



4221 W. Gulf to Lake Hwy • Lecanto, Florida 34461 • 352.746.5696 • toll free: 888.746.5686  
www.sevenriverscs.org • email: srcs@sevenrivers.org

## Applicant Checklist

Please consult the following checklist to be sure that all steps of your application have been completed. **This checklist is for your convenience. Please do not return it.** If you have any questions, feel free to call the school office.

### Application for Admission

Date Submitted: \_\_\_\_\_

These steps must be completed before applications will be considered:

- Complete all questionnaires, reference forms, and required student records.
- Pay the application fee of \$75 per student.

### Application for Tuition Assistance (Optional)

Date Submitted: \_\_\_\_\_

Tuition assistance applications are available online only through links on our website under *Admissions*. Applications for assistance should be in process while the admissions application is under review. Please direct any questions to the business office or consult our website for explanation of available options.

### Required Documents

Date Submitted: \_\_\_\_\_

The admissions office must receive all required forms before testing will be scheduled.

#### Students Applying for Kindergarten

- Completed Student Application
- Application Fee (\$75.00 non-refundable)
- Parent Questionnaire
- Family Reference Form

#### Students Applying for 1st-3rd Grade

- Completed Student Application
- Application Fee (\$75.00 non-refundable)
- Previous year's report card
- Parent Questionnaire
- Family Reference Form
- Grammar School Recommendation Form

#### Students Applying for 4th-6th Grade

- Completed Student Application
- Application Fee (\$75.00 non-refundable)
- Previous two years' report cards
- Parent Questionnaire
- Family Reference Form
- Previous two years' standardized test scores
- Grammar School Recommendation Form

#### Students Applying for 7th-12th Grade

- Completed Student Application
- Application Fee (\$75.00 non-refundable)
- Previous two years' report cards
- Previous two years' standardized test scores
- Student Questionnaire
- Parent Questionnaire
- Family Reference Form
- Mathematics Teacher Recommendation Form
- English Teacher Recommendation Form
- High School Transcript

### Academic Screening

Date Scheduled: \_\_\_\_\_

Once all documentation has been received and reviewed, academic testing will be scheduled if deemed necessary.

### Family Interview

Date Scheduled: \_\_\_\_\_

Before your scheduled interview, please thoroughly familiarize yourself with the SRCS Mission Statement, Vision Statement, and Student Core Values. We are excited to discuss this essential definition of who we are, and we look forward to hearing your story and your interest in partnering with us. Students in grades 6-12 are required to attend the interview.

### Acceptance and Registration Fee

Payment Date: \_\_\_\_\_

Families will be notified of the admissions decision by letter following the interview. Upon acceptance, parents have ten days to remit a **\$150.00 per student** registration fee.

### Warrior Welcome Event

Date Scheduled: \_\_\_\_\_

All new families are **required** to attend a meeting to receive orientation information regarding life as an SRCS student.



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# Application for Admission

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

Student Name \_\_\_\_\_ Preferred Name \_\_\_\_\_  Male  Female  
Date of Birth \_\_\_\_\_ Social Security# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ U.S. Citizen?  Yes  No  
Home Address \_\_\_\_\_  
*Street Apt # City State Zip*  
Student's Cell Phone (if applicable) \_\_\_\_\_ Student's Email \_\_\_\_\_  
Family Home Phone \_\_\_\_\_ Applying for Grade Level \_\_\_\_\_ School Year \_\_\_\_\_

**If applications are being submitted for siblings, it is only necessary to complete the following information once for the entire family. If students have different parents, please complete the parent information relevant to your family's situation.**

### Father or Male Guardian

Name (Dr./Mr./Rev.) \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_ Profession/Position \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Address \_\_\_\_\_  
Email \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

### Mother or Female Guardian

Name (Dr./Mrs./Ms.) \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_ Profession/Position \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Address \_\_\_\_\_  
Email \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

**Check all that apply.** Applying for Tuition Assistance?  Yes  No

Parental status?	<input type="checkbox"/> Parents Married	<input type="checkbox"/> Parent Deceased	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Other _____
Student lives with?	<input type="checkbox"/> Father & Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Other _____	
	<input type="checkbox"/> Guardian	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Other _____	
Who receives mail?	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Guardian	<input type="checkbox"/> Other _____	
Has legal custody?	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Guardian	<input type="checkbox"/> Other _____	
Is financially responsible?	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Guardian	<input type="checkbox"/> Other _____	

Present School \_\_\_\_\_

Address \_\_\_\_\_  
*Street City State Zip*

Has student repeated a grade?  Yes  No What grade? \_\_\_\_\_

Has the applicant ever been suspended, expelled, denied re-enrollment, counseled not to return to a school, or been the subject of any major school disciplinary action?  Yes  No If yes, please explain on a separate sheet of paper.

Has the applicant ever been evaluated for academic, speech, behavioral, physical, substance abuse, emotional, or attention difficulties by a school official, psychologist, physician, or other professional?  Yes  No If yes, please attach a copy of the evaluation report and/or diagnostic results to this application.

Is there any medical or other reason that the applicant cannot participate fully in any normal school activities, including athletics or extracurricular activities?  Yes  No If yes, please explain. \_\_\_\_\_

Are there any specific factors or conditions, including any special medications or allergies, affecting your child of which the school should be informed?  Yes  No If yes, please explain. \_\_\_\_\_

I acknowledge that, as an independent school, SRCS is not obligated to accommodate state or federal education plans.  Yes  No

*In order to better serve your child, we need to know if there have been any experiences that will influence the community life at Seven Rivers Christian School. Failure to notify us could result in your child's separation from Seven Rivers Christian School.*

Does the applicant have any siblings?  Yes  No If yes, please complete the following.

Name	Birthdate	Grade	School	Name	Birthdate	Grade	School
_____	_____	_____	_____	_____	_____	_____	_____

Key factors influencing your application to Seven Rivers:  Spiritual  Curriculum  Reputation  Faculty  Facilities  
 Class Size  Athletics  Other \_\_\_\_\_

Check the additional offerings at SRCS that are of particular interest to the applicant.  Art  Drama  Band  Missions  
 Yearbook  Intramurals  Robotics  Athletics \_\_\_\_\_  Other \_\_\_\_\_

Family's church attendance:  Whole Family Active  One Parent Active  Attend Occasionally  Children Attend  Never  
Place of Worship \_\_\_\_\_ Pastor \_\_\_\_\_ Member?  Yes  No  
Address \_\_\_\_\_  
Street City State Zip

How did you hear about Seven Rivers Christian School? Please give names where possible.

Alumnus \_\_\_\_\_  Website \_\_\_\_\_  Church \_\_\_\_\_  
 Social Media \_\_\_\_\_  SRCS Staff \_\_\_\_\_  Advertising \_\_\_\_\_  
 Friend \_\_\_\_\_  Doctor \_\_\_\_\_  Other \_\_\_\_\_

Do you have any relatives currently attending SRCS?  Yes  No If yes, please list names. \_\_\_\_\_

**Please review the applicant checklist provided to be sure all required information is included. Please sign below.**

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date



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## Parent Questionnaire

Applicant's Name \_\_\_\_\_ Requested Grade \_\_\_\_\_

**Please take time to thoroughly answer the following questions.** If you need additional space, please continue your answers on another piece of paper.

1. Why are you considering Seven Rivers Christian School? \_\_\_\_\_

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2. What are the applicant's greatest academic strengths? \_\_\_\_\_

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3. What are the applicant's academic weaknesses? \_\_\_\_\_

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4. What are your expectations of Seven Rivers Christian School? \_\_\_\_\_

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5. Describe the applicant's social interactions with peers and adults (please cite specific examples, if appropriate).

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6. Are there any family circumstances that might affect the applicant's performance of which we should be aware? If yes, please explain.     Yes     No

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7. Please share information to help us understand the applicant's athletic or extracurricular interests, talents, and team participation. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. **Grades 9-12 only:** What plans does the applicant have after graduating high school? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Seven Rivers Christian School does not tolerate the use or possession of drugs (including alcohol) or drug-related paraphernalia and may dismiss a student for violation of this policy. Will you support this policy?  Yes  No

10. Has the applicant been out of school for an extended period of time for reasons other than vacations or minor illness such as the flu?  Yes  No

**If you answered No to Question 9 or Yes to Question 10, please explain.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Our signatures below confirm that all information given in this application and its related forms is correct to the best of our knowledge. We understand that any omission, misrepresentation of the facts, falsifying, or withholding of information in completing this application and all required documents constitutes grounds for immediate withdrawal of the application, cancellation of admission, and/or termination of enrollment at Seven Rivers Christian School. Further, we understand that upon enrollment we are expected to become familiar with and abide by the rules and regulations as set forth in the SRCS handbook.

\_\_\_\_\_  
*Custodial Parent's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Custodial Parent's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Legal Guardian's Signature*

\_\_\_\_\_  
*Date*



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## Family Reference Form

(One per family)

Please have someone outside of your immediate family who can represent your family to SRCS (such as a pastor, community leader, employer, or teacher) fill out the Family Reference Form.

### To Be Completed by Applicant

<i>Name of Applicant(s)</i>	<i>Requested Grade(s)</i>	<i>Phone Number</i>	<i>Email Address</i>	
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	

### To Be Completed by Pastor or Reference

The student is an applicant for admission to Seven Rivers Christian School. Please be frank in your responses; the information you provide is confidential. Thank you for your time and effort.

AREAS	RESPONSE	COMMENT
Home Background	<input type="checkbox"/> Two-parent home: stable <input type="checkbox"/> Two-parent home: unstable <input type="checkbox"/> One-parent home: stable <input type="checkbox"/> One-parent home: unstable	
Home Discipline	<input type="checkbox"/> Balanced <input type="checkbox"/> Too little <input type="checkbox"/> Too much <input type="checkbox"/> Inconsistent	
Cooperation	<input type="checkbox"/> Responds well to authority <input type="checkbox"/> Usually obedient <input type="checkbox"/> Resents authority <input type="checkbox"/> Unpredictable	
Parental Involvement	<input type="checkbox"/> Eagerly seek to involve themselves in student life <input type="checkbox"/> Must be encouraged to involve themselves, but supportive <input type="checkbox"/> Often defensive and unsupportive <input type="checkbox"/> Have remained uninvolved	
Emotional Stability	<input type="checkbox"/> Stable <input type="checkbox"/> Usually well-controlled <input type="checkbox"/> Excitable, moody, upsets others <input type="checkbox"/> Apathetic, irresponsible	
Student Industry	<input type="checkbox"/> Hard worker <input type="checkbox"/> Good, dependable worker <input type="checkbox"/> Works just enough to get by <input type="checkbox"/> Lazy, needs constant supervision	
Student Judgment	<input type="checkbox"/> Unusual maturity <input type="checkbox"/> Average common sense <input type="checkbox"/> Immature, erratic <input type="checkbox"/> Poor	
Student Responsibility	<input type="checkbox"/> Excellent: volunteers for tasks, accepts responsibility for actions <input type="checkbox"/> Usually accepts when asked <input type="checkbox"/> Avoids when possible <input type="checkbox"/> Often irresponsible	
Student Leadership	<input type="checkbox"/> Leads classroom peers easily in a positive manner and direction <input type="checkbox"/> Prefers to follow, but will stand against poor group behavior <input type="checkbox"/> Follows others of questionable judgment <input type="checkbox"/> Leads others in poor group behavior	

Name of Student \_\_\_\_\_

1. How long have you known the applicant/family?    Less than 1 year    1-2 years    3-5 years    5+ years

In what relationship? \_\_\_\_\_

2. How well do you know the applicant?    Intimately    Pretty Well    Fairly Well    Only Casually

3. What do you consider to be the major strong points of the applicant? \_\_\_\_\_

\_\_\_\_\_

4. What do you consider to be the major weaknesses of the applicant? \_\_\_\_\_

\_\_\_\_\_

5. Does the applicant have a history of:

Tobacco use                       Yes    No                       Don't Know

Use of alcoholic beverages    Yes    No                       Don't Know

Use of drugs (non-medical)    Yes    No                       Don't Know

Sexual promiscuity               Yes    No                       Don't Know

If "yes" to any, please explain.

\_\_\_\_\_

\_\_\_\_\_

6. What kind of partner do you think the family will be with SRCS? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Evaluator's Name*

\_\_\_\_\_  
*Email*

\_\_\_\_\_  
*Evaluator's Organization, if any*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Evaluator's Address*

\_\_\_\_\_  
*Evaluator's Signature*

\_\_\_\_\_  
*Date*

*Please return this form to Seven Rivers Christian School, attn: Admissions, via mail or fax (352-746-5520).*