
A down payment of \$200.00 is due July 1<sup>st</sup>.

**Tuition Payment Options:**

1. Full year's tuition paid in advance by June 1<sup>st</sup>.
2. 12 month payment plan. The first payment is due by **July 1, 2017**. Subsequent payment due the first of each month. The last payment is due **May 1, 2018**
3. Payments may be mailed to: SVCA P.O. Box 486 Fort Jones, CA 96032

**Penalties:**

1. Payments made after the 7<sup>th</sup> will incur a late fee of \$10 per student. Second time late will incur a late fee of \$20 per student. Third time late will incur a \$40 late fee per student. Fourth time will incur an \$80 rate fee per student and a meeting with the School Board to discuss revoking of monthly payment option.
2. Your child will not be allowed back in school if payment is not received by the 15<sup>th</sup>.
3. Returned check fee is \$25 per check. Two or more returned checks will suspend check writing privileges for six months.

**Fund Raising Requirement:**

Each family involved in SVCA is required to participate in all fund raising activities unless opting for the buy out option. A family can "buy out" of the fund raising requirement by paying \$2,500. Non-involvement will result in a meeting with the School Board to discuss possible suspension of student(s).

**Parent Involvement**

SVCA believes it is essential for parents to be involved in the education of their children. **In recognition of this, parent(s) are encouraged to volunteer a minimum of 10 hours a month.** If a parent is unavailable during school hours then they can choose after school events.

**My signature below confirms that I have read and agree to the terms of this payment plan, fund raising requirement and parent involvement. Should my child be accepted, I understand that failure to make timely payments will result in an assessment of late fees and/or possible suspension of the student until the account is brought up to date. Furthermore, I understand that non-involvement in fund raising and/or parent involvement may result in suspension of the student(s).**

Father	Date	Mother	Date
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<p><b>OFFICE USE ONLY:</b></p> <p><input type="checkbox"/> Student Accepted</p> <p><input type="checkbox"/> Student Not Accepted</p> <p><b>Reason for non acceptance:</b></p> <p>_____</p> <p>_____</p>
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**Field Trip Consent**

I give \_\_\_\_\_ do not give \_\_\_\_\_ my consent to allow my child/children to attend SVCA scheduled field trips. I understand that some of these trips will include walking while others will include my child/children being transported in a vehicle driven by a licensed and insured driver cleared through the school.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Name

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

**Photo Release Consent**

I give \_\_\_\_\_ do not give \_\_\_\_\_ my consent to have my child/children photographed at school activities which may be included in newspaper articles, pamphlets, brochures or photo albums, etc.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

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





# Scott Valley Christian Academy Identification & Emergency Information

Child's Name: <b>Allergies:</b>	Birth Date:
Address:	Email address:
Father/Guardian:	Work Phone: Cell Phone:
Home Address:	Home Phone:
Mother/Guardian:	Work Phone: Cell Phone:
Home Address:	Home Phone:
Person Responsible for Child:	If Different From Above:

### ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	PHONE #	RELATIONSHIP

### PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	PHONE #	MEDICAL PLAN #	ADDRESS
DENTIST	PHONE #	MEDICAL PLAN #	ADDRESS

### NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY:

NAME	RELATIONSHIP

Signature of Parent / Guardian: \_\_\_\_\_