



## A Ministry of Stetson Baptist Church 2023-2024 SBCS New Student Enrollment Procedures

### 1. Submit Required Documents Listed Below:

- SBCS Application
- All Report Cards
- Standardized Test Scores (**FSA Scores 3-8**)
- Behavioral/Discipline Records
- IEP (including copies of student testing, either from a county psychologist or a private psychologist)
- Certified Copy of Court Orders or Final Judgments Regarding Custody of Student (if applicable)
- Recommendation letter(s) (**must be sent directly from the teacher to SBCS**).

Minimum letters required:

VPK-one letter (1 teacher)

Elementary grades K-5-two letters (2 teachers)

Middle School grades 6-8-two letters (1 math, 1 ELA)

- Signed authorization form to request school records
  - Writing Sample (grades 2 – 8). Instructions on last page of application.
2. **Enrollment Committee Review** - The Enrollment Committee will review your application and required documents. Once the committee approves the application you will be contacted to confirm the next steps, and if applicable, set-up your entrance exam appointment.
  3. **Entrance Exam (nonrefundable)** - Upon enrollment committee review completion, if applicable, set-up entrance exam appointment. Pay for and take your entrance exam on your scheduled appointment date (Grades 1-2). If coming from a public school 3<sup>rd</sup> -8<sup>th</sup> **must** submit FSA scores or will need to pay and take the entrance exam.
  4. **Notification of Decision of Acceptance or Rejection** – You will be notified by email if your application is accepted or rejected.
  5. **Online Enrollment and Payment** - Complete the online enrollment including paying enrollment fees. Your child's spot at SBCS is not confirmed or final until the online enrollment, including enrollment fee payment is completed and processed.
  6. **Interview** - New enrollees to SBCS will be scheduled for an interview (parent & student) with the School Administrator.





# SBCS 2023-2024 Application for Admission

## STUDENT INFORMATION

I am applying for the following grade:

<i>Elementary School</i>	
Kindergarten	
1 <sup>st</sup> Grade	
2 <sup>nd</sup> Grade	
3 <sup>rd</sup> Grade	
4 <sup>th</sup> Grade	
5 <sup>th</sup> Grade	

<i>Middle School</i>	
6 <sup>th</sup> Grade	
7 <sup>th</sup> Grade	
8 <sup>th</sup> Grade	

Student's Full Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_ Ethnicity \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Student lives with (check all that apply):

- Father
- Mother
- Stepfather
- Stepmother
- Other \_\_\_\_\_
- Other \_\_\_\_\_

Check all that apply:

- Father is deceased
- Mother is deceased
- Parents are divorced
- Parents are separated
- Father has custody
- Mother has custody
- Joint custody

### *Parent/Guardian1 Contact Information:*

Parent/Guardian1 Name \_\_\_\_\_

Email \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Best Contact Number \_\_\_\_\_

### *Parent/Guardian2 Contact Information:*

Parent/Guardian2 Name \_\_\_\_\_

Email \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Best Contact Number \_\_\_\_\_



## EDUCATION INFORMATION

Please list schools previously attended by this student, starting with the most recent:

School \_\_\_\_\_ For which grades? \_\_\_\_\_

Street Address (if known) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ School Phone \_\_\_\_\_

School \_\_\_\_\_ For which grades? \_\_\_\_\_

Street Address (if known) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ School Phone \_\_\_\_\_

School \_\_\_\_\_ For which grades? \_\_\_\_\_

Street Address (if known) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ School Phone \_\_\_\_\_

For the following questions, please explain on a separate sheet any “yes” responses.

- Yes  No Has this student ever been evaluated, or referred for evaluation, for learning disabilities/difficulties?
- Yes  No Does this student have any learning or behavioral disabilities?
- Yes  No Is this student currently taking any prescribed medication or following any prescribed or recommended therapy or treatment?
- Yes  No Has this student either skipped or repeated a grade? Please specify which grade.
- Yes  No Has this student ever been suspended, expelled, or asked to withdraw from any school attended?
- Yes  No Has this student ever been arrested?

\*\*\* Any false responses could negatively affect the students continued enrollment after acceptance\*\*\*





**OTHER INFORMATION**  
(attach paper if more space is needed)

Who or what led you to Stetson Baptist Christian School? How did you hear about us? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you desire your student to attend Stetson Baptist Christian School? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your expectations of the school. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** *If child/children are withdrawn prior to the end of the school year, parents/guardians may be required to pay for one additional month of tuition (total parent balance if on scholarship).*

**PARENT DISCLOSURE STATEMENT**

I have supplied Stetson Baptist Christian School with all academic, physical, physiological, and emotional information available or known as regarding my child and certify that it is true and accurate. I understand that failure to disclose any and all pertinent information regarding my child will result in disciplinary actions and/or expulsion from Stetson Baptist Christian School.

\_\_\_\_\_  
Parent/Guardian Printed Name

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

\_\_\_\_\_  
Date



# Writing Sample – Grades 2 – 8

Student Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

## ***Instructions:***

*Prepare a writing sample as directed below for the grade you are entering (attach additional sheets as needed)*

2<sup>nd</sup> Grade: A five sentence paragraph

3<sup>rd</sup> Grade: A six sentence paragraph

4<sup>th</sup>-5<sup>th</sup> Grade: 1-2 paragraphs; minimum 8 sentences total

6<sup>th</sup> – 8<sup>th</sup> Grade: Minimum 3 paragraphs

## **Choose from the following topics:**

My Favorite Memory

What I Want To Be When I Grow Up

My Favorite Person

My Greatest Accomplishment

**TITLE:** \_\_\_\_\_

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# Stetson Baptist Christian School

1025 W. Minnesota Avenue

DeLand, FL 32720

Phone: 386-734-7791 ~ Email: [kicklighterj@sbcscd.org](mailto:kicklighterj@sbcscd.org)

## Request for Copies of Records

### Dear Parent:

Please complete the top portion of this form and return this form to the administrative assistant at Stetson Baptist Christian School.

Student Name \_\_\_\_\_ Current Grade \_\_\_\_\_

Parent/Guardian Name (printed) \_\_\_\_\_

Please read and sign the following statement:

I authorize the release of all records in my child's school file to Stetson Baptist Christian School.

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

School Name \_\_\_\_\_ School Fax Number \_\_\_\_\_

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### Dear Registrar/Records Clerk:

The above-named student has applied to Stetson Baptist Christian School. Please send all records for this student either by fax to 386-734-7109 or email to [kicklighterj@sbcscd.org](mailto:kicklighterj@sbcscd.org).

**Please send any Student Records (including report cards), Discipline Records, Testing Results, Current Physical and Immunization Records etc., that will help assist us in the enrollment process.**

**Please note this student's application and enrollment will not be considered complete without these records.** Your prompt response will be greatly appreciated.

If you have any questions or would like to speak to someone about this request, please call us at 386-734-7791.

***Please send all records for this student either by fax to 386-734-7109 or email to [kicklighterj@sbcscd.org](mailto:kicklighterj@sbcscd.org)***