

Application for 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 I

Student Information

Name _____ Nickname _____ Sex _____ Date of Birth _____

City of Birth _____ Age _____ Natural _____ Adopted _____ Foster child _____ Other _____

Address _____ City _____ Zip _____

Telephone () _____ Soc. Sec. # _____

Name of church student attends _____

Church address _____ City _____ Zip _____

Pastor's name _____ Church phone () _____

List which church services and/or activities this student attends regularly _____

Present grade _____ School most recently attended _____

How long? _____ Address _____ City _____ State _____ Zip _____

Name of Principal _____ Last teacher's name _____ Telephone () _____

Please list other schools attended (if any), starting with pre-school.

School

City/State

Dates attended

Has the student ever been suspended, expelled, or had other disciplinary difficulty in school? No ___ Yes ___

If yes, explain briefly _____

Has student skipped/failed a grade? No ___ Yes ___ If yes, explain _____

Indicate any mental, emotional, or special physical disabilities which may affect the student at school.

(Reply will be held in strict confidence) _____

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 _____

Does the student have any allergies? No ___ Yes ___ Type: _____

Part II Student Profile

Does your child make friends readily? _____

List your child's special interests or hobbies _____

How would you describe your child as a student? _____

Have you been satisfied with your child's education so far? _____

If not, in what area would you like to see improvement? _____

Tell something of your child's strengths _____

Tell something of your child's weaknesses _____

What motivates your child most to learn? _____

What forms of discipline have you found most effective with your child? _____

How does your child handle failure or defeat? _____

How does your child handle success? _____

List one or two of your child's character traits which you value the most _____

What contribution does your child make to your family (e.g. household chores, etc)? _____

Part III 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. # _____

Billing Statements are automatically emailed each month. List the email address you would like this statement sent to:

****Billing statement email address:** _____

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

Student lives with (check all that apply): ___ Mother ___ Father ___ Step parent ___ Legal guardian ___ Grandparent

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

Family Information Continued

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

How long related to student? _____ Employer _____

Business address _____ City _____ Zip _____

Occupation _____ Business phone () _____

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

Languages spoken in the home, beside English: _____

Are you applying for admission for all your children of school age (K-8)? No ___ Yes ___ If no, briefly explain _____

List special activities or hobbies you do together as a family: _____

What practices do you follow that provide spiritual strength for your family? _____

How did you become interested in our school? _____

In your own words, what is a Christian school and what should it accomplish? _____

TO BE COMPLETED BY BOTH PARENTS

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

Address _____ City _____ Zip _____

Pastor _____ Telephone () _____

Please describe your relationship with Jesus Christ:

Father: _____

Mother: _____

Stepparent (if applicable): _____

What church services and activities do you regularly attend? _____

Why do you want your child to attend Santa Fe Springs Christian School? _____

How do you see the school working together with you, as parents, in the total education and nurturing of your child? _____

Are both parents in agreement about enrolling at Santa Fe Springs Christian School? Yes _____ No _____

If no, please explain _____

Are both parents supportive of the school's philosophy of education? Yes ___ No ___ If no, please explain: _____

Do both parents agree to the school's discipline philosophy? Yes ___ No ___ If no, please explain _____

Part IV *Financial Responsibility*

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

Adult(s), other than parent, carrying financial responsibility _____

_Relationship to student _____ Hm. address _____

City/State _____ Zip _____ Ph.() _____

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

Part V *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.

FOR OFFICE USE ONLY

App. for school year _____ Grade applying for _____ Account # _____

Date received _____ Class list _____ Database _____

Testing date _____ Testing time _____ Tested by _____

Testing fee paid _____ Interview date _____ Interviewed by _____

Testing ck # _____ Reg. fee paid _____ Registration ck # _____

Daycare? Yes _____ No _____ Discount _____ Siblings applying? _____

Names _____

Admission approved by _____ Date _____

Conditions of admission: ___No Conditions ___Powerline required

Part VI Parent Agreement

IF MY CHILD IS ACCEPTED FOR 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 my child 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.