

south city community school  
*to cultivate the love of learning*

**Admissions Checklist**

- Please take time to read our brochure and all information included in this Enrollment Packet.
- Recommended: To learn more about our school's educational approach, we strongly suggest reading one of the following books:
  - *When Children Love to Learn*, Elaine Cooper, Ed., or
  - *For the Children's Sake*, Susan Schaeffer Macaulay.(Both books are available for loan from the school office and are available at Amazon.com)
- Complete the Enrollment Application and enclose \$50 non-refundable application fee / child.  
Deliver by mail or in person to: SCCS • 4926 Reber Place • St. Louis, MO 63139  
Open Enrollment for new families begins February 1<sup>st</sup>, 2017**
- Complete and enclose all applicable attached forms:**
  - All applicants must have the **Physical Exam Form** completed by their physician and a current **Immunization Record**; both of these must be attached.
  - For children entering PreK-3 or PreK-4, the **PreK Readiness Checklist form** and **PreK Placement Preference form** must be attached.
  - For children entering PreK-4 – 8<sup>th</sup> grade who are transferring from another school, the **School Record Release form** (to be sent to your child's prior school) must be attached.
  - For children entering 3<sup>rd</sup> – 8<sup>th</sup> grade, the **Teacher Recommendation Form** must also be received from your child's teacher in order to consider the application complete.
- Two financial aid options are available to SCCS applicants:
  - SCCS offers school-sponsored, need-based scholarships for students in K-8<sup>th</sup> grade. All SCCS scholarships require completion of the FACTS Grant & Aid Assessment online (see flyer attached; **must be completed by March 15<sup>th</sup>** for Round 1 of Enrollment).
  - Returning students in Kindergarten, OR new students transferring from homeschool, charter, magnet, or St. Louis City public schools in K – 4<sup>th</sup> grade, whose families reside within St. Louis City, may be eligible for scholarships through the Today & Tomorrow Foundation (see last year's application guidelines in packet – new applications will be emailed upon availability); **deadline TBD.**
- Child Interview and Visit: After your application and fee has been received, you will be contacted by email to schedule an interview and/or visit with your child. Child interviews are conducted by one of our Student Support Teachers or by Ms. Brandy, for the purpose of determining school / grade readiness. Visits (which can be scheduled for an hour or all morning) may be required for applicants entering Kindergarten to 8<sup>th</sup> grade, either on the same day of their child interview or on a different day.
- Parent Interview: A parent interview will also be scheduled (for a date after the child interview). The Director of Education will meet with you (preferably both parents) to get to know you, discuss school expectations, review the child interview, and answer any additional questions you may have.
- Admissions and financial aid decisions are made within 4 - 5 weeks after each round of enrollment. Families will be notified by letter or by phone.

**A commitment fee of \$150 per child is due within 3 weeks of receiving acceptance notice.**

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**Enrollment Application**

**CHILD'S NAME:** \_\_\_\_\_  
(last name) (first name) (middle initial) (preferred name)

Male  Female Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Grade applying for:  PreK-3 (*specify class:*  Tues/Thurs or  Mon/Wed/Fri)  
 PreK-4 (*specify class:*  Tues/Thurs or  Mon/Wed/Fri or  Mon - Fri)  
 Kindergarten  5<sup>th</sup> grade  
 1<sup>st</sup> grade  6<sup>th</sup> grade  
 2<sup>nd</sup> grade  7<sup>th</sup> grade  
 3<sup>rd</sup> grade  8<sup>th</sup> grade  
 4<sup>th</sup> grade

*Must be... 3 yrs old by 9/1 for PreK-3  
4 yrs old by 9/1 for PreK-4  
5 yrs old by 9/1 for Kindergarten*

Home Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Home Phone: (\_\_\_\_) \_\_\_\_\_

Ethnicity – Please indicate how you desire us to identify your child's racial or cultural heritage: \_\_\_\_\_

Language(s) spoken at home (other than English): \_\_\_\_\_

**FATHER (OR GUARDIAN):** Mr./Dr. \_\_\_\_\_  
(circle one) (last name) (first name) (middle initial)

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Please provide the following information **if different** from the applicant's information:

Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Home Phone: (\_\_\_\_) \_\_\_\_\_

**MOTHER (OR GUARDIAN):** Mrs./Ms./Dr. \_\_\_\_\_  
(circle one) (last name) (first name) (middle initial)

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Please provide the following information **if different** from the applicant's information:

Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Home Phone: (\_\_\_\_) \_\_\_\_\_

**FAMILY INFORMATION:**

Please check all that apply to parents/guardians:

- Married  Separated  Divorced  Single/Never Married  
 Father Remarried  Mother Remarried  Father Deceased  Mother Deceased

Applicant lives with:  Parents  Father  Mother  Other: \_\_\_\_\_

Is your child adopted?  Yes  No If yes, does he/she know? \_\_\_\_\_

If applicant's parents are divorced/separated/never married, which parent or guardian has legal responsibility for:

Custody of the Applicant: \_\_\_\_\_ School Bills: \_\_\_\_\_

Are there any family concerns or situations you feel that the school should be aware of? \_\_\_\_\_

If so, please explain \_\_\_\_\_

Please list the applicant's siblings:

NAME	BIRTHDATE	SCHOOL
_____	_____	_____
_____	_____	_____
_____	_____	_____

### ACADEMIC INFORMATION

Applicant's current school or pre-school: \_\_\_\_\_ Grades attended: \_\_\_\_\_

School Address: \_\_\_\_\_

Principal or Director: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Please list any other schools the applicant has attended:

SCHOOL NAME	LOCATION	GRADES	DATES
_____	_____	_____	_____
_____	_____	_____	_____

If homeschooled, indicate child's age when homeschooling began: \_\_\_\_\_

Books / Curriculum used for homeschool in the previous year (*please especially list math and language arts curriculum*): \_\_\_\_\_

**At SCCS we are committed to providing an integrated learning experience for children with a range of abilities, and enrollment decisions are made with each child and family's unique circumstances and needs in mind, as well as the needs of the school and/or each class.**

**If your child has an IEP or suspected or identified learning, physical, psychological, or behavioral needs, all applicable documentation as noted in the following eight questions must also be received in order to consider the application complete.**

Has your child ever been evaluated with a formal educational or psychological battery of testing?

Yes  No If yes, please provide copies of all test reports / results.

Does your child have an Individualized Educational Plan (IEP)?

Yes  No If yes, please provide copies of all IEP documentation with this application.

Do you suspect or have you identified that your child may have a learning disability?

Yes  No If yes, please explain why you suspect there may be a problem \_\_\_\_\_

**Do you suspect or have either you or a professional identified concerns for your child in any the following areas:  
(check all that apply)**

- Attention
- Written Expression
- Sensory Issues
- Behavior
- Socialization
- Physical / Medical Issues
- Oral Expression
- Work Habits
- Psychological / Emotional Issues
- Autism Spectrum Disorder Type Signs or Diagnosis
- Visual / Auditory Processing Issues

Please provide further explanation to all checked boxes above, if any: \_\_\_\_\_

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**Is your child receiving help / therapy from an Occupational Therapist, Physical Therapist, Speech / Language Pathologist, Developmental Therapist, Psychiatrist or Counselor / Psychologist / Social Worker now or has he/she seen one of these professionals in the past? \_\_\_\_\_** If so, please explain: \_\_\_\_\_

**Is your child seeing any medical professionals on a regular basis? \_\_\_\_\_** If so, please explain: \_\_\_\_\_

**Has your child ever skipped or repeated a grade?  Yes  No** If yes, please explain: \_\_\_\_\_

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**Has he/she ever been suspended/expelled from a school or asked to leave a daycare/preschool?  YES  NO**  
If so, please explain \_\_\_\_\_

**PERSONAL STATEMENTS**

Please describe the types of activities you and your child enjoy doing together. \_\_\_\_\_

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Please describe your child's interests and how you as a parent encourage their curiosity. \_\_\_\_\_

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Are there any particular academic or personal goals that you have established for your child that you would like the school to be aware of? \_\_\_\_\_

Explain why you have chosen South City Community School for your child: \_\_\_\_\_

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If your family is involved in a local church, what church do you attend? \_\_\_\_\_

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

Minister's Name \_\_\_\_\_ Church Phone (\_\_\_\_) \_\_\_\_\_

Do you have any reservations about the school's Statement of Faith?  YES  NO

If so, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will you support the school in its endeavors to encourage and to guide your student in applying Biblical truth to life?

YES  NO

If not, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any reservations about the school's Family Involvement Contract?  YES  NO

If so, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Again, two financial aid options are available to SCCS applicants:

- SCCS offers school-sponsored, need-based scholarships for students in K-8<sup>th</sup> grade. All SCCS scholarships require completion of the FACTS Grant & Aid Assessment online (see flyer in packet); **these should be completed by March 15<sup>th</sup>**.
- Returning students in Kindergarten, OR new students transferring from homeschool, charter, magnet, or St. Louis City public schools in K – 4<sup>th</sup> grade, whose families reside within St. Louis City, may be eligible for scholarships through the Today & Tomorrow Foundation (see last year's application guidelines in packet – new applications will be emailed upon availability); **deadline TBD**.

Do you intend to apply for SCCS financial aid via FACTS online (for K – 8<sup>th</sup> graders only)?  YES  NO

Do you intend to apply for a Today & Tomorrow Scholarship (for eligible K – 4<sup>th</sup> graders)?  YES  NO

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

**It is the policy of South City Community School that all the information received regarding an applicant's admission will be treated with complete confidentiality. Only authorized school personnel have access to such information and then only to the extent that the information is relevant to admission and placement decisions.**

**South City Community School admits students of any race, gender, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. SCCS does not discriminate on the basis of race, gender, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and any other school administered programs.**

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## Statement of Faith

- We believe that God is a triune God – Father, Son and Holy Spirit.
- We believe that all mankind is created by God in His image.
- We believe that all people are sinful, since birth.
- We believe that because of this, we need God the Father to pursue us, which He does because He loves us more than we ever dared to dream.
- We believe that God is sovereign over all things and the maker of heaven and earth.
- We believe that God the Father's pursuit culminates in His sending of His one and only son, Jesus Christ.
  - We believe that Jesus was conceived by the power of the Holy Spirit in the womb of the Virgin Mary and born unto her.
  - We believe that he was both fully God and fully man – with two distinct natures in one person.
  - We believe that he bore our sins upon the cross saving us from an eternal life of misery and bringing us into an eternal life of glory and grace.
  - We believe that he really died, thus paying the price that our sins deserve.
  - We believe that he really rose from the dead, thus defeating death for all-time for those who believe.
- We believe that salvation comes only by this gracious act and not in anything we do to merit it, and we believe that in this act we are credited with His righteousness.
- We believe that this act of supreme love is applied to our lives and his righteousness developed, through the work of the Holy Spirit.
- We believe that the Bible is the very word of God given in love to his people, and the only absolute rule for trusting and following Him.
  - We believe it is fully inspired by God in its original text.
  - We believe it is inerrant, free from error.
  - We believe it is completely trustworthy.
  - We believe anyone can read it and understand what is needed for salvation, faith and practice without the need for a pastor/priest/bishop.
- We believe that the Church is God's chosen instrument to continue His work until He returns.
- We believe that Jesus Christ will return to judge the world, thus ushering in a new age where all things will be made new and the effects of sin will be abolished forever.

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**By signing my name below, I hereby acknowledge understanding that SCCS will be teaching my child/ren from a biblical worldview and with the above faith beliefs.**

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

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## **Family Involvement Contract**

### ***Family Involvement Importance***

- The quality of a child's education depends upon the willingness of their parents or guardians to contribute to the work of supporting and enriching the child's educational community.
- Research has repeatedly shown that a school's educational quality improves with increased parent/guardian involvement.
- South City Community School believes that the primary responsibility and privilege of the education rests with the parent. As such, the school's role is to come alongside parents, not relieving them of their responsibility, but joining and supporting them in the task.

### ***Family Involvement Standard***

- **South City Community School asks each family to contribute to involvement with the school for a minimum of 24 hours per family, per year.**
- **Attendance at Parent/Teacher Conferences is required for at least one parent / guardian.**

### ***Family Involvement Opportunities***

To fulfill your Family Involvement Contract, SCCS has many opportunities and needs for your help and involvement; during school hours, after school hours, on the weekends, and even from home. Here are some suggestions, but please let us know if you have ideas about how you can be involved!

- Volunteer at the Ditto Store; *2 - 3 shifts per family – for a min. total of 7 hours – per year required*
- Serve as a teacher's assistant / sub assistant during school hours
- Assist with driving / chaperoning on enrichment trips; *1 trip per family per year required*
- Assist with task-specific duties (such as stuffing student folders or mailings), at various times
- Assist with the school's gardens or building maintenance or housekeeping duties
- Assist with planning and hosting school events (Christmas Program, Arts Festival or fundraising events)
- Submit articles for the school's bi-annual newsletter, *The Gateway*
- Assist other school families with transportation or language translation
- Host a quarterly Charlotte Mason Discussion Group Evening in your home or church

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**By signing my name below, I hereby acknowledge understanding of the above Family Involvement Contract requirements and agree to fulfill the requirements of our family as stated.**

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

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**Medical Information and Release Form**

Beginning with parents/guardians, list in priority the names to be called in an emergency:

Name	Relationship	Phone Numbers
_____	_____	_____ (Home, Work, Cell)
_____	_____	_____ (Home, Work, Cell)
_____	_____	_____ (Home, Work, Cell)

List any allergies, ongoing prescription medications, and other relevant medical

information: \_\_\_\_\_  
\_\_\_\_\_

Child's physician: \_\_\_\_\_ Phone #'s: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

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If deemed necessary, I agree for my child, \_\_\_\_\_, to be taken to the closest medical facility at the discretion of the attending school or medical personnel. In the event of a medical emergency and a parent/guardian cannot be reached, I (we) hereby authorize any medical treatment deemed necessary under the circumstances by attending medical personnel, and I (we) do hereby release South City Community School from any and all liability in connection with any such treatment.

\_\_\_\_\_  
(Parent/Guardian signature) (Parent/Guardian signature)

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South City Community School is granted permission to administer the following over-the-counter medicines from the school's supply:

- Junior Strength Tylenol       Children's Benadryl       Tums       Cough Drops

\_\_\_\_\_  
(Parent/Guardian signature) (Parent/Guardian signature)

South City Community School requires all children to have a physical examination upon admission to SCCS. A Physical / Physician's Record Form will be included with acceptance letters.

*According to Missouri law (Revised Statutes Section 167.181), all children enrolled in a public, private or parochial elementary or secondary school must be caught up on immunizations according to the immunization schedule set forth by the Missouri Department of Health and Senior Services, unless the physician provides a statement that the immunization is medically contraindicated or the parent/guardian completes an exemption form objecting to immunizations due to religious beliefs.*



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**Liability Release Form**

**Media Release:**

South City Community School has permission to photograph or record my child, \_\_\_\_\_, and/or I at SCCS or school-related functions. I authorize SCCS to use these photographs or digital/video records in brochures, advertising, the school's website, and presentations.

\_\_\_\_\_  
(Parent/Guardian signature)

\_\_\_\_\_  
(Parent/Guardian signature)

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**Enrichment Activities Release:**

My child, \_\_\_\_\_, has permission to go on all enrichment activities by foot, car, or van as part of his/her experience at South City Community School.

\_\_\_\_\_  
(Parent/Guardian signature)

\_\_\_\_\_  
(Parent/Guardian signature)

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**Waiver of Liability:**

I hereby release, acquit, and forever discharge South City Community School, the Heads of School, members of the SCCS Board, staff, and any volunteers from any and all claims, causes of action, damages, or judgments, whether in contract or in tort, for any injuries including personal that may be incurred arising out of or in any way connected to the students' participation in the events and activities of South City Community School.

\_\_\_\_\_  
(Parent/Guardian signature)

\_\_\_\_\_  
(Parent/Guardian signature)

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## PreK Class Placement Preference Form

*Due to demand in our PreK-3 and PreK-4 classes, we are asking all parents with children going into these grades to give us an indication of and reason for class preference.*

*Please indicate both 1<sup>st</sup> and 2<sup>nd</sup> preference, and reason below.*

Student's First & Last Name: \_\_\_\_\_

\_\_\_\_\_ PreK-3 Tues/Thurs

\_\_\_\_\_ PreK-3 Mon/Wed/Fri

\_\_\_\_\_ PreK-4 Tues/Thurs

\_\_\_\_\_ PreK-4 Mon/Wed/Fri

\_\_\_\_\_ PreK-4 Mon - Fri

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian signature)

\_\_\_\_\_  
(Parent/Guardian signature)

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**PreK Readiness Checklist**

**Please check any of the following that apply to your child:**

- My child is looking forward to attending school.
- This is my child's first school experience.

My child enjoys:

- playing with games / puzzles
- looking at books on own
- being read to / listening to stories
- building things out of blocks, boxes, etc.
- watching TV / videos

My child uses:	not at all	sometimes	frequently
Paper and pencil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crayons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scissors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clay / Playdough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- My child can dress himself / herself.
- My child can take care of personal toilet needs.
- My child is comfortable leaving his / her parent / guardian.
- My child can amuse him / herself if there is no one to play with.

My child prefers to play with:     children of own age     younger children     older children

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**School Record Request / Release Form**

*For PreK-4 – 8<sup>th</sup> grade students who are transferring from another school,  
this form (to request / release records to be sent by your child's current / prior school) must be completed.*

Name of student \_\_\_\_\_ Date of Birth \_\_\_\_\_

SSN \_\_\_\_\_

The student named above has applied for admission to South City Community School. Applications are not considered complete until student records from prior school/s are received. Your cooperation is greatly appreciated. Please forward any and all documents to:

South City Community School  
4926 Reber Place  
St. Louis, MO 63139  
Ph. / Fax# 314.667.4311

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This is to authorize \_\_\_\_\_ to release student records of the  
(applicant's current / prior school name)  
above named student to South City Community School. Student records should include, but are not limited to: immunization records, current academic information, educational or support plans such as an IEP or IFSP, a school transcript and/or report card, academic achievement test results, social / case history, occupational and/or physical therapy, and psycho-educational test results.

\_\_\_\_\_  
(Parent/Guardian signature)

\_\_\_\_\_  
(Parent/Guardian signature)

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**Teacher Recommendation Form**

*For 3<sup>rd</sup> – 8<sup>th</sup> grade students who are transferring from another school,  
this form must be completed by their current / most recent primary teacher.*

Name of student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Teacher's name \_\_\_\_\_

Your Position and Name of School \_\_\_\_\_

*The student named above has applied for admission to South City Community School. We would appreciate your time to answer a few brief questions about your interactions with him/her.*

1. In what capacity do you know this student?
2. Please describe the student's interests and academic and relational strengths.
3. Please describe the student's academic and relational struggles.
4. Please describe your interactions and relationship with the student's parent(s).
5. South City Community School utilizes a broad curriculum that relies heavily on reading, discussion, and student interaction. We have found that for older elementary students our curriculum is most effective when the student is a curious and engaged learner who pursues and enjoys learning. Do you feel that this type of curriculum would be a good fit for this student?
6. Is there anything else you would like to share?

***Thank you for your time!***

Please return directly to:  
South City Community School  
4926 Reber Place  
St. Louis, MO 63139  
Ph. / Fax# 314.667.4311

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Physical Exam Form

Name of student \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Address \_\_\_\_\_

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

South City Community School requires **all new students** and those entering Kindergarten and Fourth Grade to receive a physical exam and provide immunization records. **This form needs to be completed by your child's physician and may be based on any physical exam / well child visit completed in the past 12 months from the date of completion.**

*According to Missouri law (Revised Statutes Section 167.181), all children enrolled in a public, private or parochial elementary or secondary school must be caught up on immunizations according to the immunization schedule set forth by the Missouri Department of Health and Senior Services, unless the physician provides a statement that the immunization is medically contraindicated or the parent/guardian completes an exemption form objecting to immunizations due to religious beliefs.*

**Please attach a copy of this child's immunization record.**

Physical Examination

Height \_\_\_\_\_ Weight \_\_\_\_\_

Normal Examination?

Yes  No If no, please specify: \_\_\_\_\_

Should physical activity be restricted?

Yes  No If yes, please specify: \_\_\_\_\_

Are there any physical, emotional, or mental conditions for which the child is under care?

Yes  No If yes, please specify: \_\_\_\_\_

Does this child have any allergies?

Yes  No If yes, please specify: \_\_\_\_\_

If yes, does this child have an Allergy Action Plan?  Yes  No **If yes, please attach.**

If yes, does this child have an EpiPen?  Yes  No **If yes, child must have one for school.**

Does this child have asthma?

Yes  No If yes, please describe: \_\_\_\_\_

If yes, does this child have an Asthma Action Plan?  Yes  No **If yes, please attach.**

If yes, does this child have an inhaler?  Yes  No **If yes, child must have one for school.**

Is the child currently taking medication?

Yes  No If yes, please specify: \_\_\_\_\_

**If yes, please provide prescription if medication is to be given daily during school hours.**

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date of Exam

**Please return directly to: SCCS / 4926 Reber Place, 63139 / Ph. / Fax# 314.667.4311**