

Application for Re-Enrollment



EDUCATING HEARTS AND MINDS FOR ETERNITY

SANTA FE SPRINGS CHRISTIAN SCHOOL

11457 East Florence Avenue
Santa Fe Springs, California 90670
Phone: (562) 868-2263 Website: www.sfscs.org



Part V Parent Agreement

IF MY CHILD IS ACCEPTED FOR RE-ENROLLMENT, I AGREE TO THE FOLLOWING:

1. That Santa Fe Springs Christian School is authorized to provide religious instruction in accordance with the school's Statement of Faith.
2. That the faculty and professional staff have complete control of the pupils and shall be authorized to employ such discipline as is warranted. I understand that all discipline will be administered in accordance with the school's discipline policy.
3. That I will follow the school's dress code and grooming standards precisely as set forth in the Handbook for Parents and Students.
4. That my child will be placed in the care of the Extended Daycare Staff when he/she is on campus before 7:45 a.m. and/or after 3:15 p.m. and that I will promptly pay the charges for this service. I understand that my account will be charged additionally if I pick my child up later than 6:00 p.m. and I agree to pay for such charges promptly when billed.
5. That I will abide by the school's policy for dropping off and picking up my child as detailed in the Handbook for Parents and Students. I also agree to attend Back-To-School Night and parent-teacher conferences when scheduled.
6. That I will promptly pay all fees and charges as set forth in the Schedule of Fees. Furthermore, I agree to pay all costs incurred by the school for collection of delinquent charges should such action become necessary.
7. That fluctuating enrollment and other factors may result in my child being placed in a combination-grade. Furthermore, the school is not able to process requests for specific teachers.
8. That not abiding by the above conditions will result in my child's enrollment being terminated.

I hereby agree to the above conditions of enrollment and authorize the staff of Santa Fe Springs Christian School to act as my legal representative in signing hospital admission and emergency treatment forms as may be required to secure necessary medical care.

Father's Signature _____

Date _____

Mother's Signature _____

Date _____

Legal Guardian's Signature _____

Date _____

(Financially responsible party other than parents) I have read the conditions above, especially numbers four (4) and six (6). Furthermore, I agree to assume financial responsibility for the student named in this application for the school year noted below.

Signature _____ Date _____ School year _____

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS

Santa Fe Springs Christian School admits students of any race, color, national, and ethnic origin to all the rights, privileges, 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 origins in administration of its educational policies, admissions policies, scholarship, and loan programs, and athletic and other school administered programs.

Stepfather/mother (name) _____ Legal custodian of student? No ___ Yes ___

How long related to student? _____ Employer _____ Occupation _____

Work phone () _____ E-Mail _____

To whom should school correspondence be sent? _____

How many people are living in your home? _____ List all children (minors) living in your home, giving names and ages. _____

List all adults living in your home and their relationship to the student, other than parents. _____

Church member: Father: No ___ Yes ___ Mother: No ___ Yes ___ Church name _____

Address _____ City _____ Zip _____

Pastor _____ Telephone () _____

What church services and activities do your family regularly attend? _____

Part III Financial Responsibility

Are parents sharing financial responsibility? Yes ___ No ___ If no, please explain _____

Other adult(s) carrying financial responsibility _____

Relationship to student _____

Hm. address _____ City/State _____ Zip _____ Ph. () _____

Work Ph. () _____ Driver's lic. # _____ S.S.# _____ - _____ - _____

Part IV Additional Services

Daycare

Yes ___ Reserve a place for my child(ren) in the yearly daycare program. I understand that **daycare fees will be billed with my monthly school tuition payment.**

___ I will only use daycare occasionally. I understand that my account will be billed daycare fees on an hourly basis.

Yes ___ I would like to purchase **Milk** quarterly for my child(ren): _____

Child(ren) Names _____

FOR OFFICE USE ONLY

Appl. for year _____ Grade appl. for _____ Account # _____

Date received _____ Class list _____ Database _____

Reg. fee paid _____ ck # _____ Curriculum feepaid _____ ck # _____

Application Accepted: ___No Conditions ___Academic Probation ___Behavioral Probation ___Powerline

Application Not Accepted: ___Academic ___Discipline

Approved by: _____

Dean of Students

Date

Principal

Date

Part I Student Information

Please print the requested information below for all returning students, including grade they are entering:

Last _____ First _____ Gr. ____ DOB ____/____/____ S.S.# ____-____-____

Last _____ First _____ Gr. ____ DOB ____/____/____ S.S.# ____-____-____

Last _____ First _____ Gr. ____ DOB ____/____/____ S.S.# ____-____-____

Home address _____ City _____

Zip Code _____ Phone number () _____

[When responding to the following questions, please indicate which student you are referring to]

Has the student undergone visual, hearing, comprehension, or other educational assessments? No ___ Yes ___

If yes, please list test types and dates given _____

Are there any unusual factors in the student's life (Absence of father or mother, other adults living in home, unusual accidents/illness, learning disability, etc.)? _____

Does the student receive medication regularly? No ___ Yes ___ Type: _____

Reason for medication _____

Have you been satisfied with your child's education so far? No ___ Yes ___ Explain briefly _____

In what area(s) would you like to see improvement? _____

What motivates your child most to learn? _____

Part II Family Information

Father's name _____ Employer _____ Occupation _____

Home address _____ City _____ Zip _____

Home phone () _____ Work phone () _____

Cell phone () _____ E-Mail _____

Driver's lic. # _____ State _____ Date of birth _____ Soc. Sec. # _____

Mother's name _____ Employer _____ Occupation _____

Home address _____ City _____ Zip _____

Home phone () _____ Work phone () _____

Cell phone () _____ E-Mail _____

Driver's lic. # _____ State _____ Date of birth _____ Soc. Sec. # _____

Parent's marital status: ___Married ___Never Married ___Widowed ___Divorced ___Separated ___Remarried

If separated or divorced, do both parents have visiting rights? No ___ Yes ___ If yes, please describe _____
