

ST. CHRISTOPHER ACADEMY

4141-41st Ave. SW, Seattle WA 98116

206-246-9751

Student Application for Admission

"Where all students can succeed"

TO THE STUDENT & PARENT:

- ◇ Complete the information on this form and return to the SCA Office.
- ◇ Request that your current school send a transcript with grades, test scores and any psychological evaluation to the Director of SCA.
- ◇ Acceptance in to SCA is based upon successful completion of the eighth grade and review of student's application, previous records and interview by the Director of SCA.

Please print legibly or type

Student's Name _____

Applying for grade 9 10 11 12 (please circle)

Home Address _____ City _____ State _____ Zip _____

Home Phone # _____ Gender M F Date of Birth _____

Current School _____ School's Address _____

Student Resides with ___ Parents ___ Guardian (relationship) _____

Father's Name _____ Mother's Name _____

Email address: _____ Email Address: _____

Occupation _____ Occupation _____

Place of Business _____ Place of Business _____

Business Phone# _____ Business Phone# _____

Stepmother's Name _____ Stepfather's Name _____

Occupation _____ Phone _____ Occupation _____ Phone _____

Please list your student's learning disabilities and special needs:

What diagnostic testing has your student had to document his/her learning disability? _____

Why is your child academically at risk? _____

What medication(s) is your student currently taking? _____

Has your student ever repeated a grade? (if yes, what grade and why) _____

Signature of Parent: _____ Date _____

Email Address: Jevne@stchristopheracademy.com

Website: www.stchristopheracademy.com