



**Application For Admission**  
**Sheets Memorial Christian School**  
 307 Holt Street  
 Lexington, NC 27292  
 Phone: 336-249-4224  
 www.sheetsmemorial.com

**FOR OFFICE USE ONLY**

App. Date: \_\_\_\_\_  
 App. Fee Pd: \_\_\_\_\_  
 Adm. Interview: \_\_\_\_\_  
 BC: \_\_\_\_\_ Co-op: \_\_\_\_\_  
 Pastor: \_\_\_\_\_  
 Rec Req: \_\_\_\_\_  
 Testing \_\_\_\_\_  
 MS/HS stu \_\_\_\_\_  
 Accepted \_\_\_\_\_  
 Welcome Pkt \_\_\_\_\_  
 Final Rec Req \_\_\_\_\_

**STUDENT INFORMATION**

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

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

Birth date: \_\_\_\_\_ Gender: **M** **F** Grade: \_\_\_\_\_ Student cell #: \_\_\_\_\_ Cell Carrier: \_\_\_\_\_

Please list names, addresses, & grade levels of all schools student has attended since kindergarten:

\_\_\_\_\_

\_\_\_\_\_

Has any grade been repeated? If yes, which: \_\_\_\_\_ Has the student ever been expelled or suspended? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Does the student have a current IEP? \_\_\_\_\_ 504? \_\_\_\_\_ If yes, please include a copy with this application.

Is this student part of a custody case?  Yes  No If yes, please include court documentation with application.

Name of church student actively attends \_\_\_\_\_

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

**FATHER/GUARDIAN**

Name: First \_\_\_\_\_ Last \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Cell Carrier: \_\_\_\_\_  Opt out of school text notices

Email Address \_\_\_\_\_ Does student live with this parent:  YES  NO

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

Name of church you actively attend \_\_\_\_\_

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

Pastor's Name \_\_\_\_\_ Church phone # \_\_\_\_\_

**MOTHER/GUARDIAN**

Name: First \_\_\_\_\_ Last \_\_\_\_\_  Address same as Father's

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

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Cell Carrier: \_\_\_\_\_  Opt out of school text notices

Email Address \_\_\_\_\_ Does student live with this parent:  YES  NO

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

Name of church you actively attend \_\_\_\_\_

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

Pastor's Name \_\_\_\_\_ Church phone # \_\_\_\_\_

**FINANCIAL RESPONSIBILITY**

Which parent/guardian will be responsible for tuition, fees and other school costs? \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_ DL State \_\_\_\_\_

## EMERGENCY CONTACTS

Please list any emergency contacts, other than parents, that you would like added to your student's file?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Student's Doctor \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Hospital preference if ever needed: \_\_\_\_\_

Are there any physical or mental weaknesses?  YES  NO If Yes, explain \_\_\_\_\_

## FAMILY OVERVIEW

Please list the names, ages, and schools of the other children living with student.

Name: \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Please state the reason you are applying for admission to Sheets Memorial Christian School:

How did you learn about our school? \_\_\_\_\_ Referred to SMCS by: \_\_\_\_\_

## GENERAL TUITION SCHOLARSHIP Powered by

New families are welcome to apply for the General Tuition Scholarship. Applications for the General Tuition Scholarship open at the same time open enrollment begins for new families. Visit [www.sheetsmemorial.com](http://www.sheetsmemorial.com) for the link to FAST Aid application. This scholarship is a needs based scholarship and eligibility is determined by FAST Aid a third party group.

## WE UNDERSTAND

A non-refundable application fee of \$100.00 must be paid when this application is submitted. All new students will be scheduled for a testing day to help determine placement. Acceptance of the application does not assure placement in the school. You will be notified as quickly as possible of the acceptance or denial. Upon notification of acceptance, the non-refundable registration fee and book fee are due by **June 1** or within **two weeks if after June 1** to complete the acceptance process.

The first month's tuition is due by July 1<sup>st</sup>. Each month's tuition payment thereafter [July thru May] is due by the 1<sup>st</sup> and considered late if not paid by the 10<sup>th</sup> of the month. A \$30.00 late fee will be added on the 11<sup>th</sup> of the month. Accounts that are 30 days delinquent will cause the child to be withdrawn from the school. Upon withdrawal, neither records nor information will be released until the account is paid in full. If a student attends school any part of a month, the whole month's tuition is due. For day-care children, a two weeks notice must be given for withdrawal or you will be billed.

In making application for my child to enroll at Sheets Memorial Christian School, I agree to abide by the policies outlined in the Student Handbook and other policies that might be instated as the year progresses. This would include all forms of discipline, methods of study, courses of study, dress code, and any rules and regulations so stated or implied. I agree to abide by the judgment and decisions of the administration concerning my child.

I have included any and all court custody documents pertaining to this student.

I certify that I have answered all questions on this application truthfully and fully. I understand that failure to disclose requested information may be grounds for my child being dismissed from Sheets Memorial Christian School.

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

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

**This application and all supporting documentation must be complete and on file at SMCS before a decision on acceptance can be made.**



## Sheets Memorial Christian School 2020 Parent's Statement of Cooperation

Student's Names: \_\_\_\_\_

We welcome students of any race, color, national and ethnic origin, and do not discriminate on this basis in admission or in any area of the school life and program. The following Statement of Cooperation is signed by the student's parents or legal guardian and indicates an understanding of the contents and willingness to abide by them.

1. I have read the Statement of Purpose of the school and am in accordance with it. I am willing to have my child trained on this basis.
2. I will respect the judgment of instructors in disciplining our child. My child will be expected to give all instructors and aids their respect.
3. The school reserves the right to dismiss any student who does not cooperate with the program. If a student is dismissed for any reason the fee will be paid through the final month of attendance regardless of the number of days attended during that month.
4. The school agrees to notify the parent whenever the child becomes ill and the parent agrees to pick up the child as soon as possible. If the school is unable to reach me, I hereby authorize the school to call my physician, and to follow his instructions. If an emergency occurs and the parent cannot be located immediately, the school is authorized to obtain prompt medical care for my child.
5. I hereby give permission for my student to attend and participate in any field trips or off campus activities designated by the school.
6. I further agree to hold the school and its agents harmless for any liability to my child because of any claims on behalf of my child against the school or any agent thereof because of an injury or alleged injury.
7. I also give permission for my child's picture to be used on the school website and in school advertising.
8. I understand that our payments to the school are due on the first of the month and that a \$30 late fee will be applied after the 10<sup>th</sup> of the month. If the bill is not paid in full by the 1<sup>st</sup> of the next month, I understand that I will be asked to take my child out of school immediately.
9. I agree to make sure that my child is in dress code, their homework is done, and to make sure their manner of behavior is acceptable before leaving for school. I agree to use the schools on-line management system (Sycamore) to keep informed on these issues.
10. Sheets Memorial Christian School's biblical role is to work in conjunction with the home to mold students to be Christlike. Of necessity, this involves the school's belief of what qualities or characteristics exemplify a Christlike life. The school reserves the right, within its sole discretion, to refuse admission of an applicant or to discontinue enrollment of a student if the atmosphere or conduct within a particular home or the activities of the student are in opposition to the biblical lifestyle the school teaches. This includes, but is not necessarily limited to, participating in, supporting, or condoning sexual immorality, homosexual activity, or bisexual activity; promoting such practices; or being unable to support the moral principles of the school. (See Leviticus 20:13 and Romans 1:27.)
11. I understand that at least one parent and all students attending Sheets Memorial Christian School must attend a Protestant, Bible-believing church at least one service per week.
12. I believe in what the school is working to accomplish, therefore, I agree to abide by the policy set forth in the School Policy Handbook and other standards given at various meetings during the year.

Statement of Cooperation must be signed by both parents/guardians if living with child.

By signing below I agree to cooperate with Sheets Memorial Christian School on all points of the Statement of Cooperation and I am the legal parent/guardian of the above named student.

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