



Established 2015

One application per family. Please print clearly.

ENROLLMENT APPLICATION 2026-2027

SPRING MOUNTAIN CHRISTIAN ACADEMY

Mailing address: 12152 SE Mather Rd. Clackamas, OR 97015

Tel/text: 971.447.3485

Email: springmountain@smcak12.com

Website: Smcak12.com

FAMILY Last Name

<input type="checkbox"/> Re-Enrollment	<input type="checkbox"/> New Enrollment
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Grade	Annual Tuition	Student Resources Fee
K4 & K5	\$5,450	\$300
1-3	\$6,300	
4-5	\$6,500	
6-8	\$6,700	\$350
9-12	\$7,000	

MOTHER Information

Faculty: yes no

LAST Name: _____ FIRST Name: _____

CELL Phone #: _____ Include in school alerts & communications: yes no

e-mail: _____ Include in school communications: yes no

FATHER Information

Faculty: yes no

LAST Name: _____ FIRST Name: _____

CELL Phone #: _____ Include in school alerts & communications: yes no

e-mail: _____ Include in school communications: yes no

Mailing Address:

Address: _____ City: _____ State: _____ Zip: _____

STUDENT Information

	FIRST Name	LAST Name	Date of Birth	M/F	New or returning	Grade in 2026-2027	Social Security for 9-12 th grade
1							
2							
3							
4							
5							

STUDENT COMMITMENT 6-12 Grades:

I, _____, (additional student) _____, I agree to abide by Spring Mountain Christian Academy's standards of conduct and all regulations expected of me as a member of the school community. I will conduct myself in a manner that reflects harmony with the school's mission, goals, and values, and will not give students, parents, or staff reason to believe otherwise. I also agree to uphold the principles and expectations outlined in the Parent-Student Handbook in all settings, both on and off campus.

Emergency contact/pick up permission

First/Last Name	Phone number	Relationship to child	Pick up permission? Yes/No

TUITION DISCOUNTS (one per family): *Discounts, Scholarships, and Payment Options may not exceed 30% in total assistance.*

Multifamily Discount: 1st – the oldest child 0% 2nd to oldest child 10% 3rd to oldest child 20% 4th to oldest child 50%, rest free of charge.

Tuition Assistance: The main criteria for tuition assistance are based on the Federal Poverty Guidelines and the Tuition Assistance application verification. The application window is from April 1 to May 30. The nonrefundable application fee is \$25.

Scholarship: Returning students of grades 9-12 may receive \$250 per semester (minimum GPA of 3.85 or above in the preceding semester), total of \$500/year. The GPA and exemplarily behavior verification is required every semester. The application window is April 1 – May 31. The nonrefundable application fee is \$25. Application is available in the office.

Payment Options: Annual Payment 5% Semester Payment 2% Quarterly Monthly. Auto Pay ONLY **In order to secure the discount, the amount should be paid by August 14th (Annual payment), by August 1st & February 14th (Semester payments). If payment is not received by the due date, the discount is removed.*

ENROLLMENT PROCESS: Upon submitting the registration application to the office, two weeks are required for processing. When the Enrollment Confirmation is issued, the family has two weeks for review/verification/cancellation. Within two weeks of receiving the Enrollment Confirmation, the enrollment is confirmed and valid as issued, and the annual payment is due.

Cancellations occurring after July 1st, will incur a withdrawal fee equal to 1 month of tuition per student.

PARENT AGREEMENT (both parents/guardians, please initial):

- 1. We read and agree with the SMCA statement of faith, as stated in the Parent-Student Handbook and with established policies and guidelines.
- 2. We will faithfully support the school through our prayers and positive attitude, and share any complaints, questionable or negative comments, with *only* the people involved (administration or faculty), and *not* around our child.
- 3. We will uphold the spiritual emphasis of SMCA and support the high academic standards of the school by providing a place at home for our child to study and giving our child encouragement in the completion of assigned homework.
- 4. We understand the importance of commitment and involvement to ensure success for our child/children. We understand that it is our responsibility to make sure our child/children spend a minimum of one to two hours a day, five days a week on assigned schoolwork or enough time to complete all assignments in the daily schedule.
- 5. We understand that parents' failure to comply with SMCA policies and discipline, and lacking parental commitment (including but not limited to bringing children to required school performances, attending school events, participating in school fundraisers, and financial obligations) will forfeit the student's privilege to attend SMCA.
- 6. We understand that we need to have our own medical and major accident insurance in case of an emergency during school hours at the church facility and school related events. We give permission to the school authorities, in case of emergency, to obtain medical treatment for our child in our absence.
- 7. We understand that SMCA is a tuition driven school and so required each family involvement through completion of 30 service hours per family/year (for single parent home 15hrs/yr, 40 if fin. aid is awarded). In the case of service hours' incompletion, we agree to pay off the remaining hours (\$15/hr).
- 8. We understand that withdrawal penalty (20% during I-sem and 10% during II-sem) will apply for any withdrawal reasons and school records will be on hold until all accounts are settled and materials returned.
- 9. We understand that it is our responsibility to contact the SMCA office regarding any changes to contact (phone/email) and/or address information.

SCHOOL EVENT & MEDIA PERMISSION (please initial):

I hereby certify that my child has permission to participate in SMCA school field trips and other related school events that are part of the school curriculum.

I hereby grant permission for SMCA to photograph/videorecord my child for the school yearbook, publications, school social media, or website.

REFERENCE (new families only): (1) Previous School Principal or Teacher: Full Name _____ Phone _____ Email _____

(2) Other person who can speak on behalf of the family (not relatives): Full Name _____ Phone _____ Email _____

CHURCH AFFILIATION (if any): _____ Years of membership: _____ Church Attendance: Weekly Occasionally Other (please explain)

Church Participation: _____ Children participate in: Sunday School Teens Choir Other: _____

Parent 1: _____ **Signature:** _____ **Date:** _____

Parent 2: _____ **Signature:** _____ **Date:** _____

SMCA OFFICE USE ONLY Application received by: _____ date: _____

Registration Fees Payment Auth. Immunizations (K5,1,6, & New ONLY) SS# for 9-12th gr. All signatures Other forms attached? yes/no