



## 2020-2021 Admissions Packet Grades 2-8

12637A Ocean Gateway  
Ocean City, MD 21842  
Phone (410) 213-7595  
Fax (410) 213-8001

[www.seasidechristianacademy.com](http://www.seasidechristianacademy.com)

Seaside Christian Academy  
12637 A Ocean Gateway  
Ocean City, MD 21842



(410)213-7595  
fax (410)213-8001  
[www.seasidechristianacademy.com](http://www.seasidechristianacademy.com)

*Julie DuChene, Principal*

*Member ACSI*

### **Church, Home, and School Working Together**

Dear Parents,

Thank you for your interest in Seaside Christian Academy. We have been providing a quality, affordable, Christ-centered education to the families of the Eastern Shore since 1999. We are excited for our future as we grow and develop our academic programs to continue our tradition of excellence.

Our mission is to educate children spiritually, academically, socially and physically, equipping them for every good work in Christ Jesus (Luke 2:52). The exceptional education your child will receive is provided by our devoted staff of highly qualified, faithful, Christian educators. Our classrooms are loving, disciplined and challenging environments where students thrive. As we fulfill our mission, we equip children with a biblical and intellectual foundation by examining all subject areas and life issues from a biblical worldview.

It is our school's belief that the church, home, and the school, working together, are the best means for training up a child (Proverbs 6:23). Accordingly, Seaside Christian Academy (SCA) emphasizes the importance of the following for those interested in pursuing admission:

- Having a parent/guardian who understands and agrees to give SCA permission to teach your child the **principles according to the school's Statement of Faith;**
- Having a parent/guardian that is supportive of the **educational process of the school;**
- Having a parent/guardian who will take seriously the **biblical mandate of parental involvement.**

Please carefully review the materials in this admissions packet. On the following page, you will find a checklist to assist you in gathering all the required documents to be submitted with the completed packet. If you have any questions about Seaside or our admissions process, please do not hesitate to contact me.

May God bless and guide you as you consider this decision for your family.

In His Service,

Julie DuChene  
Principal

## **Admission Policies**

Applications for admission of new students will be received at any time during the year. The application fee must be included with the admissions packet, along with the documents listed below. Acceptance is based on the following: space availability, academic and social readiness, and siblings currently enrolled in SCA.

*Seaside Christian Academy admits students of any race, color, gender and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school.*

## **Admissions Procedures**

### **Step One – Apply for Admission**

Please include the following with your completed admissions packet:

- ✓ Immunization records
- ✓ Copy of your child's birth certificate
- ✓ Copy of your child's most recent report card
- ✓ Application Fee – Please include your non-refundable application fee: \$150 for the first child, \$50 for siblings. Checks may be made payable to Seaside Christian Academy.

### **Step Two - Records Review, Testing & Interview**

The Administration will review your application and additional documents from the previous school, if applicable. Incoming students will be asked to complete an academic assessment. Families of students applying may be scheduled for an interview with the administration. Interviews will be scheduled after the admissions packet, documents and registration fee have been received.

### **Step Three – Acceptance & Enrollment**

You will receive notification of the acceptance of your child to Seaside Christian Academy in writing. The time from submitting admissions paperwork to acceptance can vary but will generally take 7-10 days. The Tuition Contract and link for creating a FACTS account and tuition payment plan will accompany the acceptance letter.

**If you are enrolling a student during the school year, your student's start date will be scheduled after:**

1. Books have been ordered
2. The signed Tuition Contract has been returned to school
3. Parents have created a FACTS account and tuition payment plan.

There is a 90-day probation period for all new students.

## 2020 – 2021 Tuition and Fees

### Application Fee

\$150.00 (This fee is nonrefundable.)

Application fee must be submitted with Admissions Packet. Checks may be made payable to Seaside Christian Academy.

### Tuition

PreK3—5th Grade:.....\$4,795.00

6th—8th Grade:.....\$5,205.00

High School:.....\$5,615.00

NOTE: Fees are necessary (maintenance and cleaning fee, curriculum fee) but do not have to be up front obstacles. Therefore, SCA rolls the fees in with the tuition to be paid over time.

**Tuition Payments:** Seaside partners with FACTS, an online tuition payment processing firm. FACTS gives our families the convenience of online payments and the flexibility to choose a payment plan that works best for them. Families may choose from monthly, quarterly, semi-annual or annual payments. Annual payments are given a 5% discount. Payment plans begin in August.

**Financial Aid Available:** It is the desire of Seaside Christian Academy to make tuition as affordable as possible. Through generous scholarship donations, we provide financial assistance. Please inquire for more information about our application process.

*By signing this Statement of Faith, you acknowledge and accept that your child will be taught these principles.*

## *Statement of Faith*

### ***We Believe:***

1. In one God, the creator and sustainer of the universe, eternally existent in three persons: Father, Son and Holy Spirit.
2. God has authored, preserved, and protected the Bible, as His word and our authority in all that we do.
3. That God has created us in His image and has given us the responsibility over creation for His glory.
4. In the unique deity of the Lord Jesus Christ, who became human as the virgin-born Son of the living God.
5. That the Lord Jesus Christ died to pay for our sins and give those who believe, eternal life with Him in heaven.
6. In the power of the Holy Spirit to restore us and guide us in our relationship with God.
7. In the resurrection of our Lord Jesus from the dead and the promise of His return.
8. In the bodily resurrection and eternal reward of the saved, and the everlasting punishment of the lost.
9. In the spiritual unity of ALL believers in our Lord Jesus Christ.
10. That marriage of one man and one woman is ordained by God.

---

Parent/Guardian Signature

Date

---

Parent/Guardian Signature

Date

# Seaside Christian Academy

## STUDENT APPLICATION

Applying for the 20\_\_ to 20\_\_ school year Applying for Grade\_\_\_\_\_ Enroll Date\_\_\_\_\_

Date student will first attend classes\_\_\_\_\_

Student's Name\_\_\_\_\_ Goes By\_\_\_\_\_

First

M.I.

Last

Student's Address\_\_\_\_\_ Home Phone\_\_\_\_\_

Soc. Sec.#\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Birth date:\_\_\_\_\_ Gender:\_\_\_\_\_ Race:\_\_\_\_\_

Last School  
Attended:\_\_\_\_\_

Reason for  
Leaving:\_\_\_\_\_

Has your child repeated a grade? If yes, which grade and why?\_\_\_\_\_

Special interests or abilities:\_\_\_\_\_

Has the student ever had any serious discipline problems, been suspended or expelled from school?\_\_\_\_\_

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

Has the student ever been given a psychological or learning disabilities test?\_\_\_\_\_ If yes, please explain (include copy of report if available:\_\_\_\_\_

Does your child have any allergies? Foods\_\_\_\_\_ Medications\_\_\_\_\_ Insect stings\_\_\_\_\_

Other\_\_\_\_\_ (If your child has a serious allergy please inform the teacher and the office)

### DISCLAIMERS:

**Seaside Christian Academy would like to use photographs of your children in newspaper articles or advertisements if the opportunity arises. Will you give us your permission to do so?**

Will you give us your permission to share personal medical information with Teachers or Staff who have direct contact with your child? All information will remain confidential.

I do/do not give permission for my children's photograph to be used in print advertisements or newspaper articles.

Signature of Parent or Guardian:\_\_\_\_\_

I do/do not give permission for medical information to be shared with appropriate personnel.

Signature of Parent or Guardian:\_\_\_\_\_

PLEASE PRINT

FAMILY INFORMATION  
(Confidential)

**Seaside Christian Academy**  
**12637A Ocean Gateway, Ocean City, MD 21842**  
**(410) 213-7595**  
**FAMILY APPLICATION**

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

**Student is living with:**      \_\_\_\_\_ **Both Parents**      \_\_\_\_\_ **Father**      \_\_\_\_\_ **Mother**  
   \_\_\_\_\_ **Step-Father**      \_\_\_\_\_ **Step-Mother**      \_\_\_\_\_ **Other (please specify)**

If you have checked step-parent or other, please fill out the information below:

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Are there any special circumstances that the school should be made aware of? \_\_\_\_\_

**Father's** Employer: \_\_\_\_\_ **Father's** Occupation: \_\_\_\_\_

Work Phone : \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's E-mail Address: \_\_\_\_\_

**Mother's** Employer: \_\_\_\_\_ **Mother's** Occupation: \_\_\_\_\_

Work Phone : \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's E-mail Address: \_\_\_\_\_

(Having at least one e-mail address on file is necessary for FACTS SIS – our student management system)

**Please list the name, date of birth and school of all your children:**

Name	Date of Birth	School Currently Attending

Are you applying for the admission of all children of school age? \_\_\_\_\_ If not, briefly explain why \_\_\_\_\_

In a brief paragraph please explain why you desire enrollment in SCA: \_\_\_\_\_

How did you hear about SCA? \_\_\_\_\_

Does your family attend a local church? \_\_\_\_\_ If yes, name of church \_\_\_\_\_

If you do not have a home church are you interested in finding one? \_\_\_\_\_

Seaside Christian Academy  
12637 A Ocean Gateway  
Ocean City, MD 21842



(410) 213-7595  
fax (410) 213-8001  
[www.seasidechristianacademy.com](http://www.seasidechristianacademy.com)

*Julie DuChene, Principal*

*Member ACSI*

**Church, Home, and School Working Together**

**PERMISSION FOR RELEASE OF SCHOOL RECORDS**

To: School: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Student's Name (please print): \_\_\_\_\_

Current Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**I hereby authorize you to release the school records listed below for my child:**

- 1. Cumulative Records**
- 2. Health Records**
- 3. Behavior/Discipline Records**
- 4. Psychological records on file**
- 5. Achievement Test Scores**
- 6. Any other information which might aid the student in making a satisfactory school adjustment**
- 7. High school transcript if applicable**

**PLEASE SEND RECORDS TO:**

Seaside Christian Academy  
Admissions Office  
12637A Ocean Gateway  
Ocean City, MD 21842

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of parent or guardian)

Print Name: \_\_\_\_\_

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