



Spencer Christian School

Elementary / Middle / High School Enrollment Application

**2025-2026 High School – 9th Grade only*

NEW Student Application Process

- ✓ Submit* the following to reserve placement:
 - Family Application
 - Admission Contract
 - Registration fee
 - New Student Application
 - Enrollment Verification (Superintendent letter) – children age 6 by Aug 1st
 - Emergency medical treatment form
 - Authorized pick-up list
 - Immunization record or waiver
- ✓ We will contact you to schedule an interview/assessment.
- ✓ Upon acceptance, you will receive confirmation from the school office.

RETURNING Student Application Process

- ✓ Submit* the following to reserve placement:
 - Family Application
 - Admission Contract
 - Registration fee
 - Enrollment Verification (Superintendent letter) – children age 6 by Aug 1st
- ✓ If needed, please complete:
 - Updated emergency medical treatment form
 - Updated authorized pick-up list
 - Updated immunization record or waiver

You will receive your family's annual invoice for the school year in May/June via email.

** Returning students may submit application during the month of January (enrollment is first-come/first-served starting February)*

** New students may submit application for upcoming school year starting February 1st at 9am*

Preschool/Kindergarten
Elementary/Middle School
High School

Melanie Winstead
Cindy White
Mindy Druin

schoolprek@spencerchristian.org
school@spencerchristian.org
mindy@spencerchristian.org



Family Application

Kindergarten / Elementary / Middle / High School*

* 2025-2026 High School – 9th Grade only (one per family)

Father

Name _____

Street _____

City _____ State _____ Zip _____

Employer _____ Position _____

(_____) _____

mobile phone _____

(_____) _____

work phone _____

(_____) _____

home phone _____

email _____

Mother _____ check here if same address

Name _____

(_____) _____

Street _____

mobile phone _____

City _____ State _____ Zip _____

(_____) _____

Employer _____ Position _____

work phone _____

(_____) _____

home phone _____

email _____

Preferred email for Financial Correspondence:

Mom

Dad

Preferred email(s) for other school correspondence:

Mom

Dad

Both

Spencer Christian Church Member? Yes No

If no, church affiliation _____

Shaded areas for office use only.

List all Children in Household	Birth Date	Grade Entering	Applying for Admission		<i>Registration Fee</i>	<i>Annual Tuition</i>
			Yes	No		
<i>Total Family Tuition:</i>	<i>Monthly Payment for IPN:</i>		<i>Pending Scholarship Application:</i>			

For new applicants, list any current SCS families we may contact for a reference. _____

How did you learn about SCS? _____

Spencer Christian School is not equipped to provide for the educational needs of all students. Therefore, we reserve the right to withhold admission as it best affects the educational interest of your child.

We certify that all the information on this application is true and complete and authorize Spencer Christian School to contact the applicant's previous school(s) and teachers to obtain records and opinions regarding the applicant(s).

Parent's Signatures _____ **Date** _____

_____ **Date** _____

Please return family application, along with all other student applications and registration fees to the school office.



Applicant's name: _____ Race: _____ Grade: _____

Please read, sign and date each section for each child applying for admission.

Tuition Contract

	Registration (non-refundable)	Annual Tuition	Payment Months	Monthly Installments	First Payment Due
Kindergarten** 9:00 am – 2:00 pm	\$225*	\$3480	12 (Jun-May)	\$290	Jun 1 st
1st-8th Grades** 9:00 am – 3:30 pm	\$275*	\$4620	12 (Jun-May)	\$385	Jun 1 st
9th Grade** 8:30 am – 3:30 pm	\$275 plus Book Fee \$150	\$6000	12 (Jun-May)	\$500	Jun 1 st

* K-8th Grades – registration fee includes book fee

** Placement will be confirmed after required Admission Assessment and/or Teacher Conference

I AGREE TO:

- Pay an annual registration fee per child at the time of enrollment. **This is a non-refundable fee.**
- Pay tuition according to the schedule as listed above.
- Pay the monthly tuition installment during the first week of each month. A late charge of \$25 will be assessed on the 10th day of the month if payment is not received.

Parent/Guardian Signature: _____ Date: _____

Parent Handbook Receipt Form

I have fully read the handbook provided to the parents/guardians and agree to follow all guidelines and policies established by Spencer Christian School. I am aware of all the health requirements, discipline policies and medical emergency procedures. I agree to provide any change of information immediately to the school office.

Parent/Guardian Signature: _____ Date: _____

Photo and Contact Information Permission

- I give my permission to Spencer Christian School to use my child's photo for advertisement purposes. **Yes** **No**
- I give permission to Spencer Christian School to publish my contact information in a school-wide directory. The directory will only be distributed to school families and is not to be used for solicitation purposes. **Yes** **No**

Medical Permission

I give my permission to Spencer Christian School staff to take whatever steps are necessary in the event of a serious accident or illness. In the event of an emergency, SCS may release my child to a medical professional. SCS is not an allergen-free school. It is the responsibility of the parent and child to be capable of avoiding allergens and treating reactions. Physical education courses, school performances, recess, sports, and other school-sponsored activities contain risk of physical injury. I agree that my child may participate in all school activities. I release and hold harmless Spencer Christian School, its agents, employees, successors, and assigns from any and all liability for loss, injury, damage, or claims arising out of my child's participation.

- Please list/update any Allergies or Health issues on the Authorization for Emergency Medical Treatment form.

Parent/Guardian Signature: _____ Date: _____

Immunization Record

Please obtain the most recent copy of your child's immunization record and submit a copy with this application. An appropriate religious or medical waiver will also be accepted. (KRS 214.034/KRS 214.036)

Parent/Guardian Signature: _____ Date: _____

Commonwealth of Kentucky School Reporting Requirements

Kentucky State Law requires all students ages 6 to 18 to meet their standard of 1062 instructional hours in 177 6-instructional-hour days. Spencer Christian School operates on a unique schedule in cooperation with the parents. To meet the requirements, I (as the parent/legal guardian), will provide additional individual instructional hours equal to or greater than 12 hours per week for students that are enrolled in first through twelfth grades.

Parent/Guardian Signature: _____ Date: _____

For returning students: if you have changes to Release of Child or Authorization for Emergency Medical Treatment forms, please attach corresponding form(s).



New Student Application
Kindergarten / Elementary / Middle / High School

Applicant's Name: _____

Applying for grade: _____ Gender: _____ Race: _____

Current school: _____

Location (if not local): _____

Allergies and/or Health Issues: _____

(attach recent photo)

We will submit a records request to your child's school, or you may submit the following with your application:

1. Most recent standardized test scores (if applicable)
2. Attendance record
3. Report card
4. Immunization record or waiver

Describe the applicant's education history (previous schools, classes, curriculum used).

Describe the applicant's extracurricular interests and/or achievements.

Has the applicant been tutored?	Yes	No
Has the applicant been subject to disciplinary action?	Yes	No
Has the applicant skipped or repeated a grade?	Yes	No
Has the applicant had any learning or behavioral problems?	Yes	No
Does the applicant have any physical disabilities or illnesses?	Yes	No
Are you aware of any issues that may affect the applicant's behavior or academics?	Yes	No

If you answered yes to any of these questions, please provide a complete explanation. If more space is required, attach a separate page.



Spencer Christian School

5720 Taylorsville Road
Fisherville, KY 40023
502.477.9617 ext. 200
school@spencerchristian.org

September 1, 2025

____ County Public Schools
Superintendent (**Family's County of Residence**)

To Whom It May Concern:

This letter is to inform you that _____ is/are enrolled as a student at Spencer Christian School for the 2025-2026 school year.

In cooperation with the parents, the school will be providing 663 hours of instructional time. Parents agree to complete the remaining hours expected by the Commonwealth of Kentucky.

Curriculum, attendance and assessment records will be made available upon request.

Sincerely,

Parent(s) Name (please print)

Parent Signature

Name(s) of Child(ren): _____

Child's Birthday(s): _____

Child's Address: _____



I, _____ (parent) of _____ (address),
City of _____, County of _____, Kentucky, am the father/mother/legal
guardian of _____ (child's name), a minor who attends and/or
participates in activities with Spencer Christian School, located at 5720 Taylorsville Road, Fisherville, KY 40023.

In the event that all reasonable attempts to contact me at _____ (phone number), have been
unsuccessful, I hereby give my consent for:

1. The administration of any treatment deemed necessary by Dr. _____ (preferred physician)
at _____ (phone number), or Dr. _____ (preferred dentist), at
_____ (phone number), or, in the event that they are not available, by any licensed
physician or dentist; and
2. The transfer of the child to _____ (preferred hospital) or any other hospital
reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or
dentists, concurring the necessity for such surgery, are obtained prior to the performance of such surgery.

The following information is needed by any hospital or practitioner not having access to the child's medical
history:

Allergies: _____

Medication being taken: _____

Date of last tetanus shot: _____

Physical Impairments: _____

Insurance Company: _____

Policy Number: _____

Policy Holder: _____

Other pertinent facts to which a physician should be alerted: _____

Dated: _____

Signature

Printed Name



Name of Child(ren): _____

Below is a list of persons authorized to pick up your child from Spencer Christian School. Under no circumstances will your child be allowed to leave the property except for those names listed below. We reserve the right to check identification.

Please list parent's names too!

1. Name: _____
Relationship to Child: _____
Telephone # of responsible party: _____
2. Name: _____
Relationship to Child: _____
Telephone # of responsible party: _____
3. Name: _____
Relationship to Child: _____
Telephone # of responsible party: _____
4. Name: _____
Relationship to Child: _____
Telephone # of responsible party: _____
5. Name: _____
Relationship to Child: _____
Telephone # of responsible party: _____
6. Name: _____
Relationship to Child: _____
Telephone # of responsible party: _____
7. Name: _____
Relationship to Child: _____
Telephone # of responsible party: _____