

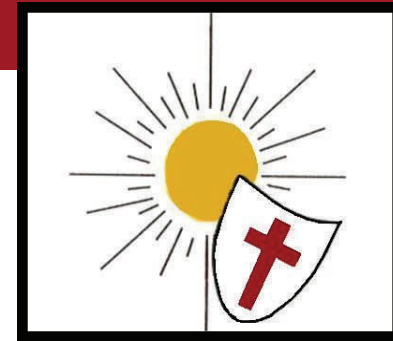


PSALM 84:11

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# STUDENT APPLICATION

SECONDARY



**SUN & SHIELD  
CHRISTIAN ACADEMY**

## STUDENT INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Last) (First) (Middle)  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Age \_\_\_\_\_ Sex \_\_\_\_\_ Last Grade Completed \_\_\_\_\_  
Birth Date \_\_\_\_\_ Birthplace \_\_\_\_\_  
School Last Attended \_\_\_\_\_  
City & State \_\_\_\_\_

## FAMILY INFORMATION

Father's Name \_\_\_\_\_  
Employment \_\_\_\_\_  
Position \_\_\_\_\_ Business Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Mother's Name \_\_\_\_\_  
Employment \_\_\_\_\_  
Position \_\_\_\_\_ Business Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
3rd Person/ Emergency Phone #: \_\_\_\_\_  
*Email Address* \_\_\_\_\_

Children in family of school age if not applying:

Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_

Reason they are not applying: \_\_\_\_\_  
\_\_\_\_\_

## GENERAL INFORMATION

How did you hear about this school? \_\_\_\_\_  
Reason for selecting this school? \_\_\_\_\_  
\_\_\_\_\_

## SCHOLASTIC INFORMATION

Has student ever been expelled, dismissed, suspended, or refused admission to another school? \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Has student ever had disciplinary difficulty at school? \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Does student have a juvenile or arrest record? \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Has student ever been retained? \_\_\_\_\_ If yes, please list the grade level(s): \_\_\_\_\_

Please indicate the academic strengths and weaknesses of the student:

Strengths \_\_\_\_\_

Weaknesses \_\_\_\_\_

## MEDICAL INFORMATION

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Does student have any physical disabilities or allergies? \_\_\_\_\_

Explain: \_\_\_\_\_

\* Prior to admission, a separate medical form must be completed, including all necessary immunizations required for school attendance.

## RELIGIOUS INFORMATION

Church Attending \_\_\_\_\_

Address \_\_\_\_\_

Pastor \_\_\_\_\_ Phone \_\_\_\_\_

Father: Christian? Yes \_\_\_\_\_ No \_\_\_\_\_

Mother: Christian? Yes \_\_\_\_\_ No \_\_\_\_\_

Has applicant ever made a profession of faith in Christ?

Yes \_\_\_\_\_ No \_\_\_\_\_