

# Sunshine Bible Academy

400 Sunshine Drive • Miller, SD 57362 • (605) 853-3071 • FAX (605) 853-3072  
sunshinebible@k12.sd.us • www.sunshinebible.org

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## APPLICANT CHECKLIST

### STEP ONE

Date Completed

- Application
  - 1. Parent Form
  - 2. Student Form

\_\_\_\_\_

\_\_\_\_\_

Must be sent with a \$50.00 application fee to initiate formal application.

### STEP TWO

- Recommendation Forms – Mailed directly from recommender to Sunshine Bible Academy
  - English Teacher Recommendation Form
  - Mathematics Teacher Recommendation Form
  - Pastor/Youth Pastor Recommendation Form

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*If you cannot obtain recommendations from your Math and/or English Teacher, we may require a placement test to be taken.

- Report Cards and Standardized Test Scores  
Please send the complete academic file including the grades from last year, and the current year, along with standardized test results to SBA.

\_\_\_\_\_

### STEP THREE

- Interview  
After you have submitted the application, recommendation forms, and grades, contact the SBA office to set up an interview.

\_\_\_\_\_

### STEP FOUR

- After being interviewed & accepted  
Complete additional forms pertinent to academic & dorm life

\_\_\_\_\_

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## MISSION STATEMENT

We believe that Sunshine Bible Academy exists to assist parents with their responsibility to raise their children in the nurture and admonition of the Lord by integrating God's truth in all areas of life.

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## APPLICATION FOR ADMISSION

### PARENT FORM

This application does not assure final enrollment, but provides information upon which a decision will be based. The non-refundable registration fee is payable at the time of the interview. When returning the application, please include a copy of the student's complete academic file including the most recent report card and any standardized test results. Upon acceptance of the student, additional materials will be needed, including current physical, immunization records, and a certified birth certificate. Please note that immunization records must be completed as part of the student's school records.

Desired admission date: Fall 20\_\_\_\_ Spring 20\_\_\_\_

Grade applying for:  K  1  2  3  4  5  6  7  8  9  10  11  12

### STUDENT INFORMATION

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Male  Female  Age: \_\_\_\_\_ Preferred First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Student's Email: \_\_\_\_\_

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

Please describe your son or daughter: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### SCHOOL HISTORY

Is this your child's first school experience? Yes  No

List previous schools attended:

1) Name of School: \_\_\_\_\_ Address: \_\_\_\_\_

Grade: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

2) Name of School: \_\_\_\_\_ Address: \_\_\_\_\_

Grade: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

3) Name of School: \_\_\_\_\_ Address: \_\_\_\_\_

Grade: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

If your student has repeated any grade, please state the reason: \_\_\_\_\_

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Has your child been evaluated for (check all that apply):

ADHD/ADD     Emotional difficulties     Language processing     Learning disabilities     Physical disabilities

Other: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Initial testing date: \_\_\_\_\_ Most recent test date: \_\_\_\_\_ (Please submit a copy of the most recent test results.)

Child's academic interests, abilities, and strengths: \_\_\_\_\_

What concerns do you have regarding your child's current progress (academic, self-esteem, physical stature, health)?

Has the student had any disciplinary difficulty in school? If so, state briefly: \_\_\_\_\_

Has the student had any difficulty with civil authorities? If so, state briefly: \_\_\_\_\_

Does the student receive medication? Yes  No  Type of medication: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## FAMILY INFORMATION

### FATHER:

Title: \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Current Marital Status:

Married     Separated     Divorced     One Parent     Widow/Widower

Does applicant live with you?  Yes     No

Your Education level:  High School     College     Post-Graduate

Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Student's Grandparents Names: \_\_\_\_\_

Student's Grandparents Address: \_\_\_\_\_

### MOTHER:

Title: \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Current Marital Status:

Married     Separated     Divorced     One Parent     Widow/Widower

Does applicant live with you?  Yes     No

Your Education level:  High School     College     Post-Graduate

Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Student's Grandparents Names: \_\_\_\_\_

Student's Grandparents Address: \_\_\_\_\_

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If the student does not live with both parents, the student lives with:

Natural mother only    Natural father only    Natural mother and stepfather    Natural father and stepmother    Guardian    Adoptive parents

Who has legal custody of the student? \_\_\_\_\_  
(Written documentation is required prior to enrollment.)

Is either parent forbidden by court order from having equal access to the child or the school records?  Yes    No (Written documentation is required prior to enrollment.)

Primary language spoken at home: \_\_\_\_\_ Second Language: \_\_\_\_\_

## SIBLINGS/STEP SIBLINGS:

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

Present School: \_\_\_\_\_ Applying to SBA?  Yes    No

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

Present School: \_\_\_\_\_ Applying to SBA?  Yes    No

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

Present School: \_\_\_\_\_ Applying to SBA?  Yes    No

## SPIRITUAL LIFE

Church attended: \_\_\_\_\_ Address: \_\_\_\_\_ Member:  Yes    No

What activities of your church are you or members of your family involved in besides Sunday worship? \_\_\_\_\_

\_\_\_\_\_

What factors have provided the greatest impact on the spiritual life of your family? \_\_\_\_\_

\_\_\_\_\_

What do you think are the characteristics of a Christian family? \_\_\_\_\_

\_\_\_\_\_

## WHAT IS YOUR RELATIONSHIP TO JESUS CHRIST?

### FATHER:

When were you saved/born again? \_\_\_\_\_

Please explain your salvation experience and relationship with Jesus Christ. \_\_\_\_\_

\_\_\_\_\_

### MOTHER:

When were you saved/born again? \_\_\_\_\_

Please explain your salvation experience and relationship with Jesus Christ. \_\_\_\_\_

\_\_\_\_\_

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## SUPPLEMENTAL INFORMATION

How did you hear of the school? \_\_\_\_\_

Who, if anyone, referred you? \_\_\_\_\_

Why are you interested in sending your child to SBA? \_\_\_\_\_  
\_\_\_\_\_

Have you been satisfied with the education your child has had until now? \_\_\_\_\_  
\_\_\_\_\_

If not, in what areas do you desire improvement? \_\_\_\_\_  
\_\_\_\_\_

What expectations do you have of the education your child will be receiving at Sunshine Bible Academy? \_\_\_\_\_  
\_\_\_\_\_

I accept the regulations of Sunshine Bible Academy (SBA) and I authorize the school to hold my child accountable to the SBA standards and policies. Further, I agree to have my child taught according to the doctrinal position of the school. I accept the policies detailed in the Student Handbook, and agree to abide by the school's discipline policies. I agree to pay all school bills when presented to me, unless other arrangements have been made. I understand that Sunshine Bible Academy will not transfer my child's grades and other reports unless my account is paid in full. I also understand the school shall not be responsible for any personal belongings left on the school campus during a vacation and or in the event of my child's withdrawal from school. I give consent for my child to take part in all school activities, including sports and school-sponsored trips away from school premises, and absolve the school of liability because of injury to my child during school activities except for the willful, wanton, or reckless misconduct of SBA, its employees, or volunteers. I will faithfully support the school in prayer, practical service, and special gifts as the Lord leads and enables me. I understand that any false information or significant omission may disqualify my child from admission and may be justification for dismissal from SBA if discovered at a later date. Finally, I give permission to have my son's or daughter's photograph used in school based publications.

I have read the terms stated on this application and agree thereto. **Application is not considered valid unless both parents, surviving parent, or custodial parent signs, as the case may be.**

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## NON-DISCRIMINATORY POLICY

Sunshine Bible Academy admits students of any race, color, national, or ethnic origin to all the rights, privilege, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, class assignments, scholarship programs, and other school-administered programs.

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## Pastor/Youth Pastor Reference Form

(Please mail to the above address)

Name of Applicant: \_\_\_\_\_

Name of Pastor: \_\_\_\_\_ Position: \_\_\_\_\_

1. How long have you known the applicant? \_\_\_\_\_ Years \_\_\_\_\_ Months

2. Are you acquainted with the applicant's spiritual life?  Yes  No

Please explain with history and details: \_\_\_\_\_

\_\_\_\_\_

3. Are the parents in a committed personal relationship with Jesus Christ? \_\_\_\_\_

4. How would you summarize the applicant's Biblical understanding and knowledge? \_\_\_\_\_

\_\_\_\_\_

5. Please describe the applicant's home life. \_\_\_\_\_

In what capacities has (s)he been active in your church? \_\_\_\_\_

6. Has (s)he any significant talents or special abilities?  Yes  No

7. Please explain: \_\_\_\_\_

8. Have you noticed any personality weaknesses?  Yes  No

Please explain: \_\_\_\_\_

9. Have you noted any physical weaknesses or emotional problems that would hinder the applicant in an intensive academic and dormitory environment?  Yes  No

Please explain: \_\_\_\_\_

10. Does the applicant demonstrate a lifestyle consistent with Biblical standards?  Yes  No

Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Are you aware of any criminal or social problems?  Yes  No

Please explain: \_\_\_\_\_

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Circle the traits that best describe the applicant. (Please circle only one for each trait.)

1. Spiritual life	No interest in spiritual growth	Small evidence of spiritual growth	Average	Shows growth and separated living	Consistently mature	Do not know
2. Purposefulness	Aimless; no evident goals	Vacillating in purpose	Average	Self-directed	Strives to realize well-formed goals	Do not know
3. Initiative	Requires constant oversight	Succeeds, if always directed	Average-occasional	Shows good initiative	Actively creative	Do not know
4. Industry	Needs constant prodding	Needs occasional prodding	Performs assigned tasks	Goes beyond what is required	Seeks additional work	Do not know
5. Influence on others	Negative influence	Neither positive nor negative	Occasionally good	Consistently good influence	Positive challenge	Do not know
6. Acceptance by others	Avoided by others	Tolerated by others	Liked by others	Well-liked by others	Sought after by others	Do not know
7. Responsibility	Irresponsible	Shows some dependability	Usually reliable	Conscientiously reliable	Capable of much responsibility	Do not know
8. Leadership	Always a follower	Tries, but usually fails at leadership	Assumes occasional leadership	Good leadership	Inspiring and successful leader	Do not know
9. Emotional qualities	Overly emotional; apathetic	Occasionally unbalanced	Usually well-balanced	Consistently well-balanced	Of unusual emotional stability	Do not know
10. Personal appearance (hygiene)	Very apathetic	Needs much improvement	Could improve a little	Takes good care of self	Well-groomed	Do not know

Would you recommend that we accept this applicant?  No  Questionable  Yes  Strongly so

Please add any further comments you wish about the applicant's spirituality, cooperativeness, tactfulness, good judgment, and honesty. Use another sheet of paper if necessary.

Pastor's name (please print) \_\_\_\_\_

Pastor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Church and denominational affiliation \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

Would you like to receive information about Sunshine Bible Academy?  Yes  No  Already have

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## Student Application

This portion should be handwritten and completed by the student only.

Name \_\_\_\_\_

1. What extracurricular activities, both at school and in the community, have you done in the last two years? \_\_\_\_\_

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2. Do you have any hobbies or special interests? If so, please tell about them: \_\_\_\_\_

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3. Check activities in which you might be interested in participating:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Boys' Football    | <input type="checkbox"/> Choral Music  | <input type="checkbox"/> Newspaper          |
| <input type="checkbox"/> Girls' Volleyball | <input type="checkbox"/> Ministry Team | <input type="checkbox"/> Student Government |
| <input type="checkbox"/> Cross Country     | <input type="checkbox"/> Band          | <input type="checkbox"/> Yearbook           |
| <input type="checkbox"/> Basketball        | (Instrument: _____)                    |   |
| <input type="checkbox"/> Boys' Wrestling   | <input type="checkbox"/> Drama         |   |
| <input type="checkbox"/> Track and Field   |  |   |

4. What are your goals for your high school years? \_\_\_\_\_

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5. Have you been in any trouble with school administration at your current or previous school? \_\_\_\_\_

Why? \_\_\_\_\_

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6. Have you ever used drugs, tobacco, or alcohol? \_\_\_\_\_ If "yes," please explain \_\_\_\_\_

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7. Are there any special accommodations or help that you will need if you attend Sunshine Bible Academy? \_\_\_\_\_

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