

# STRATFORD CLASSICAL CHRISTIAN ACADEMY

41 Warwick Road  
Stratford, New Jersey 08084

## APPLICATION FOR HOMESCHOOLERS

Please complete and return to SCCA. A non-refundable application fee of \$50 per family must accompany your application. Final registration is not complete until all paperwork is submitted, the interview is completed, and the Parent Commitment has been signed. Please fill out legibly.

### I. STUDENT(S) APPLYING

Name \_\_\_\_\_ Grade for Next Year \_\_\_\_  
                    First                      Middle                      Last

Name \_\_\_\_\_ Grade for Next Year \_\_\_\_  
                    First                      Middle                      Last

Name \_\_\_\_\_ Grade for Next Year \_\_\_\_  
                    First                      Middle                      Last

Name \_\_\_\_\_ Grade for Next Year \_\_\_\_  
                    First                      Middle                      Last

Name \_\_\_\_\_ Grade for Next Year \_\_\_\_  
                    First                      Middle                      Last

### II. FAMILY INFORMATION

Father's Name: \_\_\_\_\_ Home (    ) \_\_\_\_\_  
                    First                      Middle                      Last

Home address: \_\_\_\_\_  
                    Street                      City                      State                      Zip

Father's Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Business: \_\_\_\_\_  
                    Street                      City                      State                      Zip

Marital Status: \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Single

Mother's Full Name: \_\_\_\_\_ Home (    ) \_\_\_\_\_  
                    First                      Last

Home address: \_\_\_\_\_  
                    Street                      City                      State                      Zip

Mother's Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Business: \_\_\_\_\_  
                    Street                      City                      State                      Zip

Marital Status: \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Single

If there are other children in your family who will not be attending SCCA, please complete the following:

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

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

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

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

Do you understand that SCCA is unable to admit students with severe learning disabilities due to lack of adequate staff, funding, and facilities and that children who have been diagnosed with lesser learning disabilities are required to meet the same academic and behavior standards as all other children in their grade level? Do you understand that SCCA will not administer drugs for learning disabilities? \_\_\_\_\_

### III. FAMILY PHILOSOPHY

What do you consider to be the three most important aspects of your child's education? Be specific.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

How long have you been homeschooling? \_\_\_\_\_

Briefly explain why you wish your child(ren) to enroll in classes at Stratford Classical Christian Academy.

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Do you have family prayer and Bible reading in your home?

\_\_\_\_\_ Almost daily \_\_\_\_\_ Several times a week \_\_\_\_\_ About once a week  
\_\_\_\_\_ Not at present

Do you discipline your children? Why or why not? If yes, please describe how you administer discipline.

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Do you read books to/with your child(ren)? \_\_\_\_\_ Most evenings \_\_\_\_\_  
Occasionally \_\_\_\_\_

\_\_\_\_\_ Used to \_\_\_\_\_ Never have

If applicable, name a book(s) you have read together in the last 3 months: \_\_\_\_\_

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We believe one of our greatest strengths is academic excellence. Our curriculum goals demand much effort from every student. If you found your child sinking academically, how would you respond?

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We have set guidelines for homework. They are based on what we believe are reasonable, necessary amounts for most students. How much time for homework is tolerable in your family?

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Students often find that high grades are harder to achieve at Stratford Classical Christian Academy. What part do grades play for you and your children? \_\_\_\_\_

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How did you find out about Stratford Classical Christian Academy? \_\_\_\_\_

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If you need more space to answer any of the above questions, please use additional pages and attach.

#### **IV. CHURCH INFORMATION**

Name of church father attends: \_\_\_\_\_ Pastor's name: \_\_\_\_\_

Church phone: ( ) \_\_\_\_\_ Member? \_\_\_\_ How often you attend: \_\_\_\_\_

Why you attend: \_\_\_\_\_

Church ministries in which you currently serve: \_\_\_\_\_

Name of church mother attends: \_\_\_\_\_ Pastor's name: \_\_\_\_\_

Church phone: ( ) \_\_\_\_\_ Member? \_\_\_\_ How often you attend: \_\_\_\_\_

Why you attend: \_\_\_\_\_



Does the student take medication regularly? \_\_\_\_\_ If yes, describe: \_\_\_\_\_

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Is there any further information which would be beneficial to more effectively teach your child?

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## PARENT STATEMENT OF AGREEMENT/COMMITMENT

In making application for my child(ren), I am expressing my intent to have my child(ren) complete the school year at Stratford Classical Christian Academy. Furthermore:

1. I have read and am committed to the stated mission of the school and its philosophy of education, and pledge my whole-hearted support to the programs and policies of SCCA as promulgated in the Parent-Student handbook. I understand that the faculty and administration of the school will seek to lead each student into a covenant relationship with Jesus Christ as Lord and Saviour and will instruct children in the Scriptures and in the Westminster Standards.
2. I understand that, if my child is accepted, the administration will take all responsibility for academic placement according to an assessment by SCCA. Other generally accepted educational standards might also be considered.
3. I agree to assume the responsibility for my child's education by providing my child with an adequate and regular time and place to study and supervising homework and working in cooperation with the teachers.
4. I acknowledge our God-given responsibility to discipline our children. When informed by the staff of behavioral infractions, I will properly discipline our child with the goal of ensuring that the infraction does not occur again.
5. I will handle all grievances in accordance with the principles outline in chapter eighteen of the gospel of Matthew. I will deal with the situation at its source. This usually means first speaking privately with the particular teacher or appropriate school staff member in a constructive and supportive attempt to get clarification or resolution. If honest attempts have been made and the issue remains unresolved, I will then speak to the appropriate administrator. If satisfaction is still not realized, I will bring the matter to the Board's attention by writing a letter to them through the Administrator.
6. I am responsible for the timely payment of all of my child's tuition, book and activity fees, and cost assessed for damage to books or school property by my child. I will pay tuition and activity fees as follows: First tuition payment with Book and Activity Fee is due June 1<sup>st</sup>, and each of the following months through March (total of 10 tuition payments plus Book and Activity fee). I understand that all report cards and transcripts may be withheld and enrollment refused, on all accounts, which are past due. (This applies differently to homeschoolers).
7. If I voluntarily withdraw my child from school, I am responsible for all bills presently due as of the withdrawal date. I will pay for the present month in full or receive a pro-rated refund of tuition if paid in full.
8. My child has permission to take part in all school activities including field trips and athletic events. Parents will be properly notified of off campus trips.
9. If, in the opinion of a properly qualified and practicing physician, my child needs medical or surgical services that require my consent before being supplied and I cannot be reached, I hereby authorize, appoint, and empower the Headmaster or his designee to furnish on my behalf such written or oral authorization as may be so required. Further, I release the Administrator or his designee, and SCCA, from any liability that might arise from the requesting of medical or surgical devices.
10. I understand that my child will not be admitted to class on the first day of school unless the proper forms, including immunization information, are on file in the school office.
11. I agree to support the school's rules, regulations, and policies. I understand that the school reserves the right to dismiss any student who does not respect its spiritual standards and does not cooperate with the educational process, or whose parents fail to do the same.
12. Should the time ever come that I can no longer endorse the above statements, I will discreetly and politely withdraw my child from SCCA by written notice to the Headmaster.
13. My signature below indicates that I have read, understand, and assent to this Parent Statement of Agreement/Commitment

Father Signature: \_\_\_\_\_

Mother Signature: \_\_\_\_\_

Date: \_\_\_\_\_