



**SF CHRISTIAN SCHOOL
APPLICATION FOR ADMISSION**

School Year: 2025–2026 Waitlist for 202__–202__

Semester: Fall Spring

Applying for Grade: _____

Office Use Only	
<input type="checkbox"/> Complete Application	<input type="checkbox"/> Test Scores
<input type="checkbox"/> Essay Form	<input type="checkbox"/> Immunizations
<input type="checkbox"/> Report Card	<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Application Fee	<input type="checkbox"/> Sycamore
<input type="checkbox"/> Recommendations	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Math <input type="checkbox"/> English <input type="checkbox"/> Principal/Counselor	
<input type="checkbox"/> Student Screening: _____	
<input type="checkbox"/> Interview Status: _____	

STUDENT INFORMATION

_____ <i>Student's First Name</i>	_____ <i>Middle Name</i>	_____ <i>Last Name</i>	_____ <i>Preferred Name</i>
_____ <i>Address (Street, APT #)</i>		_____ <i>Address (City, State, Zip)</i>	
_____ <i>Student Email Address (if applicable)</i>	_____ <i>Age</i>	_____ <i>Date of Birth (mm/dd/yyyy)</i>	_____ <i>Gender</i>
_____ <i>Birthplace (City, State, Country)</i>		_____ <i>Languages spoken at home</i>	

PARENT/GUARDIAN INFORMATION (REQUIRED ONLY ONCE PER FAMILY*)

*If applying for multiple children, please provide the information in this section on the oldest child's application.

Parents are: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Other: _____	
Student lives with: <input type="checkbox"/> mother/father <input type="checkbox"/> mother only <input type="checkbox"/> father only <input type="checkbox"/> mother/stepfather <input type="checkbox"/> father/stepmother <input type="checkbox"/> guardian	
_____ <i>Parent/Guardian</i>	_____ <i>Parent/Guardian</i>
_____ <i>Relationship to Student</i>	_____ <i>Relationship to Student</i>
_____ <i>Address (if different from student)</i>	_____ <i>Address (if different from student)</i>
_____ <i>Primary Phone</i> <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	_____ <i>Primary Phone</i> <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
_____ <i>Secondary Phone</i> <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	_____ <i>Secondary Phone</i> <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
_____ <i>Email address</i>	_____ <i>Email address</i>

STUDENT ACADEMIC HISTORY

Current School

Current Grade

School's Mailing Address (Street, City, State, Zip)

Start Date

End Date

School Fax

If applicable, briefly state why you are transferring to San Francisco Christian School: _____

ADDITIONAL SCHOOLS ATTENDED WITHIN THE PAST THREE YEARS:

School Name and Address

Grade(s)

School Name and Address

Grade(s)

Has the student ever been enrolled in any schools or programs designed for special learning needs? Yes No

If yes, please explain: _____

Has the student ever had to repeat a grade? Yes No If yes, which grade(s)? _____

Please state the reason for retention: _____

Has the student ever skipped a grade? Yes No If yes, which grade(s)? _____

Please state the reason for advancement: _____

Has the student received any academic honors and/or been enrolled in advanced programs? Yes No

If yes, please list honors/programs: _____

Has the student been involved in extra-curricular, fine arts, or programs (Music, athletics, etc.)? Yes No

If yes, please list programs: _____

CURRENT SCHOOL RECOMMENDATION FORM REQUEST (GRADES 6–12 ONLY)

Please print the names and email addresses of the following individuals. SFCS will follow up with these individuals to receive the student’s recommendation forms. Email addresses must be verifiable school email addresses from the student’s current school.

_____ *Title (Mr., Mrs., etc.) & Name of Current English Teacher* _____ *Email Address*

_____ *Title (Mr., Mrs., etc.) & Name of Current Math Teacher* _____ *Email Address*

_____ *Title (Mr., Mrs., etc.) & Name of* *Principal or* *Counselor* _____ *Email Address*
(Check one)

STUDENT’S BEHAVIORAL HISTORY

Does the student have any behavioral problems, past or present (inappropriate emotions, problems paying attention, lack of self-control, etc.)? Yes No

If yes, please specify: _____

Has the student been put on probation, suspended, expelled, or asked to withdraw from school? Yes No

If yes, please explain: _____

STUDENT’S HEALTH HISTORY

Does the student have any learning disabilities of which we should be aware? Yes No

If yes, please explain: _____

Does the student have any **medical** conditions, past or present, which would restrict physical or academic activities to safeguard the student at school (hearing loss, diabetes, seizures, asthma, allergies, etc.)? Yes No

If yes, please specify: _____

Has the student been tested for any conditions (Speech/Language, Attention Deficit Disorder (ADD), Emotional Issues, Attention Deficit/Hyperactivity Disorder (ADHD), Other _____)? Yes No

If yes, please specify and explain: _____

Is the student taking any prescription medications? Yes No

If yes, please specify: _____

Has the student received any accommodations or modifications in the past (e.g., IEP)? Yes No

If yes, please explain: _____

Does the student currently require any accommodations or modifications (e.g., IEP)? Yes No

If yes, please explain: _____

NOTE: OFFICIAL DOCUMENTATION REQUESTING ACCOMODATIONS MUST BE SUBMITTED WITH APPLICATION

STUDENT SCREENING (1ST–12TH GRADE APPLICANTS)

Student screening assessments take place daily for students applying for grades 1–12. Please select a time slot that generally works for you. If desired, you may provide a specific date or time in the comment section below.

Test results populate 24 hours after taking the test and will be discussed during the student interview.

M/Tu/Th/F: 10:30 am 12:15 pm 1:30 pm No preference

Wednesday: 10:30 am 12:15 pm

Additional Comments: _____

STUDENT INTERVIEW

Student interviews take place during the time slots below. **Please select at least 3 time slots** that generally work for you. You may indicate your first choice in the comment section below. If your schedule varies from week to week, and you are unable to choose a general time slot, the Admissions Office will contact you to finalize a time.

Student interviews last about 45 minutes, and at least one parent is required to be in attendance with the student. If multiple siblings are applying, their interviews will be conducted together.

Interview Time Slots:

Monday:	<input type="checkbox"/> 10:00 am	<input type="checkbox"/> 10:45 am	<input type="checkbox"/> 2:30 pm	<input type="checkbox"/> 3:30 pm	<input type="checkbox"/> No preference	
Tuesday:	<input type="checkbox"/> 10:00 am	<input type="checkbox"/> 10:45 am	<input type="checkbox"/> 2:00 pm	<input type="checkbox"/> 2:45 pm	<input type="checkbox"/> 3:45 pm	<input type="checkbox"/> No preference
Wednesday:	<input type="checkbox"/> 11:00 am	<input type="checkbox"/> 11:45 am	<input type="checkbox"/> 3:30 pm	<input type="checkbox"/> No preference		
Thursday:	<input type="checkbox"/> 2:00 pm	<input type="checkbox"/> 2:45 pm	<input type="checkbox"/> 3:30 pm	<input type="checkbox"/> No preference		

Additional Comments: _____

GENERAL INFORMATION

Name of church you attend *Pastor*

Church Address

Frequency of Church Attendance:

Parents/Guardian:	<input type="checkbox"/> Regularly	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Seldom
Student:	<input type="checkbox"/> Regularly	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Seldom

Names and ages of any brothers and sisters not currently applying to SFCS (if all applying, write "N/A"):

Is either parent an alumnus/alumna of SFCS? Yes No If yes, please state year of graduation: _____

How did you hear about SFCS? Campus Signs Word of Mouth (friend, SFCS parent, etc.) _____
SFCS Website Online Ad School Fair Print Media Radio Other _____

APPLICATION CHECKLIST (CHECK ALL ITEMS SUBMITTED WITH THIS APPLICATION)

To expedite the processing time of an application, it is recommended that *all required materials be submitted with the initial submission of this application*. If you are missing any items, you are welcome to leave an explanation in the comments section below including an estimated submission time of the missing item(s). We do not proceed to the next steps until all required materials are received.

All application materials may be emailed to **admissions@sfchristianschool.org** or dropped off.

- Application Fee
- Birth Certificate
- Immunization Record
- Recent Report Cards from current school year and previous school year (1st–12th grade applicants)
- Most Recent Standardized Test Scores (if available)
- Student Short Answer Essay Form (6th–12th grade applicants)

Additional Comments: _____

STATEMENT OF COOPERATION

I understand that my involvement as a parent or guardian is vital to the success of my child’s education. I will support and encourage my child, if accepted, to follow the rules and regulations of the school, and understand that failure to do so could result in disciplinary action (which may include suspension or expulsion). I have read the school’s Purpose Statement, Goals, and “HEART of SFCS” found on pages 8 and 9 of the Parent/Student Handbook and commit myself to be actively involved in supporting and cooperating with these statements.

I understand and agree to the policies regarding tuition and fees as described in the Parent/Student Handbook. This includes payment plans, payment due dates, and tuition and fee refundability.

I understand that acceptance of this application by San Francisco Christian School in no way guarantees enrollment. All applicants are considered in accordance with the official admission policy, which includes space availability at the time of acceptance. All applicants will be notified if their grade level of interest has reached capacity before they are able to finalize enrollment. These applicants will be added to the official class waitlist and will be able to enroll in the order they submitted their applications. Final decisions will be made by the administration of San Francisco Christian School.

I certify that no information relevant to my child’s application has been withheld and agree to the terms of this application and the policies of the school. By my signature, I certify that I understand these policies and that all information on this application is true and correct to the best of my knowledge.

Parent/Guardian Signature: X _____ Date: _____

Parent/Guardian Signature: X _____ Date: _____