
Date received by SCHST

Fees received by SCHST

Scenic City High School Tutorial Admissions Application

Please mail completed form to
Scenic City High School Tutorial
P.O. Box 784
Signal Mountain, TN 37377

Non-Refundable Application Fee of \$50.00 must accompany this application.
Please note the student's name in the memo line on your check.

Application _____ school year

STUDENT INFORMATION

Name

LAST FIRST MIDDLE PREFERRED NAME

STREET APARTMENT

CITY STATE ZIP PHONE

DATE OF BIRTH AGE GRADE () Male () Female

Student lives with _____

Relationship _____ Phone (____) _____

FAMILY INFORMATION

Father's Name _____

Home Address _____

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

Place of Employment _____

Position _____ Email _____

Mother's Name _____

Home Address _____

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

Place of Employment _____

Position _____ Email _____

CHURCH INFORMATION

Church attending: _____ Member: ___ Yes ___ No

Please indicate your church involvement:

___ Active ___ Attend regularly ___ Attend occasionally ___ Attend rarely

Does the student attend Sunday School? _____ Regularly _____ Occasionally _____ Never

How did you hear about SCHST?

EDUCATION INFORMATION

Current or last school attended: _____

Address: _____

Phone: _____ Teacher(s): _____

Grades Attended: _____

Note: *Your signature on this application authorizes the SCHST Administrators to contact the student's teachers for additional information if necessary.*

Umbrella School _____

Has the student ever had discipline problems at school? _____ Yes _____ No

If yes, please explain: _____

Does your child have any learning deficiencies? _____ Yes _____ No

If yes, please explain so that we can better understand the student's needs. ***This information will be kept strictly confidential.***

Has the student ever had any childhood illness which might impair his/her learning or academic ability?

_____ Yes _____ No

If yes, please explain: _____

HEALTH INFORMATION

Any drug and other allergies? _____ Yes _____ No

If yes, please list: _____

Any prescribed medications? _____ Yes _____ No

If yes, please list: _____

Please list past medical history and/or other pertinent information you think SMCC should know:

Father's Signature _____

Date _____

Mother's Signature _____

Date _____

Guardian's Signature _____

Date _____