

Springvale Christian Academy

1700 Clark Drive

Telephone (513) 575-9104 Fax (513) 239-8114

Loveland, Ohio 45140

Email @ Springvale.christian@gmail.com

Re-Enrollment Application

Student's First Name	Student's Middle Name	Student's Last Name		
Student Goes by				
<input type="checkbox"/> Male <input type="checkbox"/> Female		Birth Date / /		
Address				
City	Zip			
Home Phone: _____	School District Lived In: _____			
Grade to Enter:	<input checked="" type="radio"/> 1st Grade	<input checked="" type="radio"/> 4th Grade	<input checked="" type="radio"/> 7th Grade	<input checked="" type="radio"/> 10th Grade
Preschool (3-4 year old):	<input checked="" type="radio"/> 2nd Grade	<input checked="" type="radio"/> 5th Grade	<input checked="" type="radio"/> 8th Grade	<input checked="" type="radio"/> 11th Grade
Kindergarten:	<input checked="" type="radio"/> 3rd Grade	<input checked="" type="radio"/> 6th Grade	<input checked="" type="radio"/> 9th Grade	<input checked="" type="radio"/> 12th Grade
<input type="checkbox"/> 5 Half Days				
<input type="checkbox"/> 5 Full Days				
<input type="checkbox"/> Half Day				
<input type="checkbox"/> Full Day				
Father's Name: First	Last	Father's Cell Phone ()		
Father's Email		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mother's Name: First	Last	Mother's Cell Phone ()		
Mother's Email		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Separated or Divorced?				
Financial Payment Information - Tuition Payment Plan				
<input type="checkbox"/> Pay in full by the first day of school				
<input type="checkbox"/> 10 Month Plan – Monthly Payments from August 1 to May 1				
Correspondence:				
Communication regarding financial issues, account statements, and invoices can be sent via e-mail or through the USPS mail. Please provide an e-mail address to receive information in the quickest manner. If an e-mail address is not provided here, financial correspondence will be sent via regular mail.				
Email information		Date		SCA 111