



### Admission Procedures

**YI Mission Statement:** *To partner with families to prepare all students spiritually, intellectually, emotionally, physically and socially so they are equipped to glorify God by doing His will.*

Notice of Nondiscriminatory Policy: **Youth Institute** does not discriminate on the basis of race, color, sex, and national or ethnic origin in administration of its educational policies, admission policies and athletic or other school administered programs, except where necessitated by specific tenants held by the institution and its controlling body.

#### Requirements for New Students:

- \*Satisfactory completion of all application forms and fees. (no exceptions)
- \*Copy of most recent report card/transcript. Students, grade 1<sup>st</sup>-12<sup>th</sup>, must have a B average if transferring from public school, most recent two years standardized test scores (Grades 1st-12th only), including any additional special testing information, psychological, special education testing and IEPs, if applicable. Copy of birth certificate and shot records if out of state.
- If your child is in custody of one parent please indicate. A copy of all legal documents must be kept in the student's file, including divorce or adoption decrees.
- Proper age for admittance to preschool class by August 1            K5 students must be 5 years old on or before August 1
- A recommendation from the last school/child care attended including behavior and payment history. (*Students suspended or expelled from other facilities are not eligible for admission.*)
- Signature on the "YI Handbook Verification Form" and parent cooperation and support.
- I understand that as a parent it is my responsibility to support the school, its administration, and its teachers in decisions that they make regarding students. I also understand that parents must go through the proper channels in conferencing with teachers or administration and when doing so, must behave in an appropriate manner. Any misbehavior on the part of a parent in dealing with the teacher or administration could result in immediate dismissal of the student(s) YI Non-support by parents is also grounds for dismissal of a student.
- A reference from a teacher, parent, or student presently enrolled YI is recommended or
- A satisfactory personal interview with the administrator for all parents and students is required. All of the items marked above with an asterisk (\*) are required prior to interview. (Grades K-12 only)
- All students must obey YI dress code in all areas as described in the student handbook.
- \*\*For Preschool students: Bottles and pacifiers are not allowed in the preschool. Children must be toilet trained before being accepted into the 3 year old program.

\_\_\_\_\_  
Signature Required

\_\_\_\_\_  
Date

## Youth Institute

To insure accurate information, we request that you complete a separate form for each student enrolled.  
A satisfactory interview with the director or principal is required of all new students PK5 - 12<sup>th</sup> Grade.  
(Children will be advanced to the 3 year old program only after complete toilet training.)

Today's Date: \_\_\_\_\_

Start Date \_\_\_\_\_

Grade Applying for: \_\_\_\_\_

**Youth Institute** reserves the right to retract an offer of admission to any student previously accepted if the student's final transcripts, evaluations or academic testing reveal performance or behavior that does not meet the school's standard for admission, or if any information on the original application is found to be false.

### Student Information

First, Middle & Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Email (Student) \_\_\_\_\_ Student Cell Phone \_\_\_\_\_

(if available)

Complete Address \_\_\_\_\_

Gender M  F  (address, city, state & zip code) Ethnicity \_\_\_\_\_

**Parent #1 Information** Relationship to student \_\_\_\_\_ Custodial Parent: Yes  No

Mr.  Mrs.  Ms.

First & Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ SS# \_\_\_\_\_

Cell Phone \_\_\_\_\_ (These numbers must be given, and are kept confidential)

\*E-mail \_\_\_\_\_

(This is our primary form of communication.)

Complete Address \_\_\_\_\_

(address, city, state & zip code)

Occupation \_\_\_\_\_ Total weekly work hour's \_\_\_\_\_

Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

**Parent #2 Information** Relationship to student \_\_\_\_\_ Custodial Parent: Yes  No

Mr.  Mrs.  Ms.

First & Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ SS# \_\_\_\_\_

Cell Phone \_\_\_\_\_ (These numbers must be given, and are kept confidential)

\*E-mail \_\_\_\_\_

(This is our primary form of communication.)

Complete Address \_\_\_\_\_

(address, city, state & zip code)

Occupation \_\_\_\_\_ Total weekly work hour's \_\_\_\_\_

Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Religion \_\_\_\_\_ Church \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Parents are: Married Separated Divorced Unmarried Father Deceased Mother Deceased

With whom does this student live? \_\_\_\_\_

Guardianship Arrangements: \_\_\_\_\_

\*If your student is in the custody of only one parent, please indicate. A copy of all legal documents must be kept in the student's file.\*

Persons authorized to pick up student or care for student in case of emergency if parents cannot be reached. Please put your emergency contacts in the order that you would like them to be called.

**#1 Emergency Contact Information**

First and Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Number \_\_\_\_\_

**#2 Emergency Contact Information**

First and Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Number \_\_\_\_\_

**#3 Emergency Contact Information**

First and Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Number \_\_\_\_\_

**Step Parent(s)**

First & Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ SS# \_\_\_\_\_

Cell Phone \_\_\_\_\_ (These numbers must be given, and are kept confidential)

\*E-mail \_\_\_\_\_  
(This is our primary form of communication.)

Complete Address \_\_\_\_\_  
(address, city, state & zip code)

Occupation \_\_\_\_\_ Total weekly work hour's \_\_\_\_\_

Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

**Names of brothers or sisters:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**References**

Pastor/church: \_\_\_\_\_ Phone: \_\_\_\_\_

Personal reference: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Other reference: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Present family, student, teacher, or employee of Southwest Christian Academy: \_\_\_\_\_

Last School attended: \_\_\_\_\_ Phone: \_\_\_\_\_

Last Principal/Director: \_\_\_\_\_ Last Teacher: \_\_\_\_\_

Is this student currently eligible to re-enroll in the school from which they are transferring? Yes  No

If transferring from a private school or child care facility, is this student's account delinquent? Yes  No

**Last child care or school attended will be called regarding payment history and behavior.**

How many years has your child attended the above school? \_\_\_\_\_

Has your child skipped a grade, or repeated a grade? If so, which one? Yes  No  \_\_\_\_\_

Has your child ever been involved in drugs or alcohol? If so, explain. Yes  No  \_\_\_\_\_

Has your child ever been suspended, expelled or had any serious discipline problems? Yes  No

If they have had any serious discipline problems, please explain: \_\_\_\_\_

How did you hear of **Youth Institute** \_\_\_\_\_

Health Questionnaire

**\*This form must be completed each year.**

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

To be filled out by the parent:

Because the primary aim of your pediatrician or family physician is to prepare your child for school activities, it is to your child's advantage that you complete this form

Immunizations:

Please attach a current shot record. State law requires that no student can be admitted without an up-to-date shot record.

Shot Record      On File \_\_\_\_\_      Received \_\_\_\_\_

**Medical Information:**

List any allergies (food, insect stings, medication, etc.): \_\_\_\_\_

List any vision, hearing, or speech difficulties: \_\_\_\_\_

Does your child have/wear glasses \_\_\_\_\_ contacts \_\_\_\_\_ or hearing aids \_\_\_\_\_?

List any illnesses, health, or physical limitations \_\_\_\_\_

Does your child take medication for Attention Deficit Disorder (ADD) or Attention Deficit/Hyperactivity Disorder (ADHD) or any other medical conditions? ( ) No ( ) Yes, (explain) \_\_\_\_\_

List any routine medication(s) and the reason(s) for the prescription(s) \_\_\_\_\_

What are the side effects of the medication(s)? \_\_\_\_\_

Please list any other health related information you feel that the school needs to know about your child:

Health Insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Medical Agreement

I hereby authorize **YI** to call an emergency ambulance in case of an accident or acute illness, and to arrange for necessary emergency medical and surgical care, in case I am not immediately available. Any qualified physician called by **YI** may treat and do whatever is necessary for the health and wellbeing of my child. It is understood that a conscientious effort will be made to notify me (parent) before such action will be taken. I also agree to accept responsibility for the cost of above mentioned medical services and absolve **YI** from liability to me or my child because of any injury involved with school activities.

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(state requirement - address is necessary)

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(State requirement - address is necessary)

Mother's Signature: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Father's Signature: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Neighbor or relative that we may call: \_\_\_\_\_

**This form must have two signatures.**



Request for Records  
(K5-12<sup>th</sup> Grade Only)

Dear Counselor or Registrar,

The following student has enrolled in our school.

Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_

School last attended: \_\_\_\_\_

Please forward the following records (where applicable).

Academic	Testing Scores & others	Personal & Health Information
Last 6 weeks or 9 weeks grades	Standardized test scores	Birth Certificate
First semester grades	IEP	Immunization records
Transcript	Test or psychological records	Social security number
Withdraw grades	Discipline records	
Key to your grading scale	Attendance records	

I hereby authorize the release of the requested records for my child listed above.

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

Parent/Guardian Full Name \_\_\_\_\_

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

Sincerely,

\_\_\_\_\_

\_\_\_\_\_

**Youth Institute**  
**Discipline Regulation**

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

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

As a parent of my child/children enrolled at \_\_\_\_\_, I hereby agree to accept all regulations of the school. I agree to authorize this school to employ such discipline as it deems wise and expedient for my child. Parents will be notified about misbehavior; you will receive emails from the principal when an office visit is required. If necessary, a parent will be called to help with discipline.

**No Tolerance Policy**

I understand YI's "No Tolerance" policy regarding profanity, obscenity in word or action, dishonor to the Holy Trinity or the Word of God, or disrespect to the personnel of the school. Threats of any kind toward students, faculty, or others will not be tolerated. Possession or use of drugs or alcohol, on or off campus, or the possession of any weapon is grounds for immediate expulsion. **This policy includes summer vacation, Christmas and Spring Break and all holidays.** It is understood that attendance is a privilege and not a right. Any student who does not conform to the standards and regulations of the institution may forfeit this privilege. (The student handbook gives more specific information about conduct requirements.)

The school may request the withdrawal of any student at any time who in the opinion of the school, does not fit into the spirit of the school regardless of whether or not he/she conforms to the specific rules and regulations of the school or the parents are not supportive of the school and its staff. **I further understand that all pre-paid fees are non-refundable.**

Child Care Licensing requires that the following information is documented in each child's file. This does not give permission but says you have been informed of the law for all licensed child care facilities.

**CHILD MALTREATMENT POLICY:**

All staff members of YI are mandatory reporters and required by law to report any suspected child maltreatment to the Department of Human Services hotline.

**LICENSING STANDARD 200.2:**

"...children are subject to be interviewed by DHS licensing staff, by child maltreatment investigators, or by law enforcement for investigative purposes and/or determining compliance with licensing requirements."

This is not new; it is just that we have to inform parents that this could happen if an issue came up pertaining to the above requirements. Do not be concerned. The only time you may not be informed first would be if there was an allegation about the home. Again, we are required to inform you of this.

**You are not giving consent, just being informed of the law.**

\*I give written permission for the use of suntan lotions/sunscreens for my child in appropriate weather. This is in accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit: 1101.16 -(For preschool / elementary child care only)

\*I give permission for my child to be photographed and school pictures to be published by school personnel, as it pertains to school and school events. This includes yearbook publications, YI Facebook, streaming video, presentations, website, etc.

We are required by DHS to share with preschoolers' parents the information that will help your child be prepared for Kindergarten. Please go to the following website to see the Kindergarten Readiness Indicator Checklist for Parents.

**<https://humanservices.arkansas.gov/images/uploads/dceccc/KRIC%20PARENT.pdf>**

\*I have read the terms stated and agree to the "No Tolerance" policies of SCA and agree to abide by the rules that are outlined in the student handbook.

Parent \_\_\_\_\_ Student \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date: \_\_\_\_\_