



SONSHINE CHRISTIAN ACADEMY ENROLLMENT APPLICATION

PreK 2022-2023 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.
Visit us on our website at: WWW.SCAOH.US

Mrs. Nadia Reed, Principal · Dr. Davina Jackson Hicks, Superintendent
Posthumous Emeritus Founder & Principal, Deborah A. Jackson

Campus I: 980 Lenore Ave. Columbus, OH 43224 · **Campus II:** 1763 Cleveland Ave. Columbus, OH 43211
E-mail: info@scaoh.us · **Phone:** 614-291-6840 · **Fax:** 614-291-6841 · **Website:** www.scaoh.us

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 8th 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 **\$100 non-refundable and non-transferrable Application Processing 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 Application Processing 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

New Student Enrollment Packet Checklist (Pre-K)

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)

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
- Early Childhood Education Eligibility Form (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)
- Pre-Kindergarten and Kindergarten Students ONLY: Current Medical Exam Record (Form included to be completed by a Health Care Provider)
 - Immunization Record OR Immunization Exemption Form
- Pre-Kindergarten Roster Distribution List Authorization Form (PreK ONLY)
- SCA Shuttle Bus Consent Form
- SCA Shuttle Bus Request Form
- Attendance & Behavior Contract (signatures needed)
- School Uniform Contract & Order Form

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)
- \$100 Non-Refundable Application Fee per household, along with a \$50 Enrollment & Supply Fee**

Application Submission Date: _____

A non-refundable Application Processing Fee of **\$100 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 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th

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 _____			
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please indicate years/grades attended):			
Has the student ever repeated any grade(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please indicate grades repeated):			
Has the student experienced disciplinary difficulty resulting in suspension, probation, or expulsion? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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
Church Attendance: <input type="checkbox"/> Regular <input type="checkbox"/> 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

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

Credit/Debit Card Pre-Authorization Form

Please NOTE: All payments are due by the 15th of each month.

I, _____ (Print Name), give Sonshine Christian Academy permission to charge my Credit/Debit card for the amount of charges incurred throughout the 2022-2023 school year upon my verbal consent. I understand that balances incurred are due on or before the 15th of each month.

Card Holder Name (as it appears on Card)	
Card Number	Card Expiration Date (MM/YY)
3 Digit Security Code from the back of the card	
Billing Address of Card Holder	Billing City, State, Zip

The following are item categories that may be incurred on my monthly statement, of which you may pay with the use of your Credit/Debit Card information that we will keep on file for the duration of the school year:

Registration Fee	Private Pay Tuition	EdChoice Co-Payments	Title XX Co-Payments
Breakfast/Lunch Meals	Shuttle Bus Transportation Fees	Basketball Fees	Cheerleading Fees
Dress Down Day Fundraiser	Return Check NSF Processing Fee	SCA T-shirt/Hoodie Orders	Other: orders, field trip amounts, etc...

By signing below, I authorize Sonshine Christian Academy to use my Credit/Debit Card information to apply payment toward my child's school fees:

Parent/Guardian Signature

Date

MEDICAL RECORDS FORM

Student Name: _____

Date of Birth: _____ Male/Female: _____ Parent/Guardian Phone Number: _____

Please meet with the school nurse if the student has health needs.			
Check yes or no, if yes—please complete the section related to the response.			
TB	Was the student born OUTSIDE of the US? If Yes, in what country? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Has the student been in the US for ≥ 5 years? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Has the student traveled outside of the US for ≥ 60 consecutive days? If yes, to what country? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Development	Any health problems during pregnancy or birth of this child? Birth weight? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Was the child born premature (early)? How many weeks? _____ Newborn health problems: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Does this child have development delays? Current problems with: <input type="checkbox"/> Sitting Up <input type="checkbox"/> Walking <input type="checkbox"/> Toilet training <input type="checkbox"/> Speaking <input type="checkbox"/> Other Problems or concerns: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Allergies	Medicine Allergy _____ Describe reaction: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Food Allergy _____ Describe reaction: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Bee/Wasp Allergy _____ Describe reaction: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Other Allergy _____ Describe reaction: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Will this child need an EPI-PEN or other allergy medicine at school?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Health Conditions	Check ALL that apply to this child: <input type="checkbox"/> Asthma <input type="checkbox"/> Behavior Concerns <input type="checkbox"/> Hearing Problems: _____ <input type="checkbox"/> ADHD/ADD <input type="checkbox"/> Seizures or epilepsy <input type="checkbox"/> Tubes in ears <input type="checkbox"/> Hearing device <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart problems <input type="checkbox"/> Vision Problems: _____ <input type="checkbox"/> Headaches <input type="checkbox"/> Sickle Cell: <input type="checkbox"/> disease / <input type="checkbox"/> trait <input type="checkbox"/> Learning difficulties, describe: _____ <input type="checkbox"/> Mental health concerns, depression, anxiety: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Meds	Does this child take medications at home every day? (Please list the medications at the bottom of the form)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Will this child need medications at school?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Health History	Has this child ever had Chickenpox? <input type="checkbox"/> YES—Date: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Has this child ever had surgery? Explain: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Has this child been to the hospital or gone unconscious after a head injury or concussion?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Does this child need a special diet? If yes, what kind? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Does this child use glasses, hearing aids, walker, leg braces, wheelchair, catheter, feeding tube, or other adaptive devices? (Please circle which ones)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Please add details from above: Medications, other concerns about the child's health, development, behavior, family, or home life here:			

Completed by: _____ Relationship to Student: _____ Date: _____

Immunization Exemption Form

Ohio Revised Code 3313.671

Part 4: A pupil who presents a written statement of his parent or guardian in which the parent or guardian objects to the immunization for good cause, including religious convictions, is not required to be immunized.

Part 5: A child whose physician certifies in writing that such an immunization against any disease is medically contraindicated is not required to be immunized against that disease. This section does not limit or impair the right of a board of education of a city, exempted village, or local school district to make and enforce rules to secure immunization against poliomyelitis, rubeola, rubella, diphtheria, pertussis, hepatitis B, haemophilis influenza type b (Hib), varicella, acellular pertussis (Tdap) and tetanus of pupils under its jurisdiction.

I, the parent or guardian of _____, date of birth _____ hereby object to the following immunizations:

- | | |
|--|--|
| <input type="checkbox"/> Haempohilius influenza type b (Hib)
<input type="checkbox"/> Diphtheria, tetanus, pertussis (DTaP or Tdap)
<input type="checkbox"/> Meningococcal
<input type="checkbox"/> Varicella (chicken pox) | <input type="checkbox"/> Hepatitis B
<input type="checkbox"/> MMR
<input type="checkbox"/> Polio
<input type="checkbox"/> Other _____ |
|--|--|

Reason:

- Medical Reason: **You must have a signed statement from your child's physician stating the condition and attach it to this form.**
- Religious
- Good Cause (Please explain) _____

I further understand that during the course of an outbreak of any of the aforementioned vaccine preventable diseases, that **my student named here is subject to exclusion from school for the duration of the outbreak and the Sonshine Christian Academy will not be responsible for providing my child a home tutor.** This action is necessary not only to protect this student, but the remainder of the students and staff of the school.

I also understand that Columbus City Schools will not be held liable in the event that my child becomes ill as a result of an exposure at school, to any of the aforementioned vaccine preventable diseases or any other contagious diseases.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Address: _____

Pre-Kindergarten Roster Distribution List Authorization Form (PreK ONLY)

SCA Shuttle Bus Consent Form

Courtesy Shuttle Bus Service:

Because we have two campuses this year, Sonshine Christian Academy is committed to providing shuttle ~~services~~ for free. If you live closer to either campus, you may drop-off your child from the nearest SCA campus if you do so **between 7:10-7:25AM in the morning**. If your child attends the NJCM Campus and is not picked-up **by 3:00 PM, all students will be shuttled to the Lenore Ave. campus.**

This form is to be filled out and signed by parent/guardian before a child may ride the SCA shuttle buses throughout the school year. Shuttle Buses are used to transport students between our two campuses, along with transporting students to various field trips throughout the year.

Please Print the Following:

Please list all children of your household who have your permission to be transported to and from the Sonshine Christian Academy school campuses.

Please Print Your CHILD(REN)'S Name and Relationship to You:						
First	Last	Son	Daughter	Other	Age	Grade

Transportation Permission: I hereby give my permission for all the children listed above to ride the Sonshine Christian Academy shuttle buses. I understand that my children will always be under adult supervision by a licensed Sonshine Christian Academy staff member. I authorize the staff to administer emergency medical assistance if I cannot be reached.

Parent/Guardian Signature: _____ Date: _____

Sonshine Christian Academy is committed to the mandate that Jesus issued His disciples to *permit the children to come unto me, and do not hinder them! For the kingdom of heaven belongs to such as these (Matthew 19:14, KJV)*. To support this mission, Sonshine Christian Academy offers all enrolled children a transportation process to assist in the safe pick-up and drop-off efforts during the 2022-23 school year. Columbus City Schools (CCS) transportation routes and schedules are still available for our families to use throughout the year, but depending on the changes CCS makes, due to the COVID-19 pandemic, they may or may not be consistently available throughout the school year. As a result, we have developed a system to accommodate our families for a five-day school week. To receive AM, PM, or both AM and PM transportation services, please complete the following application, and sign the liability waiver to get on our bus route (next page).

AM/PM SCA Shuttle Bus Request Form

To receive AM, PM, or both AM and PM transportation services, an application, and a liability waiver must be signed (call the school office to confirm your route prior to the start of school).

Please review the following price points:

Prices within a 15-mile radius of the schools NJCM Campus:

	AM or PM ONLY Rate	Daily AM & PM Rate	Weekly Rate	Monthly Rate
Single Child Rate	\$3	\$6	\$25	\$95
Family Rate	\$5	\$8	\$40	\$150

Any child living beyond the 15-mile radius from the school, may call the school for a pick-up/drop-off location within the 15-mile radius, or may pay double the listed price amounts for curbside pick-up/drop-off.

Please select which SCA Shuttle Bus Service you are requesting:

Single Child Rate | **Family Rate** || **AM Only** **PM Only** **Both AM and PM**

Child Name 1		AM Pick-up Address:
Child Name 2		
Child Name 3		PM Drop-off Address:
Child Name 4		
Child Name 5		Emergency Contact #

I, _____ (Printed Parent/Guardian Name), give my permission for my child(ren) to ride the SCA Shuttle bus to and from school. I understand that riding in a vehicle is a potentially dangerous activity. I understand that the vehicle may need to stop suddenly and without warning. Riding without a seatbelt, standing, and walking in a moving vehicle is inherently dangerous. I understand that the school does not permit children to ride the bus without a safety belt and does not condone eating or drinking on the bus. I assume all risks associated with my child's riding the bus, as well as all risk of loss, theft, or damage of personal property while using or present on the shuttle bus. I will not bring any action against the Sonshine Christian Academy, its employees, agents, successors and/or assigns, for personal injury, property loss, or property damage, including any action for negligence, breach of school policy, products liability, or strict liability, and hereby waive, on my child's behalf and on behalf of my successors and/or assigns, the right to bring such action. This release does not apply to injuries caused by intentional or reckless misconduct of the Sonshine Christian Academy personnel. All riders must be at least 3 years of age. Inappropriate behavior includes but is not limited to eating and drinking on the bus, profanity, cellphone usage, excessive noise/screaming, violence or threats or violence, or any other behavior deemed to be inappropriate.

Parent/Guardian Signature: _____ Date: _____

Attendance & Behavior Contract

Attendance:

Attendance is an essential component to the academic success of each student. As a result of the Ohio Truancy Laws, we must track student's attendance by hours. Once a student reaches **20** unexcused days of school time (from excessive tardiness and/or absences), we must notify both Parent/Guardian and Ohio Truancy Officers to maintain our compliance with the State of Ohio educational ordinances.

Behavior & Consequences:

We at Sonshine Christian Academy have a behavioral points system with rewards, and the option of corporal punishment as an alternative to suspensions going into the student's permanent file.

Points	Consequences
1-5	No Intervention
6	Loss of Recess
7	Phone call to Parent/Guardian, Loss of Recess, and 1 Day in-school suspension.
8	Phone call to Parent/Guardian, Loss of Recess, and 2 Day in-school suspension.
9-11	Phone call to Parent/Guardian, Loss of Recess, and 3 Days in-school suspension (with home suspension intent letter).
12	Phone call to Parent/Guardian and Automatic 3 day at-home suspension.

Discipline Points will be restored/reset to zero twice each month: the 15th and 30th (28th in February).

However, some actions by the student will result in immediate consequence to maintain the safety and integrity of the school. Please review the schedule of disciplinary consequences/interventions with corresponding points:

Students entering a new grading period after having already served a five (5) day suspension will be subject to the following consequences upon a new offense: 1. Ten (10) days out of school suspension; 2. Fifteen (15) days out of school suspension (with Expulsion Intent Letter); 3. Expulsion at the next offense. Sonshine is committed to the Christian growth and development of your child. As a result, we reserve the right to discipline each child with verbal and written warnings with the following methods: Classroom Accommodations; Behavioral Interventions; Parent/Teacher Conferences; and Psychological Referrals (if requested).

By signing this document, you acknowledge your understanding of the Sonshine Christian Academy Attendance and Behavior with Consequences policy:

Parent/Guardian Signature

Date

SCHOOL UNIFORM CONTRACT & ORDER FORM

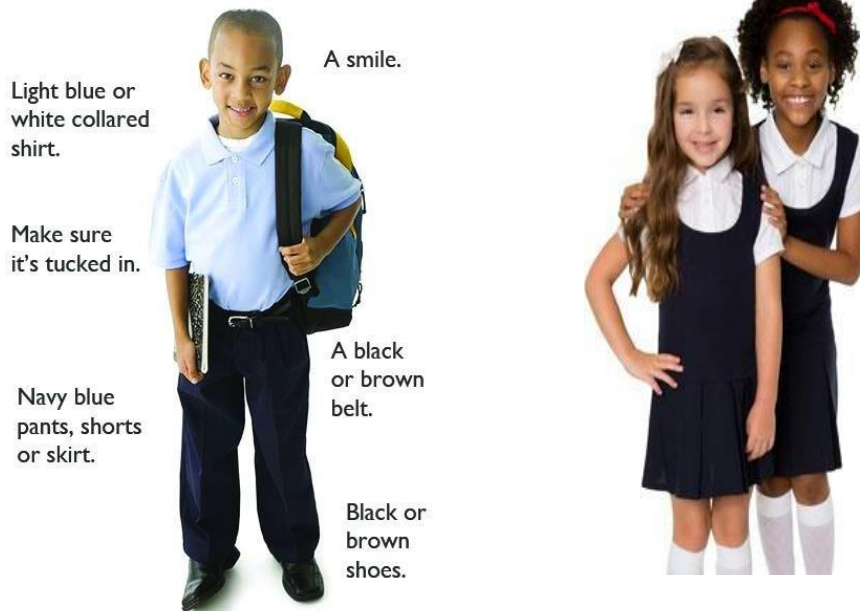
Purpose: The purpose of having a dress code is to eliminate all learning distractions

related to student attire while at school. It is the policy of the school to enforce the following dress code to include all students (Prekindergarten through 9th grades) attending the Sonshine Christian Academy:

Tops	White, Blue, or Yellow (dark or pastel colors are acceptable-no logos).	Clean and Pressed: Blouses, Collared, and Polo shirts are acceptable.
Bottoms	Navy Blue or Beige-Khaki colors ONLY.	Clean and Pressed: Khaki pants (ankle length), Khaki Shorts, jumpers/skirts (knee-length) are acceptable. No leggings/jeggings, or form fitting pants are allowed.
Socks	Solid: black, blue, brown, or white. Stockings or tights are permitted to be worn underneath a jumper or skirt.	No Pattern Socks permitted to be worn with school uniform.
Shoes	SOLID: black, brown, or white colors with black, brown, or white shoestrings ONLY.	Loafers, Tennis shoes, Boots are acceptable (no sandals or slip-on shoes with school uniform).
Accessories: cellphones, bags, belts, and ties.	All boys, grades 5 th -10 th , must wear a navy-blue tie with a belt (navy blue, black or brown) with school uniform.	All students must keep their personal bags (and purses) in their lockers, and cellphones turned into their homeroom teacher during school hours.
Jewelry	Girls: No earrings touching the shoulder.	Boys: No earrings.
Hair	The following colors are allowed: natural hair colors ONLY (black, brown, etc.).	
Nails	All students need to keep their hands clean and groomed.	Please follow the hair color guidelines for nail polish color choices.
NOT Permitted on Premises: ABSOLUTELY NO SAGGING! Did you know that the word Saggin spelled backwards is Niggas? ALL parents and friends, please do not come on our premises with sagging pants to reinforce the message of hope and excellence that we want our children to see.	ONLY SCA Hoodies and navy-blue sweaters allowed. NO Spaghetti straps; no shorts 2 inches above the knee; no hats, no slogans with profanity; no graphics and logos promoting racism; sexism; drug use, and other derogatory paraphernalia.	No Sagging, no crocks; no satin caps, headscarves, bandanas, bonnets nor du-rags should be worn with school uniform. Additionally, no leggings, jeggings, pajamas, or form-fitting pants of any kind.

The Sonshine Christian Academy Uniform guidelines may be amended with recommendations provided by administration and the Board of Trustees. It is the policy of our school that Faculty and Staff model these rules to make for a more connected community of intelligent thinkers. Feel free to contact any member of administration for questions regarding the implantation of this Uniform Policy. Please review the following illustrations of what acceptable attire at Sonshine Christian Academy consists of:

I'm Ready to Learn!



Dress Down Day Rules: No halter-tops, no ripped or frayed jeans, no spaghetti strapped tops, no see-through yoga pants, pajamas, no derogatory or offensive printed t-shirts. Absolutely NO sagging.

Gym Day Uniforms: SCA Gym t-shirts with solid navy-blue sweatpants. Solid navy-blue t-shirts, without any logos, are acceptable. Black or White tennis shoes may be worn during gym.

Cold/Winter Days: No coats or jackets allowed to be worn. Sonshine Christian Academy hoodies and sweatshirts may be worn. Order forms for year-round submission may be obtained from the front office (also attached to this application form).

Please provide the T-Shirt size of your child(ren) in the box below, as the \$50 enrollment fee includes a school P.E. shirt, along with several learning supplies, by circling the correct sizes below:

Child Name(s)	Size	Youth XS; Youth Small; Youth Medium; Adult Small; Adult Medium; Adult Large; Adult XL; Adult 2XL; Adult 3XL, Adult 4XL, Adult 5XL

By signing this document, you acknowledge your understanding of the SCA Uniform policy:

Parent/Guardian Signature

Date



SONSHINE CHRISTIAN ACADEMY

Campus I: 980 Lenore Ave. Columbus, OH 43224 · **Campus II:** 1763 Cleveland Ave. Columbus, OH 43211
 (614) 291-6840 · www.scaoh.us · info@scaoh.us
 Posthumous Emeritus Founder & Principal, Deborah A. Jackson

SCA Paraphernalia Order Form

Pricing & Sizing Chart Below:

SCA Masks:	Youth or Adult general sizes = \$10 each	
SCA Polo Shirts:	Youth XS; Youth Small; Youth Medium; Adult Small; Adult Medium; Adult Large; Adult XL = \$22 each	Adult 2XL, 3XL = \$25 each
Short Sleeves:	Youth XS; Youth Small; Youth Medium; Adult Small; Adult Medium; Adult Large; Adult XL = \$10 each	Adult 2XL, 3XL, 4XL, 5XL = \$15 each
Long Sleeves:	Youth XS; Youth Small; Youth Medium; Adult Small; Adult Medium; Adult Large; Adult XL = \$14 each	Adult 2XL, 3XL, 4XL, 5XL = \$20 each
SCA Sweatshirts:	Youth XS; Youth Small; Youth Medium; Adult Small; Adult Medium; Adult Large; Adult XL = \$20 each	Adult 2XL, 3XL = \$25 each
Hoodies without zipper:	Youth XS; Youth Small; Youth Medium; Adult Small; Adult Medium; Adult Large; Adult XL = \$22 each	Adult 2XL, 3XL, 4XL, 5XL = \$30 each
Hoodies WITH zipper:	Youth XS; Youth Small; Youth Medium; Adult Small; Adult Medium; Adult Large; Adult XL = \$30 each	Adult 2XL, 3XL, 4XL, 5XL = \$35 each



Picture	Shirt Description	Color Options	Size	Quantity
	SCA Masks	<input type="checkbox"/> Navy Blue Mask. <input type="checkbox"/> White Mask.		
	SCA Polo Shirts	<input type="checkbox"/> Navy Blue Polo with SCA Logo. <input type="checkbox"/> White Polo with SCA Logo.		
	SCA Short Sleeve Gym Shirt	<input type="checkbox"/> Blue shirt with Gold Lettering. <input type="checkbox"/> Gold shirt with Blue Lettering.		
	SCA Long Sleeve Shirts	<input type="checkbox"/> Blue shirt with Gold Lettering. <input type="checkbox"/> Gold shirt with Blue Lettering.		
	SCA Sweatshirts	<input type="checkbox"/> Blue shirt with Gold Lettering. <input type="checkbox"/> Gold shirt with Blue Lettering.		
	Sonshine Christian Academy: BLAZERS Hoodie with or without zipper	<input type="checkbox"/> Blue Zipper hoodie with Gold Lettering. <input type="checkbox"/> Gold Zipper hoodie with Blue Lettering. <input type="checkbox"/> Blue hoodie with Gold Lettering. <input type="checkbox"/> Gold hoodie with Blue Lettering.		

Sonshine Christian Academy does not discriminate based upon sex, race, color, national origin, religion, age disability, sexual orientation, gender identity, ancestry, familial status or military status with regard to admission, access, treatment or employment. This policy is applicable in all programs and activities.



SONSHINE CHRISTIAN ACADEMY

Campus I: 980 Lenore Ave. Columbus, OH 43224 · Campus II: 1763 Cleveland Ave. Columbus, OH 43211
 (614) 291-6840 · www.scaoh.us · info@scaoh.us
 Posthumous Emeritus Founder & Principal, Deborah A. Jackson

	SCA BLAZERS Basketball T-shirt	_____ Blue shirt with Gold Lettering. _____ Gold shirt with Blue Lettering.		
	SCA BLAZERS Basketball Hoodie	_____ Blue hoodie with Gold Lettering. _____ Gold hoodie with Blue Lettering.		

Please Print Your Child's Name and Grade:

Please make all payments (cash, check, or credit card) to the Sonshine Christian Academy Office Staff. No orders may be placed without payment. Thank you!	TOTAL # of Garments:	
	TOTAL Amount:	\$

The Front of the Gym Shirts consists of the following:

Sonshine Christian Academy



Praise and Enthusiasm

The Back of the Gym Shirts consists of the following:

Ephesians 6:13: Therefore, put on the full armor of God, so that when the day of evil comes, you may be able to stand your ground, and after you have done everything, stand!

2 Thessalonians 1:12, NLT: *Then the name of our Lord Jesus will be honored because of the way you live, and you will be honored along with Him. This is all made possible because of the grace of our God and Lord, Jesus Christ.*



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Use of Image & Volunteer Services Permission Form

The students and guest of The Sonshine Christian Academy, (also referred to as SCA), are often involved in opportunities where their academia, dance, musical, drama, and fine arts talents are showcased. At times, pictures, video, or audio recordings may be taken to showcase the staff, students, events and other activities that take place within our school.

SCA is also a “teaching school”. To this effort, the students often benefit from free tutoring services or materials by way of our partnership in educational research studies with local colleges or educational institutions, high school students completing community service hours, or college students completing required field hours.

SCA also invites professionals within our community to speak to our students at special assemblies or to participate in special projects. (i.e. Career Day, Science Fair, Chapel, African –American History class). At times, we also invite members of the Community to serve as volunteers with the students (i.e. Read aloud guest, Reading assistants, Grandparent’s Day).

At any of these events / scenarios, pictures, video, or audio recordings may be taken and showcased in print or digital format. This may include but not limited to:

- Teachers compiling student portfolios, documentation of activity or events, or the creation of class books the students can share with their parents.
- Parents / guest taking pictures at school plays or events.
- Staff taking pictures to be placed on SCA’s website, social media sites, and school projects.
- Guest speakers, volunteers, teachers, staff may take pictures to publish in educational/professional portfolios, magazines, advertisements, or social media sites to advertise / showcase an event or student.
- Video or audio files may be created to conduct supervisory, self, or peer evaluations of the teacher to enhance teaching skills.
- Video or audio recordings to showcase events at SCS (or an off-site SCA event).

Therefore, we are asking each parent to sign this release of image form and permission to work with volunteers in your child’s file.

I, Parent/Guardian Name, _____ give permission for my children to be photographed, and to take part in video and audio recordings under the leadership of Sonshine Christian Academy (SCA). I understand that these pictures may be used but not limited to: Advertisement for SCA, showcase of student talent, teacher evaluation, documentation of activity or events, educational portfolios, showcase special events with special guest, showcase performing arts classroom projects and school projects; AND to work with volunteers that may come to SCA to provide motivational presentations or tutoring services to our students.

Parent/Guardian Signature)

Date