

\_\_\_\_\_  
Date received by SMCC

\_\_\_\_\_  
Fees received by SMCC

## Signal Mountain Christian Cooperative Admissions Application

Please email completed form along with a copy of the prospective student's birth certificate to [smchristianco@gmail.com](mailto:smchristianco@gmail.com) or mail to

Signal Mountain Christian Cooperative (SMCC)  
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 for Fall \_\_\_ Spring \_\_\_ of school year \_\_\_\_\_ applying for grade \_\_\_ 6th \_\_\_ 7th \_\_\_ 8th  
\_\_\_\_ Full Time (Monday – Thursday classes)  
\_\_\_\_ Part-Time\* (select one below)  
\_\_\_\_ Monday/Wednesday (Math, Enrichment, Science, Language Arts)  
\_\_\_\_ Tuesday/Thursday (History, Latin, Bible, Study Skills (6<sup>th</sup>))

\*Please note that part-time students will be required to attend all classes offered on selected days.

### **STUDENT INFORMATION**

Name

\_\_\_\_\_  
LAST FIRST MIDDLE PREFERRED NAME

\_\_\_\_\_  
STREET APARTMENT

\_\_\_\_\_  
CITY STATE ZIP PHONE

\_\_\_\_\_  
DATE OF BIRTH AGE ( ) 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 \_\_\_\_\_

Other children in the family:

NAME DATE OF BIRTH GRADE SCHOOL

NAME DATE OF BIRTH GRADE SCHOOL

NAME DATE OF BIRTH GRADE SCHOOL

**CHURCH INFORMATION**

Church attending: \_\_\_\_\_ Minister's name: \_\_\_\_\_

Member: \_\_\_ Yes \_\_\_ No

Please indicate your church involvement:

\_\_\_ Active \_\_\_ Attend regularly \_\_\_ Attend occasionally \_\_\_ Attend rarely

Does the student attend Sunday School? \_\_\_ Regularly \_\_\_ Occasionally \_\_\_ Never

**EDUCATION INFORMATION**

Current or last school attended: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Teacher(s): \_\_\_\_\_

Grades Attended: \_\_\_\_\_

***Note:** Your signature on this application authorizes the SMCC Administrators to contact the student's teachers for additional information if necessary. All students will be required to submit scores from standardized tests taken within the last school year. For those students without test scores, SMCC can administer achievement testing at the family's expense.*

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

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Learning Issues:**

Has the student ever received, or is he/she currently receiving counseling due to a personal/psychological problem or event?? If so, please explain so that we can better understand the student's needs.

\_\_\_\_\_

\_\_\_\_\_

Has the student ever been tested for or diagnosed with ADD/ADHD, processing issues, or a learning disability by a medical or educational professional, or received recommendations from a psychological assessment?

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

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If yes, SMCC must have a copy of the assessment.** Will you provide the material? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

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

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tell us about your child's temperament, interests, health concerns, etc...

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How did you hear about SMCC?

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What is it about SMCC that appeals to you?

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Why do you think SMCC will make a good choice for your child?

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**REFERENCES**

Please list two Christian adults that know you and the students well.

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

**TESTIMONY OF PARENTS (when you came to Christ and your faith walk)**

Father/Legal Guardian: \_\_\_\_\_

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Mother/Legal Guardian: \_\_\_\_\_

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Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_