

Student Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_  
(last, first, middle initial)



# Summit Christian Academy

## 2025-2026 Kindergarten - 12th Enrollment Application

### Items Needed with Application:

- ☐ Application: completed and signed.
- ☐ Enrollment Fee (non-refundable)
- ☐ Report Card
- ☐ IEP or 504 plan, if applicable

### Items Needed Before August 14th:

- ☐ Pastor/Church Leader Recommendation
- ☐ Immunization Record
- ☐ Birth Certificate

Student application does not assure final enrollment but rather provides much of the information upon which a decision will be based. If you are placed on a class waiting list, the enrollment fee will hold your place until the second day of school. If no space becomes available by that time, you may withdraw your name from the waiting list and receive a full refund of all monies paid. Voluntary withdrawal from the waiting list prior to the second day of school will result in a loss of Enrollment Fee. Summit Christian Academy reserves the right to make final decisions concerning placement of students.

How did you hear about Summit Christian Academy? (please check one)

- |   |   |
|---|---|
| <input type="checkbox"/> family: _____  | <input type="checkbox"/> church: _____  |
| <input type="checkbox"/> driving by facility  | <input type="checkbox"/> friend: _____  |
| <input type="checkbox"/> <a href="http://www.lexingtonsummit.org">www.lexingtonsummit.org</a> | <input type="checkbox"/> <a href="http://www.privateschoolreview.com">www.privateschoolreview.com</a> |
| <input type="checkbox"/> facebook   | <input type="checkbox"/> other: _____   |

### For Office Use Only:

Date/Time Received: _____	<input type="checkbox"/> Check (# _____)	<input type="checkbox"/> Cash
Interview Date: _____	Complete: <input type="checkbox"/> yes	<input type="checkbox"/> no
Acceptance Date: _____	Start Date: _____	

## GENERAL RECORD

Student Name (last, first, MI) \_\_\_\_\_ Name Preferred \_\_\_\_\_  
Social Security # \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex (M/F) \_\_\_\_\_ Grade Entering \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Ethnic Origin (opt.) \_\_\_\_\_

List allergies, handicaps, or other pertinent health information:

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### Father or Guardian

Street Address

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Number: (\_\_\_\_) \_\_\_\_\_ Cell Carrier: \_\_\_\_\_ Email \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Position \_\_\_\_\_ Lives with student (Y/N) \_\_\_\_\_

Are you a Christian? ☐ Yes ☐ No Church regularly attending \_\_\_\_\_

### Mother or Guardian

Street Address

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Number: (\_\_\_\_) \_\_\_\_\_ Cell Carrier: \_\_\_\_\_ Email \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Position \_\_\_\_\_ Lives with student (Y/N) \_\_\_\_\_

Are you a Christian? ☐ Yes ☐ No Church regularly attending \_\_\_\_\_

Parental Married Status: ☐ Married ☐ Widowed ☐ Separated ☐ Divorced: Primary Custody \_\_\_\_\_

Other Children in Family:

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ ☐ Attends Summit

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ ☐ Attends Summit

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ ☐ Attends Summit

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ ☐ Attends Summit

Emergency Contact #1 \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Persons authorized to pick up student from school:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

## PREVIOUS SCHOOLS ATTENDED

Year	Name of School	City	State	District/Address	Reason for Withdrawal
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Has your student ever had an IEP or 504 plan in place? \_\_\_\_\_ If so, please provide a copy along with this enrollment application.

Briefly describe accommodations: \_\_\_\_\_

Have you ever been denied admission to a school? \_\_\_\_\_ If so, why? \_\_\_\_\_

Have you ever been suspended or expelled from school? \_\_\_\_\_ If so, when? \_\_\_\_\_ Why? \_\_\_\_\_

## SPIRITUAL INFORMATION REGARDING STUDENT

Home Church \_\_\_\_\_ Phone \_\_\_\_\_

Church Address \_\_\_\_\_

Senior Pastor \_\_\_\_\_ Youth Pastor/Leader \_\_\_\_\_

Have you accepted Jesus Christ as your personal Lord and Savior? \_\_\_\_\_ Year \_\_\_\_\_

Are you living a Christian life to the best of your ability? \_\_\_\_\_ Have you been water baptized? \_\_\_\_\_ Year \_\_\_\_\_

Additional Comments: \_\_\_\_\_

## PARENT QUESTIONNAIRE - To be completed by parent or guardian

*(Attach additional sheets if necessary)*

☐ What do you see as strengths of your child?

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☐ What do you see as your child's greatest needs?

Spiritual

Behavioral

Academic

Social

☐ Has your child ever used drugs, alcoholic beverages, or tobacco? \_\_\_\_\_ If yes, please explain in detail:

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☐ On a scale of 1 - 5, how would you rate your child's attitude toward...

VERY NEGATIVE      VERY POSITIVE

God:      1   2   3   4   5      Comments: \_\_\_\_\_

Parents:      1   2   3   4   5      Comments: \_\_\_\_\_

Authority Figures: 1   2   3   4   5      Comments: \_\_\_\_\_

**STUDENT QUESTIONNAIRE - to be completed by students entering grades 6 and up**

(Please print and have parents assist where necessary. You may attach extra sheets if needed.)

☐ What are your favorite subjects? \_\_\_\_\_

☐ What subjects are most difficult for you? \_\_\_\_\_

☐ Have you ever used drugs, alcoholic beverages or tobacco? \_\_\_If yes, please explain in detail: \_\_\_\_\_

☐ Why do you feel that you should be accepted as a student at Summit Christian Academy?

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☐ How would you be an asset to SCA?

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☐ What are some goals you have for your life?

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**HONOR CODE - to be completed by students entering grades 6 and up; included in packet.**

I have read and understood the Honor Code and acknowledge that my signature below is my acceptance of the entire Honor Code and completes a contract between me and Summit Christian Academy which is a prerequisite for graduation and becomes a part of my permanent file.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_ Grade \_\_\_\_\_

**HANDBOOK AGREEMENT**

Student:

I have read and I understand the policy handbook, and I am willing to submit myself to the leadership of Summit Christian Academy and will abide by all rules and regulations.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

*Parent/Guardian:* I have read and understood the policy handbook, and I am willing to support Summit Christian Academy's policies.

Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## PARENT/GUARDIAN AGREEMENT

### PURPOSE

I understand that the goals of Summit Christian Academy are not to reform or rehabilitate, but to train Christian youth in the highest principles of Christian leadership, self-discipline, individual responsibility, personal integrity, and good citizenship. Summit Christian Academy is a "sanctuary" where Christian youth are free to pray, sing praises, and worship God without ridicule, humiliation, or embarrassment. I understand that students who develop ungodly and unrighteous attitudes, practices, of lifestyle including (but not limited to) the use of drugs, alcohol, or tobacco, whether on campus or off campus will be subject to dismissal.

### SCHOOL BILL

I understand that my child's teacher and the SCA staff are paid from tuition money, and I agree to pay my school bill on time as agreed.

Tuition is calculated for the entire school year. Therefore, no reductions or allowances in tuition are expected for vacations, holidays, or absences.

If my child enters after the school year has begun, tuition is prorated by the quarter.

### WITHDRAWAL

I agree that should I choose to withdraw my child during the year, I will make an appointment with the school office to sign the proper withdrawal forms. I understand that I am responsible for the tuition and for the remainder of the tuition contract, and that the school bill must be paid in full before records will be released.

### DISCIPLINE

I believe that discipline is necessary for the welfare of each student as well as for the entire school. I give my permission for my child's teacher and/or other agent of the school to make and enforce regulations and policies in a manner consistent with Christian principles or discipline as set forth in the Scriptures.

### TRANSPORTATION PERMISSION

I hereby give my permission for Summit Christian Academy to transport my child to and from school-sponsored activities.

### LIABILITY

I release Summit Christian Academy and its representatives from liability in the event of accident or injury.

### SEARCH AND SEIZE

I understand that school lockers and desks are property of the school and that the school has a right to open and search lockers and desks. Where there is reasonable and justifiable suspicion, students' possessions, book bags, gym bags, clothing, and/or automobiles may be searched and any items that are in violation of laws (federal, state, or local) or school policy will be seized.

### UNIFORM POLICY

My child and I have read the uniform policy, and we agree to support it and abide by it in every way.

### DISPUTE RESOLUTION

The parties of this Agreement are Christians and believe that the Bible commands them to make every effort to live at peace and to resolve disputes with each other in private or within the church. (1 Corinthians 6:1-8, Matthew 18:15-20)

Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL RECORD (CONFIDENTIAL)**

Please complete one per student.

Student Name \_\_\_\_\_ Sex (M/F) \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician Name \_\_\_\_\_ Physician Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

☐ My child is allergic to: \_\_\_\_\_

☐ My child frequently has the following ailments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

☐ Other health related information that the school might need to know:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is a requirement of students enrolled in the school to have on file, before student begins class, a record of immunizations in accordance with state health laws. Please provide a copy of student's immunization record.

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

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

In case of emergency, illness or accident, the student is given first aid, and the parent is notified. If the parents or the student's doctor cannot be contacted, the student will be taken to the nearest emergency room. Summit Christian Academy does not assume responsibility for the payment of hospital, doctor, or ambulance fees.

Health Insurance Company \_\_\_\_\_

Policy Holder \_\_\_\_\_ Policy Number \_\_\_\_\_

I/we the undersigned parent(s) or guardian(s) of \_\_\_\_\_ do authorize an x-ray, examination, anesthetic, dental, medical or surgical diagnosis or treatment by any licensed physician or dentist and hospital service that may be rendered to said child under the general, specific, or special consent of Summit Christian Academy or a representative thereof, the temporary custodian of child; whether such diagnosis or treatment is rendered at the office of the physician or dentist, or at a licensed hospital. I/we authorize the physician or dentist to call in any necessary consultants, in his direction. We further authorize said physician or dentist to exercise his discretion in authorizing the disposal of any severed tissues or member.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required but is given to encourage those persons who have temporary custody of the child, and said physician or dentist to exercise his best judgment as to the requirements of such diagnosis or medical or dental or surgical treatment.

Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZATION OF NON-PRESCRIPTION MEDICINE**

The staff of Summit Christian Academy has my permission to administer Tylenol to my child if needed.

☐ Yes ☐ No Parent Initials \_\_\_\_\_

## STATEMENT OF FAITH

- ☐ We believe the Bible is the inspired and only infallible word of God. (II Timothy 3:16)
- ☐ We believe there is one God, eternally existent in three persons: God the Father, God the Son and God the Holy Ghost. (Matthew 28:19, Luke 3:22)
- ☐ We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal future return to this earth in power and glory to rule a thousand years. (Matthew 16:16, I Corinthians 15:3,4)
- ☐ We believe in the blessed hope, which is the rapture of the Church at Christ's coming. (Titus 2:13)
- ☐ We believe the only means of being cleansed from sin is through repentance and faith in the precious blood of Christ. (I Peter 2:24)
- ☐ We believe regeneration by the Holy Spirit is essential for personal salvation. (John 3:3-5)
- ☐ We believe the redemptive work of Christ on the cross provides healing of the human body in answer to believing prayer. (I Peter 2:24)
- ☐ We believe in the sanctifying power of the Holy Spirit by whose indwelling the Christian is enabled to live a holy life. (Galatians 5:16)
- ☐ We believe in the resurrection of both the saved and the lost, the one to everlasting life and the other to everlasting damnation. (John 5:28,29)

### I have read and subscribe to the Statement of Faith.

Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## AFFIRMATION

I hereby affirm that all of the information contained in this Student Application is true and accurate to the best of my knowledge. I understand that false information can result in dismissal from SCA.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## MEDIA COMMUNICATION RELEASE FORM

### Permission to Photograph

I hereby grant Summit Christian Academy the unrestricted right to use, publish, display, and distribute materials bearing my child's voice, likeness, or any other identifiable representation of my child for the promotion of Summit Christian Academy. These materials may appear in any form, style, color, or medium whatsoever (including without limitation, photographs, video tapes, films, sound recordings, software, drawings, prints, broadcast, internet and electronic media). I understand the identity of my child will be protected. I hereby waive any right I may have to inspect or approve the finished promotional materials bearing my child's picture or identifiable representation.

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

I **DO NOT** give permission for my child's picture or any other identifiable representation of my child to be used in any SCA Promotional materials.

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



**HONOR CODE - to be completed by students entering grades 6 and up**

In signing the **Honor Code** in the appropriate section of the enrollment application, I fully recognize that Summit Christian Academy was founded to be and is committed to being a Christian ministry and that it offers a lifestyle of commitment to Jesus Christ as personal Savior and Lord. It is therefore my personal commitment to be a person of integrity in my attitude and actions and to respect SCA and its calling as a Christian school.

- 1) I PLEDGE to apply myself wholeheartedly to my academic pursuits and to use my mind for the glory of God.
- 2) I PLEDGE to cultivate good relationships socially with others and to seek to love others. I will use my relationships to build others up and treat them as God would. I will use my conversations to glorify God and my standard will be not to lie, gossip, or use profanity.
- 3) I PLEDGE to keep my total being under submission to Christ. I will strive to keep my body and mind pure and focused on Him. I will honor Christ with what I put in my body and will not drink alcohol, use tobacco or other illegal drugs. I will honor Christ with what I put into my mind and will guard my heart and mind against ungodly music, movies and other forms of entertainment. I will abstain from sexual acts that would be dishonoring to Christ.
- 4) I PLEDGE to attend class punctually, chapel services reverently, and to attend the church of my choice on a regular basis where God is honored and lifted up.
- 5) I PLEDGE to abide by the rules and regulations which may, from time to time; be adopted by the school Administration. I understand SCA is a private Christian School, and therefore have no vested rights in the governing of the school. I accept my attendance at SCA as a **PRIVILEGE** and NOT a right... and that the school reserves the right to require the withdrawal of a student at any time if in the judgment of the Administration such action is deemed necessary to safeguard ideals of scholarship or the spiritual and moral atmosphere of it as a Christian school.

I will keep the **Honor Code** carefully and prayerfully. I understand that my signature on the enrollment application is my acceptance of the entire **Honor Code** and completes a contract between Summit Christian Academy and me. I further understand that this contract becomes a part of my permanent file.

Should I violate the honor code and the expectations of SCA, I will prayerfully ask for forgiveness from Christ and seek restitution according to the SCA administration.

## **SUMMIT CHRISTIAN ACADEMY PHILOSOPHY OF EDUCATION**

The educational philosophy of Summit Christian Academy (a ministry of First Assembly of God, Lexington, Kentucky) is based on a God-centered view of truth and man as presented in the Bible. Since God created and sustains all things through His son, Jesus Christ, the universe and all life are totally subject to God and are made to glorify Him forever. This is very true of man, who was made in God's image, different in kind from all other creation, with the unique capacity of knowing and responding to God personally, intimately, and voluntarily. Man is a sinner by nature and choice, and he cannot, in this condition, know or honor God in his life. He can do this only by being born again through receiving Jesus Christ as Savior and Lord through which he is enabled to do God's will, which is the abiding purpose of his life.

The entire process of education is seen as a means used by the Holy Spirit to bring the student into fellowship with God to develop a Christian mind in him, and to train him in godly living so that he can fulfill God's total purpose for his life, personally and vocationally.

The student must:

- be taught the Bible so he may understand God as well as his new nature and role as God's image.
- be developed and related to God as a whole person spiritually, mentally, physically, and socially.
- learn to see all truth as God's truth and integrate it with, and interpret it by, God's Word.
- be educated as an individual with his own unique abilities and personality, who must learn to live and work with others at home, in the church, and in a changing secular society.
- interact with and be taught by parent and teacher models who are themselves born again and have a biblical perspective on life.

## PASTOR/CHURCH LEADER RECOMMENDATION

Parent or Guardian: Please fill in the top section of the form and give to a pastor or leader (i.e. Sunday School teacher) at your church to complete the questions below and turn in to the school office.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Phone Number \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Pastor/Church Leader:** The above mentioned student has applied for acceptance at our school. It is our desire to develop a supportive relationship between home, school and church. Would you help us by answering the brief questionnaire below? Please return this form directly to the school within 7 days in order to expedite the application process. You are free to make a copy of the questionnaire and share its contents with the student's family if you desire.

**MAILING ADDRESS:** Summit Christian Academy · 2780 Clays Mill Road · Lexington, KY 40503 · FAX: (859) 276-1450

☐ How long has the family attended your church? \_\_\_\_\_

☐ On a scale of 1 - 5, how well do you know the family personally?      1      2      3      4      5  
NOT AT ALL      VERY WELL

☐ Please describe the family's involvement in your church (i.e. attendance, participation, ministry).  
\_\_\_\_\_  
\_\_\_\_\_

☐ Please describe the student's participation in your church.  
\_\_\_\_\_  
\_\_\_\_\_

☐ How do the parents contribute to the spiritual growth of their child?  
\_\_\_\_\_  
\_\_\_\_\_

☐ How would you describe the student's level of spiritual maturity?  
\_\_\_\_\_  
\_\_\_\_\_

☐ Please detail the student's relationship to his/her parents and siblings.  
\_\_\_\_\_  
\_\_\_\_\_

☐ To your knowledge, has there ever been a serious disciplinary issue with the student?  
\_\_\_\_\_  
\_\_\_\_\_

☐ Is there any other information about the student or his/her family that the school would benefit from knowing?  
\_\_\_\_\_  
\_\_\_\_\_

☐ Based on your personal knowledge of this family, our desire to support the Christian home and church, and our desire for righteousness among our students, would you recommend acceptance?   ☐ Recommend   ☐ Do not recommend

Pastor/Church Leader Signature \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_  
Church Name \_\_\_\_\_ Address \_\_\_\_\_



# Summit Christian Academy

## Financial Agreement for 2025-2026

Student's Name: \_\_\_\_\_

Financially Responsible Party: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

In signing the Statement of Agreement and financial commitment, I, (we) agree to the following:

- Student Placement: I request that the school reserve a place for my student for the school year or the remainder of the year if the student enters during the year.
- Effective date of contract: this contract shall be effective only upon my signature, receipt of contract by the school, and acceptance by the school and is subject to the admission policies of the school.
- Tuition and Fees/Financial Policy: Tuition and fees are charged according to the schedule of tuition and fees adopted by the school for the applicable school year. By signing this contract, I agree to pay the total yearly tuition of \_\_\_\_\_ to be paid prior to the end of the final month school is in session. In addition, I agree to abide by the policies relating to the payment of such tuition and fees.
- Rules and regulations: I agree to comply with the school's rules and regulations adopted by the School Board. This includes rules of conduct and academic requirements. I agree that the school may dismiss, suspend, or discipline my student if these rules and requirements are not met, or as such actions are deemed appropriate by the school.
- I understand that I may be exempt from the financial responsibility of tuition under certain circumstances. They are as follows: if my family moves more than 30 miles from address on enrollment form, job loss, or change in family status (death, disability, or divorce). I also acknowledge the School Board's authority to overview the situation.

The parties of this agreement are Christians and believe the Bible commands them to make every effort to live at peace and resolve disputes with each other in private or within the Christian Church. (See 1 Corinthians 6:1-8, Matthew 18:15-20). Therefore, the parties agree that any claim of dispute arising out of or related to this agreement shall be settled by Biblically based mediation and, if necessary, arbitration. The parties agree that these methods shall be the sole remedy for any controversy or claim arising out of this agreement and expressly waive their right to file a lawsuit against one another in any civil court for such disputes, except to enforce a legally binding arbitration decision. In signing this Financial Agreement, I agree, without mental reservation, that I am responsible for the payment of all tuition and fees for the student covered by this agreement.

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Signature of Father/guardian

Social security #

Date

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Signature of Mother/guardian

Social security #

Date

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Signature of person responsible for payment (if not parent)

Social security #

Date

