



2024-2025 SBCS New Student Enrollment Procedures

1. **Submission of ALL Required Documents Listed Below is required before Admissions Committee can meet:**
 - SBCS Application
 - Past Year's Report Card
 - Standardized Test Scores
 - Behavioral/Discipline Records
 - Any IEP (including copies of student testing, either from a county psychologist or a private psychologist) or 504 that your student may have been issued
 - 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 of character/grades required:

 - PK-one letter (1 teacher)
 - Elementary grades K-5-two letters (2 teachers)
 - Middles School grades 6-8-three letters (3 teachers)
 - Signed authorization form to request school records
 - Writing Sample (grades 2 – 8). Instructions on last page of application.
2. **Entrance Exam** - (if applicable) Your student will need to set up an entrance exam appointment if Standardized Test Scores were not provided from your student's previous school. If coming from a public school you **must** submit FAST scores. If coming from another private school or homeschooling, please submit any standardized testing your student completed the prior year.
3. **Interview** - New enrollees to SBCS will be scheduled for an interview (parent & student) with an Admission Committee Member.
4. **Enrollment Committee Review** - The Enrollment Committee will review your application and required documents
5. **Notification of Decision of Acceptance or Rejection** – You will be notified by email if your application is accepted or rejected.
6. **Online Enrollment and Payment** - Complete the enrollment process by paying the enrollment deposit and any other fees. Your child's spot at SBCS is not confirmed or final until the enrollment process is complete, including the \$100 deposit is cleared. Please see our Finance Manager to arrange tuition payments for your student/s.



SBCS 2024-2025 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 _____ Public School Zoned For: _____

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: _____ Relation to Student: _____

Email _____

Street Address _____

City _____ State _____ Zip _____ Best Contact Number _____

Parent/Guardian2 Contact Information:

Parent/Guardian2 Name: _____ Relation to Student: _____

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 an existing IEP or 504 Plan? ***Please note, SBCS may not be able to meet the needs/requirements of your student's IEP or 504 Plan.**

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 11:00 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



Stetson Baptist Christian School

1025 W. Minnesota Avenue

DeLand, FL 32720

Phone: 386-734-7791

Request for Copies of Records

Dear Parent:

Please complete the top portion of this form and return it to 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 Student Records (including report cards), Discipline Records, Testing Results, Current Physical and Immunization Records etc., that will help assist us in the enrollment process by email to kicklighterj@sbcscs.org.

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



STETSON BAPTIST
CHRISTIAN SCHOOL
1025 W. Minnesota Ave.
DeLand, FL 32720
(386) 734-7791

SCHOOL RECOMMENDATION FORM

Student Name: _____

Grade Applying For: _____

Teacher: The student listed above has applied to Stetson Baptist Christian School. As part of their admissions process, we require this form to be filled out by their current teacher. Thank you for your willingness to complete this form completely and thoughtfully. Your responses will be kept confidential.

How long have you known this student and in what capacity? _____

What are three words or phrases that come to mind to describe this student? _____

Please describe your school curriculum. It is helpful to know what texts are being used and what percentage of the time is devoted to areas of reading, vocabulary, grammar and writing, math and science. _____

How well does the student write? Please be specific about areas of strength and weakness. For grades 2-8, can the student write in cursive? Evaluated writing samples may be submitted at your discretion. _____

How accurately does the student read and comprehend what he or she has read? _____

Please evaluate the student in the following areas:

	Excellent	Average	Below Average	Poor	N/A	Comments
Academic Ability						
Potential for Growth						
Desire for Learning						
Motivation to Follow Through						
Ability to Work Independently						
Completion of Assignments						
Effort						
Willingness to Seek Extra Help						
Organization/Class Preparedness						
Time Management						
Classroom Behavior						
Leadership Potential						
Character/Integrity						
Relationship with Peers						
Response to Criticism/Authority						
Maturity (relative to age)						
Self-Esteem						
Emotional Stability						
Overall Evaluation as a Student						

Please elaborate on any of the student's major strengths or weaknesses as indicated by your evaluation above:

Thank you for your time. If we have any questions regarding your comments, may we contact you, and if so what is the most convenient time and number to call? _____

Signature Printed Name Date

Title School Name Address

Please mail, email or fax the completed form to: Office of Admissions, Stetson Baptist Christian School
 1025 W. Minnesota Ave., DeLand, FL 32720
 Email: info@sbcscd.org or Fax: (386) 734-7109

Please refer questions to School Office 386-734-7791 or info@sbcscd.org