



Shawnee Nazarene Academy
BLAZERS

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Email a recent photo to snaoffice@shawneenaz.org

2024-2025 APPLICATION FOR ADMISSION

Member of the Association of Christian Schools International (ACSI)

The following is to be completed by a parent or legal guardian and returned to the office prior to enrollment.

Date of Application ___ / ___ / ___ Applying for Grade _____

Student's Name _____

Student's Biological Sex Last First Middle
 M F

Address _____
 Street City State Zip Code

Date of Birth ___ / ___ / ___ ****Copy of Birth Certificate needed at time of application**

Ethnic Origin: ___ American Indian/Alaska Native ___ Asian/Pacific Islander
 ___ Black ___ Hispanic ___ Caucasian ___ Bi-racial

1. Father's Name _____

Email: _____

Address (if different from student)

_____ Street City State Zip Code

Father's phone: _____

Father's Occupation/Position _____

2. Mother's Name _____

Email: _____

Address (if different from student)

_____ Street City State Zip Code

Mother's phone: _____

Mother's Occupation/Position _____

3. If there are other children in your family, please complete:

Name _____ Age ____ School _____
Name _____ Age ____ School _____

4. What is the marital relationship in your home?

Parents are: Married & living together _ Separated Divorced Widowed(er)
(If other, please specify) _____

5. Is the student living with at least one parent? ___ Yes ___ No

If "no", with whom is student living (grandparent, guardian, etc.)? _____

6. If parents are divorced or separated, who has legal custody of the student? (Name of legal guardian if other than a parent) _____

(NOTE: Current legal documents must be kept updated and on file in the student's records.)

****If applying for Kindergarten for first time, skip to question 12****

7. Please list schools previously attended, most recent first

School Address/Zip Dates Attended Grades Completed

8. Why is your student transferring from his/her present school? _____

9. Student's grades have been:

___ All A's. ___ Primarily A's & B's. ___ Primarily B's & C's ___ Primarily Below C

10. Has the student ever been:

___ suspended ___ expelled ___ asked to withdraw

**If so, please give full details on a separate sheet of paper, including the principal's name and contact information.

11. Has the student ever repeated a grade? ___ Yes ___ No Grade(s) _____

12.. Has this student been diagnosed as having any of the following problems? ___ Yes ___ No

If yes, please identify below:

___ ADHD ___ Dyslexia ___ Hand-eye Coordination Problems

___ Visual Perception ___ Learning Disability ___ Emotional Difficulties

___ Other (If so, explain) _____

Has this student been in any special education program? ___ Yes ___ No Grade(s) _____

If yes, please describe the program: _____

13. Describe the student's interests, talents, abilities:

14. Are there any medical reasons the applicant cannot participate in the physical education program?

___ Yes ___ No. If "yes", please explain _____

****A physical form and immunizations record is required of all new students at time of application.**

15. If you have further information which may assist in the guidance of your child at SNA, such as pertinent medical or other details the school should be aware of, please indicate below.

16. Please state your personal Christian Experience and Faith: (Attach separate page if needed.)

Father: _____

Mother: _____

Are you a member or attender of a faith community? _____ If so, which one? _____

17. Why do you want your child to enter Shawnee Nazarene Academy? _____

18. How were you made aware of SNA? _____

I have received a copy of Shawnee Nazarene Academy's current handbook. I have read and understand SNA's policies and standards including the Apostle's Creed and Lifestyle Expectations. I agree to support and abide by the information in the handbook. (Please initial in the appropriate space.)

Father _____

Mother _____

Guardian _____

The following is required before admission into Shawnee Nazarene Academy is considered:

1. Application and application fee (non-refundable).
2. Statements and documents signed.
3. Necessary records provided.
4. An entrance assessment and family interview.

To the best of my ability, I/we have provided accurate, truthful information on this application form. I understand that this application cannot be considered without the application/enrollment fee and that if my student is accepted; the application/enrollment fee is not refunded except as outlined in the Tuition and Fees document.

BOTH PARENTS' SIGNATURE REQUIRED, UNLESS A SINGLE PARENT HOME:

Father/Guardian

Date

Mother/Guardian

Date

Shawnee Nazarene Academy students are admitted without regard to race, color, religion, or national and ethnic origin.