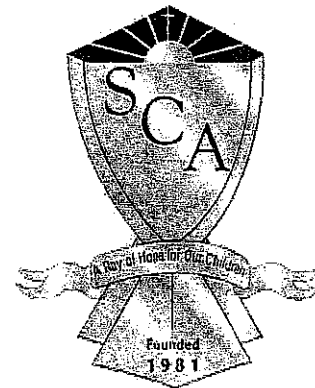


Renewal

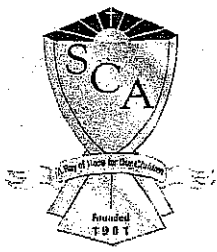


# SONSHINE CHRISTIAN ACADEMY ENROLLMENT APPLICATION

K-8th: 2020-2021 School Year

Please complete ALL documents pertaining to this packet, and  
contact SCA Office Staff with any questions at: (614) 291-6840 OR  
e-mail us at: [info@scaoh.us](mailto:info@scaoh.us).

Visit us on our website at: [WWW.SCAOH.US](http://WWW.SCAOH.US)



# SONSHINE CHRISTIAN ACADEMY

2177 Mock Rd. Columbus, OH 43219 · (614) 291-6840 · www.scaoh.us · info@scaoh.us  
Deborah A. Jackson, Founder · Dr. Davina Jackson Hicks, Principal · Carol Parron, Vice Principal

Dear Parents/Guardians,

Thank you for your interest in Sonshine Christian Academy. Sonshine (SCA) continues to offer Central Ohio scholars an outstanding Pre-K through 8<sup>th</sup> grade educational program. We trust that the information listed below will provide you with a clear overview of our enrollment process. We welcome you to ask questions, as we are more than happy to assist.

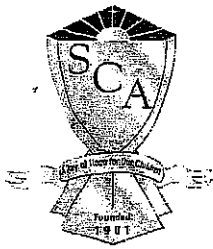
New Enrollees:

1. **Application**—you are required to complete all forms as promptly as possible to ensure your child's placement as class rosters are filled on a first-come, first-served basis. You will be required to pay a **\$75 non-refundable and non-transferrable Registration fee per household** at the time of Application submission of your application. Please make sure you have provided the SCA Main Office with all the paperwork listed in the attached New Student Enrollment Checklist.
2. **Admissions Interview**—Once your completed Enrollment Packet has been received by the SCA Main Office and reviewed by the Principal, you will be contacted to schedule an Admissions Interview which will require student assessment testing at the time of the interview. Both parents (if possible) must attend the interview. Following the review of your application, you will be notified of the Principal's enrollment decision.
3. **Parent/Student Orientation**—Following receipt of your Enrollment Fee, all families will be required to attend a mandatory Parent/Guardian and Student Orientation. You will be informed of the Orientation prior to the start of the school year.

We thank you for your interest in our program and look forward to meeting you. If you have any questions, please call the SCA office at (614) 291-6840.

Sincerely,

SCA Administrative Staff



# SONSHINE CHRISTIAN ACADEMY

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## New Student Enrollment Packet Checklist (K-8<sup>th</sup> Grade)

Student Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Please check to be sure that ALL of the following REQUIRED documents and fees are submitted to the SCA Administrative Offices prior to the beginning of school. Any missing fees and/or documentation will delay the processing time of your child's application.

### Required Documents and Records:

- Copy of student Birth Certificate
- Copy of student Social Security Card
- Current Immunization Record
- Dental Record (To be completed by child's Dentist)
- Pre-Kindergarten and Kindergarten Students ONLY: Current Medical Exam Record (Form included to be completed by a Health Care Provider)

### Required Applications, Contracts, and Forms:

- Enrollment Application
- Emergency Contact Information and Transportation Release Form
- Tuition and Fees Contract (signatures needed)
- Credit Card Pre-Authorization Form
- EdChoice Scholarship Renewal or New Application (if applicable) along with the following:
  - Proof of Address (Utility Bill or Notarized Statement)
  - Income Verification Application
  - Proof of Income (4 current pay stubs or W-2's, food stamps, child support, Social Sec)
- USDA (Free/Reduced Breakfast and Lunch) Application
- Student Medical Records Form (to be completed by Parent/Guardian)
- Student School Record Release Form
- Columbus City School Transportation and Student Walk-Home Permission Acknowledgment
- After School Program Contract (signatures needed)—Title XX is Accepted
- Attendance & Behavior Contract (signatures needed)

### Additional Information & Next-Steps for Enrollment:

- Admissions Interview/Testing (Schedule a Meeting with SCA Administration for Interview)
- Parent/Teacher Orientation (Request date, time, and location from SCA Office Staff)
- School Attendance (Ohio Truancy Law—informational packet is available for your review)
- \$75 Non-Refundable Application Fee per household**



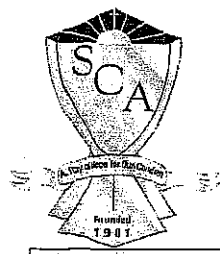
# 2020-2021 SCA ENROLLMENT APPLICATION

Application Submission Date: \_\_\_\_\_

A non-refundable Registration Fee of \$75 per household is due at the time of submission. Fee is due at the time of Submission and if your student is an EdChoice Scholarship recipient, the renewal form must accompany this Application form.

Check next to the grade your child *will be* entering: PreK-3 PreK-4 Kindergarten 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup>

General Student Information				
Last Name		First Name		Middle initial
Street Address		City	State	Zip Code
Home Phone #1	Home Phone #2	Student Birthdate	Student's Social Security Number	
Is the student a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, what is the student's country of citizenship?)				
If not a U.S. Citizen, does the student intend to become one? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please leave blank if student is currently a U.S. Citizen)				
Student Resides with: <input type="checkbox"/> Father & Mother <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other (If other, please state name and relationship):				
Race/Ethnicity (optional information): <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi-Racial <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islanders <input type="checkbox"/> Other				
Parent/Guardian Information				
Parent/Guardian Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single				
Fathers Last Name		Fathers First Name		Fathers Cell Phone
Fathers E-mail Address		Fathers Employer		Fathers Business Phone
Mothers Last Name		Mothers First Name		Mother Cell Phone
Mother E-mail Address		Mother Employer		Mother Business Phone
Guardians Last Name		Guardians First Name		Guardians Cell Phone
Guardians E-mail Address		Guardians Employer		Guardians Business Phone
Is either parent or guardian SCA Alumni? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, indicate responses below): <input type="checkbox"/> Father, SCA Graduating Class of _____ <input type="checkbox"/> Mother, SCA Graduating Class of _____ <input type="checkbox"/> Guardian, SCA Graduating Class of _____				



# 2020-2021 SCA ENROLLMENT APPLICATION

### Sibling Information (If applicable, please list names and ages of siblings below)

Name	Age	Currently Enrolled at Sonshine? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Age	Currently Enrolled at Sonshine? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Age	Currently Enrolled at Sonshine? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Age	Currently Enrolled at Sonshine? <input type="checkbox"/> Yes <input type="checkbox"/> No

Are you applying for other siblings at this time? Yes No (If no, please explain):

### Student Educational Background

Name of Last School or Daycare Attended	School Phone Number	Grade/Year(s) Attended
1.		
Name of All Previous Schools and/or Daycares Attended	School Phone Number	Grade/Year(s) Attended
2.		
3.		

Has the student ever attended Sonshine Christian Academy? Yes No (If Yes, please indicate years/grades attended):

Has the student ever repeated any grade(s)? Yes No (If Yes, please indicate grades repeated):

Has the student experienced disciplinary difficulty resulting in suspension, probation, or expulsion? Yes No (If Yes, please explain):

Has the student exhibited any developmental challenges which may affect his/her activities or academic progress that should be known by his/her teacher? Yes No (If Yes, please explain):

### Family Church Affiliation

Name of Current Church Attending	Faith Affiliation: <input type="checkbox"/> Baptist <input type="checkbox"/> Catholic <input type="checkbox"/> Lutheran <input type="checkbox"/> Methodist <input type="checkbox"/> Pentecostal <input type="checkbox"/> Non-Denominational <input type="checkbox"/> Other:	Pastor's Name:
Church Address	City	State
		Zip Code

Church Attendance: Regular Seldom

Please list any church responsibilities your child holds at church:

Before signing this document, verify that the content you are signing is correct:

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

# 2020-2021 SONSHINE CHRISTIAN ACADEMY EMERGENCY CONTACT INFORMATION & TRANSPORTATION RELEASE FORM

To better ensure the safety of our students, we need to document the names of persons to contact if you cannot be reached in cases of emergency and persons to whom your child may be released for transportation or other reasons. We must know who you rely on (relatives and friends) to help transport your child to and from school in order to effectively identify them upon their arrival to the building. You should notify the school if someone other than yourself will be transporting your child. The office staff will then verify that individual after obtaining a copy of their Photo ID.

## EMERGENCY CONTACT INFORMATION

Please list a Minimum of 3, a maximum of 5, names and phone numbers for the SCA Office Staff to use if parent/guardian may not be reached in cases of an emergency:

	Printed Emergency Contact First and Last name	Relationship to Student	Cell Phone	Work Phone
1				
2				
3				
4				
5				

## TRANSPORTATION RELEASE

Please list a Minimum of 3, a maximum of 5, names and contact information of people you have permitted to pick-up or drop-off the student for transportation reasons:

	Printed First and Last name of Permitted Adult	Relationship to Student	Driver's License or State ID Number	Current Address
1				
2				
3				
4				
5				

By signing this form, you agree for Sonshine Christian Academy to contact the individuals listed under the Emergency portion of this document for the expressed purpose of contacting the student's family in the event you are unavailable. Additionally, by signing this form, you authorize written consent for your child to be released upon your inability to provide transportation for your child. Your signature below signifies your understanding that each of that above-mentioned persons listed under the Transportation Release portion will need to provide a copy of their Photo Identification (Drivers License or State ID) before the school may release child to authorized adult.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# 2020-2021 SONSHINE CHRISTIAN ACADEMY TUITION AND FEES CONTRACT

## YEARLY REGISTRATION FEE & TUITION COST AT SCA

All Students	Registration Fee: \$75: non-refundable Registration Fee per Household	
Students	Yearly Tuition Cost	Private Tuition Payment Plan (10 Month Plan)
PreK-3 & PreK-4	\$4,375.00	\$437.50 (September – July)
Kindergarten-8 <sup>th</sup>	\$4,775.00	\$477.50 (September – July)

Please indicate how you plan to pay for your child's tuition, selecting from one of our payment methods listed below:

- |   |  |
|---|--|
| <input type="checkbox"/> Private Pay—10 Month Plan            | <input type="checkbox"/> Title XX (PreK & After School Program Only) |
| <input type="checkbox"/> Ohio EdChoice (District) Scholarship | <input type="checkbox"/> PreK ECE Grant (12.5 hours weekly only)     |
| <input type="checkbox"/> Ohio EdChoice Expansion Scholarship  |  |

### DESCRIPTIONS OF METHODS OF PAYMENT

**EdChoice Scholarship:** if your child resides in one of the Columbus Public School Districts that have been determined as "low/underperforming," you may apply for the EdChoice District Scholarship to cover the majority SCA tuition cost. If you qualify, and become approved for this scholarship, you will only be responsible for paying a remaining \$125 to cover the full cost of your child's yearly tuition amount. The \$125 remaining balance will be waived if family income falls at or below 200% of the federal poverty level.

**EdChoice Expansion Scholarship:** is an income-based program. It offers private school scholarships to students whose families have a lower income. If you qualify, and become approved for this scholarship, you will not be responsible for paying any remaining amounts for your child's yearly tuition amount.

Please Note: You must meet the State of Ohio criteria to qualify for the Ohio EdChoice Scholarship. Students must first be accepted at Sonshine Christian Academy for the current school year before applying for the scholarship. Applications for the EdChoice Scholarship for the next school year will be accepted starting February 1<sup>st</sup>. Scholarships will be awarded in July. For more information regarding the Ohio EdChoice Scholarship Program, please visit the web at [edchoice@ode.state.oh.us](mailto:edchoice@ode.state.oh.us), or call 1-877-OHIOEDU (toll Free). You may also contact our school's main office at: (614) 291-6840.

**Title XX:** Franklin County Department of Job and Family Services (FCDJFS) determines eligibility for the Publicly Funded child Care (PFCC) Program which helps eligible families pay for child care services for children under the age of 13 and children with disabilities up to the age of 18. Applicants may be required to pay a co-payment based on gross monthly income and family size. Call (614) 233-2749 to apply for Title XX, or e-mail FCDJFS at: [franklincountychildcare@fcdjfs.franklincountyohio.gov](mailto:franklincountychildcare@fcdjfs.franklincountyohio.gov), as Sonshine Christian Academy accepts Title XX for our PreK and After School Programs.

**ECE Grant:** The Early Childhood Education Grant is used to provide preschool to economically disadvantaged children of up to \$4,000 per child. Children are eligible for this program if they are at least 4-years old and the family income falls at or below 200% of the federal poverty level. s an income-based program. It offers private school scholarships to students whose families have a lower income. **ECE Grant Recipients may also receive other funding sources, including Title XX to extend beyond the required 12.5 hours per week.**

### REGISTRATION FEE & TUITION CONTRACT AGREEMENT

**CONTRACT NOTES:** You will be charged a \$30 fee for any checks returned to SCA for insufficient funds. Registration fees are non-refundable and non-transferrable. Your signature below is indicative of your agreement to comply with the mandates of this contract.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

EDCHOICE SCHOLARSHIP PROGRAM 2020-2021 RENEWAL FORM

\*\*\*Please use Birth Certificate for student data\*\*\*

STUDENT INFORMATION

NAME: FIRST MIDDLE LAST

DATE OF BIRTH: GENDER: MALE FEMALE

GRADE STUDENT WAS IN ON JANUARY 1, 2020:

SCHOOL CURRENTLY ATTENDING?

WHAT SCHOOL DISTRICT DO YOU LIVE IN?

WAS YOUR STUDENT ACCEPTED FOR ENROLLMENT? PLEASE CHECK ONE YES NO

ARE THERE ANY SIBLINGS ATTENDING THIS SCHOOL? IF YES, PLEASE LIST HERE:

Guardian Signing Scholarship Checks

I am the (check one)

- Natural Parent
Adoptive Parent
Residential Parent

- Legal Custodian (court documents required)
Guardian of student applying for scholarship funds
Student is at least eighteen years of age

PRIMARY GUARDIAN

NAME: FIRST MIDDLE LAST

DATE OF BIRTH: SSN# LAST FOUR DIGITS:

PHYSICAL ADDRESS:

CITY, STATE, ZIP: COUNTY:

PHONE: E-MAIL:

RELATIONSHIP TO STUDENT:

SECONDARY GUARDIAN

NAME: FIRST MIDDLE LAST

DATE OF BIRTH: SSN# LAST FOUR DIGITS:

PHYSICAL ADDRESS:

CITY, STATE, ZIP:

PHONE: E-MAIL:

RELATIONSHIP TO STUDENT:



**EDCHOICE SCHOLARSHIP PROGRAM 2020-2021 RENEWAL FORM**

Please review the list below for acceptable forms of address proof.

ADDRESS VERIFICATION

Proof of residency is required of all first-year and renewal applicants and must be submitted to the school with the application. Parents/Guardians must document residency by providing the school with a current (less than 3 months old) utility bill. The utility bill **MUST SHOW MATCHING SERVICE AND MAILING ADDRESS** in the name of the Parent/Guardian. Post office boxes and Cell Phone Bills have no Service Address and therefore are not accepted.

Acceptable Utilities (Must show matching Mailing and Service Address): Electric, Gas, Water, Sewer, Cable/Internet.  
Other Acceptable Documents: Monthly mortgage statement and Lease/rental agreement (signed) and one (1) other official document with parent's name and address. Additional information can be found on the scholarship webpage.

INCOME VERIFICATION

**EXPANSION APPLICANTS: INCOME VERIFICATION MUST BE COMPLETED TO QUALIFY FOR THE EXPANSION SCHOLARSHIP THROUGH EDCHOICE**

By checking below you are indicating you will complete the income verification process. Please obtain the Income Verification form from the school **OR** from the EdChoice web site: <http://education.ohio.gov/edchoice>

- YES, I believe that I qualify for low income status. I will submit a completed Income Verification Form and supporting documents to the EdChoice Office listed on the form.
- NO, I am not interested in applying for low income status. I either: 1) do not qualify for low income status or 2) do not want my income verified by the program.

**2020-2021 EDCHOICE PARENT AGREEMENT**

(parent name)

agree to the following:

- \* The information provided in this application is true and correct.
- \* I have supplied the chartered nonpublic school with a certified copy of the student's birth certificate, copies of all custody/guardianship documentation for the student, and proof of my address.
- \* I have submitted only one EdChoice Scholarship application for the student.  
The scholarship amount shall only be applied to the tuition of the enrolling school and I may be required to pay other fees and costs as prescribed by the policies of the school.
- \* I will sign all scholarship checks received by the private school for my student in a timely manner. I understand that if I fail to endorse the scholarship checks to the school, I will be responsible for paying the student's tuition.
- \* If I transfer my scholarship to another participating chartered nonpublic school, I will notify the school of my intent to withdraw and I will return to the original school to sign any remaining checks.
- \* I will apply for any and all financial aid or tuition discounts and adjustments made regularly available to the students attending the school in which the student is accepted for enrollment.
- \* I will abide by the Ohio Department of Education (ODE) dispute resolution process outlined in Ohio Administrative Code Section 3301-11-14.
- \* If I am not a low income parent or did not complete the income verification process, I will be responsible for paying any difference between the scholarship amount and the tuition of the chartered nonpublic school.
- \* I must inform ODE and the chartered nonpublic school of any change in the student's residential address or custody status.
- \* I will not be able to renew my child's scholarship if: our family has moved to another city school district and our new neighborhood public school is not a designated EdChoice school, my child fails to take each state achievement test required for his/her grade level, my child has more than twenty unexcused absences during the school year, or I fail to complete the renewal process. If my child has received an EdChoice Expansion Scholarship I must maintain Ohio residency and verify my income annually.
- \* I have received and understand the policy handbook of the chartered nonpublic school and will abide by its provisions.
- \* I understand that if my child's scholarship has been awarded in error, it will be terminated immediately and I would then be responsible for paying the tuition if I decide to keep my child at the private school.

I designate:

name of school

to submit an application on my behalf for the Scholarship Program through the Ohio Department of Education electronic application system.

**BY SIGNING BELOW I AGREE TO ALL THE ABOVE STATEMENTS**

Signature of Legal Guardian Signing the Tuition Check:

Date:

**PLEASE ATTACH A CURRENT UTILITY BILL AND RETURN TO YOUR PRIVATE SCHOOL BY April 15, 2020.**

