

Sinai Christian Academy

2301 Grier Ave, Linden, NJ 07036

Phone: (908) 486-2006 Fax: (908) 925-9258

Sinai Christian Academy School Admissions Procedure (1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th Grades)

1. Do the Following:
 - ☐ Complete Application
 - ☐ Sign Release of Records for previous school
 - ☐ Give Teacher Recommendation Form to child's teacher
 - ☐ Give Church Recommendation Form to a church leader (who knows your child well)
2. Gather the following documents:
 - ☐ Birth Certificate
 - ☐ Social Security Card
 - ☐ Immunization Records
 - ☐ Copies of previous Report Card
 - ☐ Standardized Test results
 - ☐ IEP/ISP (if your child is classified)
3. ☐ Bring the completed Application and Documents with the Non-refundable Registration Fee to Sinai Christian Academy.
4. ☐ Once all the documentation is received, the office will schedule an interview appointment with parent(s) and child.
5. ☐ Pay Insurance and Curriculum Fee within 3 days of acceptance, if before June (if accepted after June, fees will be due immediately).
6. ☐ Schedule Child for a Physical with your doctor and bring report and health history records to school.
7. ☐ Pay tuition by due date in the months of Aug through May.
8. ☐ The yearly fundraiser is \$900. Please advise if you would like to include it in the tuition or you will be participating in raising the funds.

***If ALL items on this form are not submitted your child will be denied admittance**

Sinai Christian Academy

2301 Grier Ave, Linden, NJ 07036
Phone: (908) 486-2006 Fax: (973) 498-1817

Returning Student Application

Child's Name:	Birthdate:	Gender:
Father's Name _____	Mother's Name _____	
Address _____	Address _____	
City, State, Zip _____	City, State, Zip _____	
Home Phone Number _____	Home Phone Number _____	
Cell Phone Number _____	Cell Phone Number _____	
Work Phone Number _____	Work Phone Number _____	
E-Mail Address _____	E-Mail Address _____	
Father's Employer _____	Mother's Employer _____	
Address _____	Address _____	
City, State, Zip _____	City, State, Zip _____	
Position _____	Position _____	
<u>For Office Use Only:</u> <input type="checkbox"/> Application Fee Date & #: _____ <input type="checkbox"/> Completed Application <input type="checkbox"/> Curriculum Fee Date & #: _____ <input type="checkbox"/> Copy of Birth Certificate <input type="checkbox"/> Copy of Immunizations Date: _____ <input type="checkbox"/> Physical <input type="checkbox"/> School Records Received <input type="checkbox"/> IEP/ISP Received <input type="checkbox"/> Pastoral Recommendation <input type="checkbox"/> Educational Recommendation <input type="checkbox"/> Interview Date: _____	<u>Are Natural Parents?</u> <input type="checkbox"/> Married <input type="checkbox"/> Not Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased (Mother or Father) Who has legal custody of this child? _____ Is this a legal guardian? _____ Copies of Documentation: _____ Court Order Attached? _____ _____	

Sinai Christian Academy

2301 Grier Ave, Linden, NJ 07036
Phone: (908) 486-2006 Fax: (973) 498-1817

Page 2

Child's Name:	Birthdate:	Gender:
Child's Social Security Number	Current School	
Place of Birth	Address	
City, State, Zip	City, State, Zip	
Is student US citizen?	School Phone Number	
If not, what is his/her status?	School Previously Attended and Years/Grades attended	
Student's e-mail address	Address, City, State, Zip	
Student's Cell Phone Number	School Previously Attended and Years/Grades attended	
Primary Language Spoken at home	Address, City, State, Zip	
Other Language(s) Spoken	School Previously Attended and Years/Grades attended	
<u>Ethnic Background:</u> Check all that apply		
<input type="checkbox"/> African American	<input type="checkbox"/> American Indian	
<input type="checkbox"/> Asian/Pacific Islands	<input type="checkbox"/> Caucasian	
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other	
1) Has applicant ever repeated a grade? _____ If yes, which grade(s)? _____ 2) Has applicant ever been suspended or expelled? _____ 3) If yes, for what reason? _____ 4) Has applicant ever received in-school suspension? _____ 5) Has student been evaluated by a Child Study Team and/or classified? _____ 6) Has applicant been convicted of a crime? _____		

Sinai Christian Academy

2301 Grier Ave, Linden, NJ 07036
Phone: (908) 486-2006

Application Certification

Students Name: _____
Birthdate: _____ Grade: _____

I/We attest that all of the information presented on this form is true, accurate, and complete. I/We authorize the SCA School Board to release this form and all attachments to pertinent parties, and to confirm that the information included herein is indeed accurate.

I/We understand that this application will not be processed without the requested documentation attached. In addition, I/We understand that any false information provided will result in the student not being accepted and/or discharged from Sinai Christian Academy.

Parent/Guardian: _____ Date: _____
Parent/Guardian: _____ Date: _____

Certificamos / confirmamos que toda la información presentada en este formulario es verdadera, precisa y completa. Autorizo / autorizamos a la Junta Escolar de SCA a entregar este formulario y todos los anexos partes pertinentes, y a confirmar que la información incluida en este documento es realmente precisa. Entiendo/ entendemos que esta solicitud no se procesará sin la documentación solicitada adjunta. Entiendo que cualquier información falsa resultará en que el estudiante no sea aceptado y/o dado de baja de Sinai Christian Academy.

Sinai Christian Academy

2301 Grier Ave, Linden, NJ 07036
Phone: (908) 486-2006 Fax: (908) 925-9258

STUDENT PHYSICAL QUESTIONNAIRE 2025/2026

To be completed by a physician

Please complete all the information in its entirety and attach a copy of a child's current immunization records. It is also necessary for a child to have a complete physical.

Student's Name:	Birthdate:	Grade:	
Does child have allergies? What?			
What type of reaction or symptoms?			
Child's treatment for allergic reaction:			
Does child have asthma?			
If yes, what are his/her triggers?			
Child's asthma treatment:			
Does child use inhaler or nebulizer?			
List any other medical conditions:			
List medications:			
Does child have speech, hearing, or visual difficulties?			
Diagnosed with ADD, ADHD, or Sensory sensitivity?			
Is child receiving special services?			
If yes, please explain:			
<u>Please circle if child has problems with any of the following:</u>			
Constipation	Convulsions	Diarrhea	Fainting Spells
Frequent Colds	Frequent Ear Infections	Frequent Sore Throats	Lice
Ringworm	Skin Rash	Stomach Upsets	Soiling
Urinary Problems	Worms	Lead Poisoning	
<u>Please circle if child has ever had any of the following:</u>			
Asthma	Bronchitis	Chicken Pox	Diabetes
Heart Disease	Hepatitis	Impetigo	Measles
Mumps	German Measles	Polio	Scarlet Fever
Tuberculosis	Whooping Cough	Kidney Disease	Sickle Cell
<u>Please provide any other medical information you deem necessary for Sinai Christian Academy to be aware of:</u>			

Physician's Signature

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health and Senior Services

SECTION I - TO BE COMPLETED BY PARENT(S)

Child's Name (Last)		(First)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier			
Parent/Guardian Name		Home Telephone Number		Work Telephone/Cell Phone Number	
Parent/Guardian Name		Home Telephone Number		Work Telephone/Cell Phone Number	
I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.					
Signature/Date				This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination:	Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Abnormalities Noted:	<table border="1"> <tr> <td>Weight (must be taken within 30 days for WIC)</td> <td></td> </tr> <tr> <td>Height (must be taken within 30 days for WIC)</td> <td></td> </tr> <tr> <td>Head Circumference (if <2 Years)</td> <td></td> </tr> <tr> <td>Blood Pressure (if ≥3 Years)</td> <td></td> </tr> </table>	Weight (must be taken within 30 days for WIC)		Height (must be taken within 30 days for WIC)		Head Circumference (if <2 Years)		Blood Pressure (if ≥3 Years)	
Weight (must be taken within 30 days for WIC)									
Height (must be taken within 30 days for WIC)									
Head Circumference (if <2 Years)									
Blood Pressure (if ≥3 Years)									

IMMUNIZATIONS

- ☐ Immunization Record Attached
☐ Date Next Immunization Due:

MEDICAL CONDITIONS

Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments

PREVENTIVE HEALTH SCREENINGS

Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note If Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

☐ I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.

Name of Health Care Provider (Print)	Health Care Provider Stamp:
Signature/Date	

Sinai Christian Academy

2301 Grier Ave, Linden, NJ 07036
Phone: (908) 486-2006 Fax: (973) 498-1817

Church Reference Form

To be completed by the prospective student's Pastor, Church Elder, Youth Leader, Sunday School teacher, or Ministry Leader who can best answer questions concerning the student. Please mail completed form directly to Sinai Christian Academy. Thank you.

Student's Name: _____ Entering Grade: _____

Parent/Guardian: _____ Date Submitted: _____

-
-
- 1) How long has this family attended your church? _____
 - 2) How frequently does he/she attend services? _____ Weekly _____ Monthly _____ Rarely
 - 3) In your opinion, does the student have a personal devotion to Jesus? _____
 - 4) If yes on what evidence are you basing this? _____
 - 5) Does the student have a positive attitude toward authority and instruction? _____
 - 6) On what evidence are you basing this? _____
 - 7) Does the student have any physical, emotional, or personality traits which could potentially impact his/her relationship with others? _____
 - 8) If yes, please explain (continue on back): _____

Signature: _____ Date: _____

Your Printed Name: _____ Position/Title: _____

Church Name: _____

Address: _____ Phone #: _____

Sinai Christian Academy

2301 Grier Ave, Linden, NJ 07036
Phone: (908) 486-2006 Fax: (973) 498-1817
www.sinaichristianacademy.org

STUDENT PICK-UP FORM

Student Name(s): _____ Grade(s): _____

Student Name(s): _____ Grade(s): _____

Student Name(s): _____ Grade(s): _____

Student Name(s): _____ Grade(s): _____

Mother's Name: _____

Father's Name: _____

Home Phone #: _____

Home Phone #: _____

Cell Phone #: _____

Cell Phone #: _____

Work Phone #: _____

Work Phone #: _____

Sinai Christian Academy ("SCA") is hereby authorized to release my children to the following individuals:

<u>Name</u>	<u>Address & Phone Number</u>	<u>Copy of License/I.D.</u>
-------------	-----------------------------------	-----------------------------

1. _____

2. _____

3. _____

I understand that each of these individuals must provide current I.D. to the office staff (i.e., driver's license) and a copy will be made to keep with the school's records. **Furthermore**, I understand that it is my responsibility to contact the school office and notify SCA that there is a change in the regular pick-up procedure. I also understand that my child(ren) will not be released to any individual not on this list. I must contact SCA to complete a new form should the information on this form change, or I wish to add or remove anyone from this authorization.

The following individuals have been prohibited from picking up my child(ren) by Court Order/Restraining Order (copy attached).

<u>Name</u>	<u>Address & Phone Number</u>	<u>Attach Photo (if available)</u>
-------------	-----------------------------------	------------------------------------

1. _____

2. _____

Signature

Date



Sinai Christian Academy

2301 Grier Ave, Linden, NJ 07036

Phone: (908) 486-2006 Fax: (908) 925-9258

www.sinaichristianacademy.org

OFF-PREMISES CONSENT FORM 2026-2027

I hereby give permission for the staff of Sinai Christian Academy ("SCA") teachers and staff to take my child(ren) off school premises to participate in local school events, which may include, a local park, the fire department, or other community locations, as well as participating in gym activities which are off premises at a local park. I understand that this permission slip allows my child(ren) to ride SCA's school bus to various locations.

Name(s) of Child(ren)

Parent/Guardian Signature

Date

Emergency Contact Number



Sinai Christian Academy

Schedule of Tuition & Fees

2026 - 2027

Phone: (908) 486-2006

Registration Fees		
Non-refundable	Registration Fee	Late Registration Fee
First child in family	\$200.00	\$250.00 after 3/15/2016
Each additional child in family	\$150.00	\$200.00 after 3/15/2016
Family Maximum – 4 Students	\$500.00	\$550.00 after 3/15/2016

Curriculum User Fees			
Non-refundable	Early Childhood	K – 5 th grades	6 th – 12 th grades
Per Student by 4/15/16	\$420	\$420.00	\$370.00
Per Student after 4/15/16	\$450.00	\$450.00	\$395.00

Insurance Fee	
Annual Insurance Fee per student due 4/15/16	\$150.00

Tuition

Tuition rates include all technology, building, & lab fees. These rates are for the regular school year which runs from September through mid-June; Monday – Thursday 8:30 a.m. – 3:00p.m. & Friday 8:30 -12:30 p.m.

Service Fee of 5% will be assessed on all 10-month payment plans: Aug 2026 – May 2027

GENESIS EARLYCHILDHOOD PROGRAM				
<u>GRADE</u>	<u>1 Child</u>	<u>2 Children</u>	<u>3 Children</u>	<u>4 Children</u>
PreK3 & PreK4	\$ 6,725	\$13,450	-	-

SINAI ACADEMY				
<u>GRADE</u>	<u>1 Child</u>	<u>2 Children</u>	<u>3 Children</u>	<u>4 Children</u>
K-5 th grades	\$ 6,520	7% off Total Academy Tuition	10% off Total Academy Tuition	15% off Total Academy Tuition
6 th – 8 th grades	\$ 6,870			
9 th – 12 th grades	\$ 7,515			
If 1 st child is in Genesis and 2 nd child is in the Academy – there is a 5% discount for the 2 nd child				
<i>Discounts are for tuition only, not registration, curriculum or insurance</i> <i>A late fee of \$50.00 will be assessed for any payment that is late</i>				



Sinai Christian Academy

2301 Grier Ave, Linden, NJ 07036

Phone: (908) 486-2006

www.sinaichristianacademy.org

MEDIA CONSENT FORM 2026-2027

I hereby consent to the use of any photographs/video tape taken of my child by Sinai Christian Academy or the media for the purpose of advertising or publicizing events, activities, facilities and programs of the Sinai Christian Academy in newspapers, newsletters, website, other publications, television, radio and other communications and advertising media.

By law, Sinai Christian Academy protects the privacy of the students and is prohibited from releasing students' personal information. Any student and/or their schoolwork will be identified by first name only. No last names will be mentioned.

From time-to-time representatives of the news media are invited to campus to cover events at our school. When this happens, there is a possibility your child/children may be photographed, videotaped, or interviewed for a news story.

Please mark any of the choices below and return to school.

_____ Yes, I give permission to photograph, videotape, or audio record my child and for local news media to photograph and/or interview my child. I also give permission to display my child's schoolwork and photographs including class pictures and T-shirts.

_____ Please do not publish my child's photograph or schoolwork on the Sinai Christian Academy website or any other Internet page for which the photo may be requested.

_____ Please only publish my child's photograph in group photos, no individual shots.

_____ I do not give permission for my child's photograph or schoolwork to be used for ANY school publication, news media usage or Internet website, or for the news media to photograph and/or interview my child.

Please Print

Student's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____

Parent or Guardian if above person is under 18

Sinai Christian Academy

2301 Grier Ave, Linden, NJ 07036
Phone: (908) 486-2006 Fax: (908) 925-9258
www.sinaichristianacademy.org

STUDENT REFERRAL PROGRAM

Dear Parents:

Great News! We have expanded our student referral program.
Refer your family and friends to Sinai Christian Academy and receive a discount on your 2025/2026 tuition.

The referral program will work as follows:

Refer	Receive
Refer 1 Family	\$300 off 2025/2026 tuition
Refer 2 Families	\$600 off 2025/2026 tuition
Refer 3 Families	\$1000 off 2025/2026 tuition
Refer 4 Families	\$1500 off 2025/2026 tuition

Reduction in tuition will be reduced at the end of the 2025/2026 school year provided the referral family and the referred family remains registered for the 2020/2021 school year and the referred family's tuition is paid in full.

Reduction in tuition is not to exceed total of referring family's yearly tuition.

If you have any questions, please call the main office at 908-486-2006.