



Simpson County Academy
Application for New Student Admission

STUDENT:

NAME: First _____ Middle _____ Last _____

Grade entering: _____ Year: _____ Date of Birth: _____

PARENT:

Father's Name: _____

Mailing Address: _____

Cell Number: _____ Email: _____

Employer and Occupation: _____

Mother's Name _____

Mailing Address: _____

Cell Number: _____ Email: _____

Employer and Occupation: _____

*Student lives with: _____

MEDICAL:

Is the student allergic to any medication? Yes / No If yes, please list. _____

Does the student have any physical or mental health needs or medical conditions the school should be aware of?
Yes / No If yes, please attach a detailed description to this application.

Does the student require any special medication? Yes/No If yes, please attach a description to this application.

EDUCATION:

Name of Last School Enrolled: _____

School Address: _____ School Phone: _____

Email: _____ Grades Enrolled: _____

Reason for transfer: _____

*Is the student eligible to return to the school from which he/she is transferring? Yes / No If no, please attach a detailed explanation to this application with the name of the school administrator and school phone number to reference for the incident.

List ALL schools attended, including Kindergarten.

NAME OF SCHOOL	CITY/STATE	GRADES ATTENDED
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_____	_____	_____
_____	_____	_____
_____	_____	_____

*Has the student ever been suspended or expelled from school? Yes / No If yes, please attach a detailed explanation to this application. Include the name of the school, phone number, date of incident, grade level, and the name of the school administrator who issued the suspension or expulsion.

Has the student been retained a grade: Yes/No If yes, which grade? _____

Give a brief explanation: _____

List sports, clubs, and/or organizations participated in at previous school: _____

REFERENCES:

List three references below. Include name and phone number.

Reference 1 _____

Reference 2 _____

Reference 3 _____

Please provide copies of the following information upon application to Simpson Academy. For your application to be processed, ALL documents must be submitted.

_____ Parent's Driver's License

_____ Elementary/High School Transcript

*For high school students, the transcript must list all Carnegie unit credits along with a numerical grade.

_____ Immunization Compliance Form 121 with updated Tdap shot for 7th grade

_____ Birth Certificate

_____ Social Security Card

_____ Legal Custody/Guardianship paperwork if necessary

_____ \$25 testing fee

Mission Statement

The mission of Simpson County Academy is to be a dynamic, independent educational institution dedicated to Christian values, academic excellence, and athletic achievement. We provide a secure learning environment, state of the art facilities, and a caring, professional staff. We instill in our students the values and skills necessary to successfully meet the challenges of the 21st century.

SIMPSON COUNTY ACADEMY

124 ACADEMY CIRCLE

MENDENHALL, MS 39114

601-847-1395

www.simpsonacademy.net

The goal of Simpson County Academy is to provide for its students the best moral and educational training of which it is capable. Therefore, a student whose educational background or reputation in the community indicates such student is not of the highest caliber of who is known as a "troublemaker", drug or alcohol user, or who is not truly interested in quality education, is to be discouraged from attending SCA so as to not have a negative effect on SCA students. If a student is approved and enters SCA and then these characteristics become known, such student, at the request of the school administration shall immediately withdraw from SCA.