



2025-2026 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 or Skills Assessment
 - Standardized Test Scores (grades 1-8)
 - 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.
 - School Recommendation Form
 - Recommendation letter(s) (**must be sent directly to SBCS at admissions@sbcscd.org**).
 - Going into Pre-K** - one (1) letter required
 - Going into Elementary grades K-5** - two (2) letters required
 - Going into Middle School grades 6-8** - three (3) letters required
 - 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 may need to set up an entrance exam appointment if Standardized Test Scores are 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 and a faculty member.
- 4. Enrollment Committee Review** - The Enrollment Committee will review your student's application and required documents.
- 5. Notification of Decision of Acceptance or Rejection** – You will be notified by email if your student's application is accepted or rejected.
- 6. Handbook/Agreement Packet** – Once accepted, each family will read the Parent/Guardian Handbook and complete the agreement packet. Please return the signed agreement packet to the office.
- 7. Payment**: You will then complete the enrollment process by setting up a meeting with our Finance Director to pay the enrollment deposit, any other fees, and setting up your student's tuition payment schedule. Your child's spot at SBCS is not confirmed or final until the enrollment process is complete.



SBCS 2025-2026 Application for Admission

I am applying for the following grade:

<i>Preschool*</i>		<i>Elementary</i>		<i>Middle School</i>	
2-year-old		Kindergarten		6 th Grade	
3-year-old		1 st Grade		7 th Grade	
Pre-K (4-year-old)		2 nd Grade		8 th Grade	
		3 rd Grade			
		4 th Grade			
		5 th Grade			

*All potential preschool students must be completely potty-trained before starting school.

Student's Full Name _____

Street Address _____

City _____ State _____ Zip _____ Date of Birth _____

Current Age _____ Gender _____ Ethnicity _____ Public School Zoned For: _____

Preschool Only: Is your student potty trained? _____

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: _____ 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 participates 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 do not 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 are 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

