



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:

PK-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 3rd -8th **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 st Grade	
2 nd Grade	
3 rd Grade	
4 th Grade	
5 th Grade	

<i>Middle School</i>	
6 th Grade	
7 th Grade	
8 th 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
- Stepfather
- Other _____
- Mother
- Stepmother
- Other _____

Check all that apply:

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



STUDENT'S SIBLING INFORMATION

Name _____ Age ____ Grade ____ School attending _____
Name _____ Age ____ Grade ____ School attending _____
Name _____ Age ____ Grade ____ School attending _____
Name _____ Age ____ Grade ____ School attending _____

CHURCH AFFILIATION

Church Name _____ Denomination _____

Name and Title of Pastor(s) _____

Street Address _____

City _____ State _____ Zip _____ Church Phone _____

Members Frequent attenders Infrequent attenders We are not affiliated with any church

If you are affiliated with a church, please answer the following questions:

Please indicate which of the following your family attends on a regular basis (3 times a month):

- | | |
|--|--|
| <input type="checkbox"/> Worship Service | <input type="checkbox"/> Sunday School |
| <input type="checkbox"/> Small Groups | <input type="checkbox"/> Youth Group |

Please check any ministries that your family is involved in:

- | | | |
|---|---|--|
| <input type="checkbox"/> Church Officer | <input type="checkbox"/> Music Ministry | <input type="checkbox"/> Youth Group |
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Usher | <input type="checkbox"/> Nursery |
| <input type="checkbox"/> Office Assistant/Volunteer | <input type="checkbox"/> Visitation | <input type="checkbox"/> Mission Trips |
| <input type="checkbox"/> Other _____ | | |

Stetson Baptist Christian School is a ministry of Stetson Baptist Church. Our church is always interested in the students and their families at SBCS and their spiritual development. There are three morning worship services offered each Sunday at 8:30, 9:45 and 10:30 am. Sunday School is also held during these times for all ages. We also offer a variety of classes on Wednesday evenings including activities for children. If you don't already have a church home, would you like more information regarding our church?

Yes No



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)

2nd Grade: A five sentence paragraph

3rd Grade: A six sentence paragraph

4th-5th Grade: 1-2 paragraphs; minimum 8 sentences total

6th – 8th 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: _____





Stetson Baptist Christian School

1025 W. Minnesota Avenue

DeLand, FL 32720

Phone: 386-734-7791 ~ Email: 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 _____

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.

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