

# 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](http://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 \_\_\_\_\_

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### 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. ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

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 weekly for hourly daycare fees.

### 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 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 \_\_\_\_\_

Mother's name \_\_\_\_\_ Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Work phone ( ) \_\_\_\_\_

Cell phone ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Driver's lic. # \_\_\_\_\_ State \_\_\_\_\_ Date of birth \_\_\_\_\_

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

**\*\*Billing statement email address:** \_\_\_\_\_

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 \_\_\_\_\_