



# Still Creek Ranch

*The Children's Promised Land*

**6055 Hearne Road, Bryan Texas 77808  
(979) 589-3206 • Fax (979) 589-2152**

Dear Prospective SCCS Member,

Thank you for your interest in Still Creek Christian School. Enclosed you will find information which we trust will help you decide where the Lord is leading you to enroll you son or daughter.

If you desire to enroll your children at SCCS, please complete the application form and sign the Statement of Parental Cooperation.

We at SCCS will contract you for an interview with our family and we look forward to meeting your son/daughter.

In Christ's Service,

*Margaret O'Quinn*

Administrator



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## APPLICATION

**Please Print:**

Student's Name: Last		First	Middle
Nickname:	Date of Birth	Birthplace	Age
Home Address:		City and State:	Zip
Social Security #		Reason for leaving last school:	Grade

Please tell us anything about your child that would help us know him/her better:

School Last Attended:	District:
Address:	City, State and zip code:
Has this child ever qualified for any of the following programs? <input type="checkbox"/> ESL <input type="checkbox"/> Special ED <input type="checkbox"/> Speech <input type="checkbox"/> Bilingual <input type="checkbox"/> Chapter 1 <input type="checkbox"/> Gifted	

## FAMILY INFORMATION

Father's Name	Lives in Home: Yes ___ No ___
Address:	Home Phone
City, State and Zip	Cell Phone
Father's employer:	Work Phone:

Mother's Name	Lives in home: Yes ___ No ___
Address:	Home Phone
City, State and Zip	Cell Phone
Mother's employer:	Work Phone:

Church Name:	Phone
Pastor's Name	Member: Yes ___ No ___
Has your child accepted Jesus as his/her personal Savior and Lord? Yes ___ No ___ I do not know ___	

Is your child currently on probation or is adjudication pending? Yes ___ No ___	Date of adjudication:
Charges:	

## EDUCATION INFORMATION

Name of school currently at:
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List in order of attendance all schools the child has attended: Enrollment Dates:


Has the child had difficulties in School? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child had an IQ test? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Describe difficulties:

Has your child been assigned to special Education classes?  Yes  No Explain:

Has your child been retained or held back a grade in school?  Yes  No Explain:

Has your child been tested for learning disabilities?  Yes  No Explain findings:

Does your child have a history of suspension or expulsion from School?

Please comment on your child's educational history, including whether or not he/she attended kindergarten, his/her academics strength and weaknesses, and/or other information you feel helpful To our school staff.

## BEHAVIOR RATING SCALES

Frequency of behavior within the past 6 months ( 0 = Not at all, 1 or 2 = Somewhat, 3+ =very much)

Physically assaults peers and/or adults	0	1 or 2	3+
Verbally or physically threatens people	0	1 or 2	3+
Is cruel to animals	0	1 or 2	3+
Is cruel, bullying or mean to others	0	1 or 2	3+
Talks about suicide	0	1 or 2	3+
Deliberately harms self or has attempted suicide	0	1 or 2	3+
Vandalizes or destroys own or others possessions	0	1 or 2	3+
Sets fires	0	1 or 2	3+
Has documented problems with school work	0	1 or 2	3+
Is truant, skips school	0	1 or 2	3+
Runs away from home	0	1 or 2	3+
Behaves like opposite sex	0	1 or 2	3+
Steals at home or outside of the home	0	1 or 2	3+
Exhibits strange or bizarre behavior	0	1 or 2	3+
Hallucinates	0	1 or 2	3+
Wets self during the day	0	1 or 2	3+
Wets the bed	0	1 or 2	3+
Has bowel movements outside the toilet	0	1 or 2	3+
Sexually active	0	1 or 2	3+
Has there been any sexual abuse	0	1 or 2	3+
Does not appear to feel guilty after misbehaving	0	1 or 2	3+
Expresses feelings that others are out to get him	0	1 or 2	3+
Lies and / or cheats	0	1 or 2	3+
Has quit speaking	0	1 or 2	3+
Withdraws, not involved with others	0	1 or 2	3+
Worries excessively, even with minor things	0	1 or 2	3+
Has difficulty concentrating, easily distracted	0	1 or 2	3+
Does not get along with others	0	1 or 2	3+
Expresses feelings or worthlessness, not measuring up	0	1 or 2	3+
Prefers playing with older children	0	1 or 2	3+
Stares blankly	0	1 or 2	3+
Sulks, pouts, whines	0	1 or 2	3+
Is fearful or anxious	0	1 or 2	3+
Has trouble sleeping	0	1 or 2	3+
Is slow moving, and lacks energy	0	1 or 2	3+
Screams and/or cries more or less than usual	0	1 or 2	3+
Demands attention	0	1 or 2	3+
Has difficulty sitting still; restless	0	1 or 2	3+
Is disobedient at home and/or school	0	1 or 2	3+
Gets into fights	0	1 or 2	3+
Associates with children who get into trouble	0	1 or 2	3+
Swears and /or uses obscene language	0	1 or 2	3+
Has temper tantrums, is volatile	0	1 or 2	3+
Impulsive acts without thinking	0	1 or 2	3+
Exhibits sudden mood changes	0	1 or 2	3+
Speech problems	0	1 or 2	3+
Allergies	0	1 or 2	3+
Overweight or underweight	0	1 or 2	3+
Substance abuse, drugs or alcohol, inhalants	0	1 or 2	3+

## MEDICAL INFORMATION

If emergency medical treatment is necessary, and I cannot be reached, I hereby give my permission to Still Creek Christian School to secure proper medical treatment for \_\_\_\_\_. This may include, but not limited to hospitalization, surgery, ordering of injection, anesthesia.

List all allergies and special medical information that we should know about.

SCCS has \_\_\_\_\_ does not have \_\_\_\_\_ permission to administer basic first aid to my child which may include over the counter medicine.

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

**IN CASE OF AN EMERGENCY OR STUDENT ILLNESS PLEASE LIST BELOW ADDITIONAL NAMES TO BE CALLED THAT STUDENTS MAY BE RELEASE TO. (THIS MUST BE COMPLETED)**

Contact Name:	Phone
Contact Name:	Phone
Contact Name:	Phone

When your child is brought to school he/she must be left in the presence of a staff person. You must also make a staff person aware of your child's departure. Please list persons below, including parents, approved to pick your child. Your child will not be released to others not listed without specific permission. Also, if your child ever drives him/herself to school, he/she will not be permitted to leave the campus early unless we receive a phone call from the parent with permission.

Name:	Relationship to the child	Phone