**Springvale Christian Academy**

1700 Clark Drive Telephone (513) 575-9104 Fax (513) 239-8114 Loveland, Ohio 45140

**New Student Enrollment Application**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| --- | --- | --- |
| Student’s First Name | Student’s Middle Name | Student’s Last Name |
|  | q Male q Female |  / / |
| Student Goes by | Gender | Birth Date |

AddressCity/Town Zip ( )Home Phone: School District Lived InGrade to Enter:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Preschool (3) Check Oneq 3 Half Days q3 Full Daysq 5 Half Days q5 Full Days | q 1st Grade | q 4th Grade | q 7th Grade | n 10th Grade |
| Preschool (4) Check Oneq 3 Half Days q3 Full Daysq 5 Half Days q5 Full Days  | q 2nd Grade | q 5th Grade | q 8th Grade | n 11th Grade |
| Kindergartenq Half Day q Full Day | q 3rd Grade | q 6th Grade | n 9th Grade | n 12th Grade |
|  |  |  | ( | ) |
| Father’s Name: First  |  | Last | Father’s Cell Phoneq Yes q No |
| Father’s Email |  |  | Employed? ( ) |
| Mother’s Name: First  |  | Last | Mother’s Cell Phoneq Yes q No |
| Mother’s Emailq Yes q No |  |  | Employed? |

Separated or Divorced?Financial Payment InformationTuition Payment Plan  q Pay in full by the first day of school q 10 Month Plan – Monthly Payments from August 1 to May 1 Financial Correspendence:Communication regarding financial issues, account statements, and invoices can be sent via e-mail or through the United States postal service. Please provide your 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. Financial Correspondence EmailEmail informationDate |

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