

APPLICANT checklist

(K – 12 Applicants)

Please consult the following checklist to be sure that all steps of your application have been completed. **This checklist is for your convenience.** It does not need to be returned. If you have any questions, feel free to call the school office.

Application for Admission

Date Submitted: _____

These steps must be completed before applications will be considered:

- Complete all questionnaires, reference forms, and required student records.
- Pay the application fee of \$75 per student.

Application for Tuition Assistance (Optional)

Date Submitted: _____

Tuition assistance applications are available online only through links on our website under *Admissions*. Applications for assistance should be in process while the admissions application is under review. Please direct any questions to the business office or consult our website for explanation of available options.

Required Documents

Date Submitted: _____

The admissions office must receive all required forms before testing will be scheduled.

Students Applying for K-1st Grade

- | | |
|---|--|
| <input type="checkbox"/> Completed Student Application | <input type="checkbox"/> Parent Questionnaire |
| <input type="checkbox"/> Application Fee (\$75.00 non-refundable) | <input type="checkbox"/> Family Reference Form |

Students Applying for 2nd-3rd Grade

- | | |
|---|---|
| <input type="checkbox"/> Completed Student Application | <input type="checkbox"/> Parent Questionnaire |
| <input type="checkbox"/> Application Fee (\$75.00 non-refundable) | <input type="checkbox"/> Family Reference Form |
| <input type="checkbox"/> Previous two years' report cards | <input type="checkbox"/> Grammar School Recommendation Form |

Students Applying for 4th-6th Grade

- | | |
|---|---|
| <input type="checkbox"/> Completed Student Application | <input type="checkbox"/> Parent Questionnaire |
| <input type="checkbox"/> Application Fee (\$75.00 non-refundable) | <input type="checkbox"/> Family Reference Form |
| <input type="checkbox"/> Previous two years' report cards | <input type="checkbox"/> Previous two years' standardized test scores |
| | <input type="checkbox"/> Grammar School Recommendation Form |

Students Applying for 7th-12th Grade

- | | |
|---|--|
| <input type="checkbox"/> Completed Student Application | <input type="checkbox"/> Parent Questionnaire |
| <input type="checkbox"/> Application Fee (\$75.00 non-refundable) | <input type="checkbox"/> Family Reference Form |
| <input type="checkbox"/> Previous two years' report cards | <input type="checkbox"/> Mathematics Teacher Recommendation Form |
| <input type="checkbox"/> Previous two years' standardized test scores | <input type="checkbox"/> English Teacher Recommendation Form |
| <input type="checkbox"/> Student Questionnaire | <input type="checkbox"/> High School Transcript |

Admissions Screening

Date Scheduled: _____

Once all forms have been received, the Admissions Coordinator will call to schedule an appointment for testing. All new students and students returning after an absence longer than one year are required to complete academic testing.

Family Interview

Date Scheduled: _____

After the student has satisfactorily completed an admissions screening, the office will contact parents to schedule a family interview with the admissions team. Students in grades 7-12 are encouraged to attend the interview.

Acceptance and Registration Fee

Payment Date: _____

Families will be notified of the admissions decision by letter following the interview. Upon acceptance, parents have ten days to remit a **\$150.00 per student** registration fee. Tuition contracts and additional student forms will be distributed after the enrollment fee has been received. Those forms and the first tuition payment must be returned before the student is officially enrolled and allowed to attend classes.



4221 W. Gulf-to-Lake Hwy.
Lecanto, FL 34461
Phone: 352-746-5696
Fax: 352-746-5520
Email: srcs@sevenrivers.org
www.sevenriverscs.org

APPLICATION for admission

(K - 12 Applicants)

Name of Student _____ Date _____
Preferred Name _____ Male Female Social Security# _____ - _____ - _____
Home Address _____ Street Apt # City State Zip
Phone (h) _____ Cell _____ Student's Email _____
Student's Date of Birth _____ Country of Birth _____ Citizenship _____
Current Grade _____ Grade Requested _____ Applying for Tuition Assistance? Yes No

If applications are being submitted for siblings, it is only necessary to complete the following information once for the entire family. If students have different parents, please complete the parent information relevant to your family's situation.

Father or Male Guardian

Name (Dr./Mr./Rev.) _____ Address _____
City _____ State _____ Zip _____ Phone (h) _____ Cell _____
Father's Email _____ Profession/Position _____
Employer _____ Address _____
City _____ State _____ Zip _____ Phone (w) _____

Mother or Female Guardian

Name (Dr./Mrs./Ms./Rev.) _____ Address _____
City _____ State _____ Zip _____ Phone (h) _____ Cell _____
Mother's Email _____ Profession/Position _____
Employer _____ Address _____
City _____ State _____ Zip _____ Phone (w) _____

Check all that apply.

Parental status? Parents Married Mother Deceased Father Deceased Parents Separated Parents Divorced
Student lives with? Father & Mother Father Mother Guardian Steppather Stepmother Other
Who receives mail? Father Mother Guardian Other
Has legal custody? Father Mother Guardian Other
Financially responsible? Father Mother Guardian Other

Present School _____

Address _____ Street City State Zip

Public Parochial Private Day Private Boarding Has student repeated a grade? Yes No What grade? _____

Has the applicant ever been expelled, denied re-enrollment, counseled not to return to a school, or been the subject of any major school disciplinary action? Yes No If yes, please explain on a separate sheet of paper.

Has the applicant ever been evaluated for academic, speech, behavioral, physical, emotional, or attention difficulties by a school official, psychologist, physician, or other professional? Yes No If yes, please attach a copy of the evaluation report and/or diagnostic results to this application.

Is there any medical or other reason that the applicant cannot participate fully in any normal school activities, including athletics or extracurricular activities? Yes No If yes, please explain. _____

Are there any specific factors or conditions, including any special medications or allergies, affecting your child of which the school should be informed? Yes No If yes, please explain. _____

I acknowledge that, as an independent school, SRCS is not obligated to accommodate state or federal education plans. Yes No

How did you hear about Seven Rivers Christian School? Please give names where possible.

Alumnus _____ Current Student _____ Minister _____
 Guidance Counselor/Teacher _____ Admissions Rep _____ Advertisement _____
 Faculty Member _____ Website _____ Other _____

Do you have any relatives currently attending SRCS? Yes No If yes, please list names. _____

Does the applicant have any siblings? Yes No If yes, please complete the following.

Name	Birthdate	Grade	School	Name	Birthdate	Grade	School

Key factors influencing your application to Seven Rivers: Spiritual Curriculum Reputation Faculty Facilities
 Class Size Athletics Other: _____

Please check the additional offerings at SRCS that are of particular interest to the applicant. Art Drama Choir Band
 Yearbook Intramurals Athletics _____

Do you expect your child to attend SRCS through graduation? Yes No

Do you consider your home a Christian home? Yes No

Family's church attendance: Whole Family is Active One Parent Active Attend Occasionally Children Attend

Place of Worship _____ Pastor _____ Phone _____

Address _____
Street City State Zip

In order to better serve your child, we need to know if there have been any experiences that will influence the community life at Seven Rivers Christian School. This includes things such as suspensions, expulsions, psychiatric care, substance use or abuse, or any other behavioral problems at home or at school. Failure to notify us could result in your child's separation from Seven Rivers.

Parent or Guardian Signature

Parent or Guardian Signature

Date

Please review the applicant checklist provided to be sure all required information is included.

Return to: Seven Rivers Christian School
Admissions Coordinator
4221 W. Gulf to Lake Hwy.
Lecanto, FL 34461

Important: Please remember that the application process takes several weeks to complete once all required information has been submitted. Students are not enrolled nor can they attend classes before the process has been fully completed.



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PARENT questionnaire

(K – 12 Applicants)

Applicant's Name _____ Requested Grade _____

Please take time to thoroughly answer the following questions. If you need additional space, please continue your answers on another piece of paper.

1. Why are you considering Seven Rivers Christian School? _____

2. What are the applicant's greatest academic strengths? _____

3. What are the applicant's academic weaknesses? _____

4. What are your expectations of Seven Rivers Christian School? _____

5. Describe the applicant's social interactions with peers and adults (please cite specific examples, if appropriate).

6. Are there any family circumstances that might affect the applicant's performance of which we should be aware? If yes, please explain. Yes No

7. Please share information to help us understand the applicant's athletic or extracurricular interests, talents, and team participation. _____

8. What plans does the applicant have after graduating high school? **(Grades 9-12 only)** _____

9. Seven Rivers Christian School does not tolerate the use or possession of drugs (including alcohol) or drug-related paraphernalia, and may dismiss a student for violation of this policy. Will you support this policy? Yes No

Has the applicant been out of school for an extended period of time for reasons other than vacations or minor illness such as the flu? Yes No

If you answered NO to Question 1 or YES to Question 2, please explain.

Our signatures below confirm that all information given in this application and its related forms is correct to the best of our knowledge. We understand that any omission, misrepresentation of the facts, falsifying, or withholding of information in completing this application and all required documents constitutes grounds for immediate withdrawal of the application, cancellation of admission, and/or termination of enrollment at Seven Rivers Christian School. Further, we understand that upon enrollment we are expected to become familiar with and abide by the rules and regulations as set forth in the SRCS handbook.

Custodial Parent's Signature

Date

Custodial Parent's Signature

Date

Legal Guardian's Signature

Date



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FAMILY reference form

(One per family)

Please have someone outside of your immediate family who can represent your family to SRCS (such as a pastor, community leader, employer, or teacher) fill out the Family Reference Form.

Applicant Information (to be completed by applicant)

Name of Applicant(s)	Grade(s) Applying For	Phone Number	Email Address	
Street Address	City	State	Zip	

To Be Completed by Pastor or Reference

The student is an applicant for admission to Seven Rivers Christian School. Please be frank in your responses; the information you provide is confidential according to law. Thank you for your time and effort.

AREAS	RESPONSE	COMMENT
Home Background	<input type="checkbox"/> Two-parent home: stable <input type="checkbox"/> Two-parent home: unstable <input type="checkbox"/> One-parent home: stable <input type="checkbox"/> One-parent home: unstable	
Home Discipline	<input type="checkbox"/> Balanced <input type="checkbox"/> Too little <input type="checkbox"/> Too much <input type="checkbox"/> Inconsistent	
Cooperation	<input type="checkbox"/> Responds well to authority <input type="checkbox"/> Usually obedient <input type="checkbox"/> Resents authority <input type="checkbox"/> Unpredictable	
Parental Involvement	<input type="checkbox"/> Eagerly seek to involve themselves in student life <input type="checkbox"/> Must be encouraged to involve themselves, but supportive <input type="checkbox"/> Often defensive and unsupportive <input type="checkbox"/> Have remained uninvolved	
Emotional Stability	<input type="checkbox"/> Stable <input type="checkbox"/> Usually well-controlled <input type="checkbox"/> Excitable, moody, upsets others <input type="checkbox"/> Apathetic, irresponsible	
Student Industry	<input type="checkbox"/> Hard worker <input type="checkbox"/> Good - dependable worker <input type="checkbox"/> Works just enough to get by <input type="checkbox"/> Lazy, needs constant supervision	
Student Judgment	<input type="checkbox"/> Unusual maturity <input type="checkbox"/> Average common sense <input type="checkbox"/> Immature, erratic <input type="checkbox"/> Poor	
Student Responsibility	<input type="checkbox"/> Excellent: volunteers for tasks, accepts responsibility for actions <input type="checkbox"/> Usually accepts when asked <input type="checkbox"/> Avoids when possible <input type="checkbox"/> Often irresponsible	
Student Leadership	<input type="checkbox"/> Leads classroom peers easily in a positive manner and direction <input type="checkbox"/> Prefers to follow, but will stand against poor group behavior <input type="checkbox"/> Follows others of questionable judgment <input type="checkbox"/> Leads others in poor group behavior	

Name of Student _____

1. How long have you known the applicant/family? Less than 1 year 1-2 years 3-5 years 5+ years

In what relationship? _____

2. How well do you know the applicant? Intimately Pretty Well Fairly Well Only Casually

3. Does the family demonstrate a desire to grow spiritually? No Yes If "yes", what evidence do you see of this?

4. What do you consider to be the major strong points of the applicant? _____

5. What do you consider to be the major weaknesses of the applicant? _____

6. Does the applicant have a history of:

Tobacco use Yes No Don't Know

Use of alcoholic beverages Yes No Don't Know

Use of drugs (non-medical) Yes No Don't Know

Sexual promiscuity Yes No Don't Know

If "yes" to any, please explain.

7. What kind of partner do you think the family will be with SRCS? _____

SUMMARY EVALUATION

Please summarize your overall assessment of this family's candidacy for admission to SRCS.

Outstanding Excellent Good Fair Poor

Please indicate your evaluation of the applicant's potential to succeed in an environment like that of SRCS.

Outstanding Excellent Good Fair Poor

Evaluator's Name

Email

Evaluator's Organization, if any

Phone

Evaluator's Address

Evaluator's Signature

Date

Please return this form to Seven Rivers Christian School, attn: Admissions, via mail or fax (352-746-5520).



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GRAMMAR SCHOOL recommendation

(Grades 2 - 6)

Permission is given to release the information below.

Parent's Signature

Date

Student's Name

Current Grade

DEAR TEACHER:

The above student has applied to Seven Rivers Christian School. Please complete this form and return it by mail to Seven Rivers Christian School at the above address. Thank you for your help.

Please rate the student in the following areas according to this scale:

E - Excellent

G - Good

S - Satisfactory

N - Needs Improvement

P - Poor

General attitude

Ability to work on task

Effort

Ability to follow directions

Study habits

Cooperation

Respect for teacher

Conduct in class

Respect for students

Reading

Mathematics

Science

Spelling

Writing

Social Studies

Does this student appear to have any learning problems? Yes No I don't know

Does this student appear to have ADHD or ADD? Yes No I don't know

Describe any factors that might affect the student's academic progress.

Describe any factors or discipline problems that affect the student's ability to function well in the classroom.

What are this student's strengths?

For what grade did you teach this student? Attendance Record: Satisfactory Unsatisfactory

Will this student be promoted to the next grade? Yes No I don't know

This information may may not be discussed with parents.

School Name

School Phone

Dates the student attended this school

School Address

Street

City

State

Zip

Teacher's Name

Print

Signature

Date