

SANDPOINT CHRISTIAN SCHOOL

ENROLLMENT APPLICATION 2011-2012

ENROLLMENT PROCEDURES:

- A. Complete entire enrollment packet which includes:
 - 1. Application Form
 - 2. Photo copies of transcripts, report cards, most recent achievement tests, recent AR tests.
 - 3. Immunization forms from your child's health care provider - Completed and signed.

- B. An enrollment interview will be scheduled between Admission Committee Members and the applicant, with at least one parent present. The child will be interviewed by the teacher for placement purposes.

- C. The family will be notified of acceptance upon board approval.

- D. The Annual Registration Fee is due by July 1st or upon acceptance.
 - The SCS School Board reserves the right to deny or revoke the admission of any student.

- E. Limited tuition assistance is available. Please check the appropriate box if you would like to receive a financial aid packet. Yes No Please complete the packet in full and return to the school office. Upon receipt of completed packet a member of our financial aid committee will contact you with more information.

STUDENT INFORMATION:

Name: _____
(Last) (First) (Middle)

MAILING ADDRESS

Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Dad's Cell #: _____ Mom's Cell #: _____
E-Mail address: _____

PHYSICAL ADDRESS

Address: _____
Directions if hard to find: _____

Telephone #: _____ Birth Date: _____ Age: _____
Sex: _____ Race: _____ Social Security #: _____
Current Grade Level: _____ Desired Entry Date: _____ Grade to Enter: _____

Notice of Non-discriminatory Policy as to Students

The Sandpoint Christian School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarships and loan programs, athletic and other school administered programs.

SCS ENROLLMENT

PARENTAL COMMITMENTS

1. We appreciate the standards of the school and do not tolerate profanity, obscenity in word or action, dishonor to the Trinity and the Word of God, or disrespect to the personnel of the school. I hereby agree to support all regulations of the school in the applicant's behalf and authorize this school to employ such discipline as indicated in the discipline policy.
2. We give permission for our child to go on field trips arranged by the teacher and approved by the administration. These educational trips will be properly supervised. The school carries accident insurance on our students, and it covers field trips. (Your own insurance still remains primary.) We will not hold the school administration or faculty liable in case of accident.
3. We pledge our fullest cooperation to refrain from doctrinal controversy and denominationalism within the school community.
4. We agree that if our child should become involved in any trouble with other children in the school we will, in the love of Christ and with prayer, register necessary complaints with the teachers or directors.
5. We understand that assessments will be made to cover damages to the school (including breakage of windows and abusing other personal property.)
6. We understand the school reserves the right to dismiss any student who does not:
 - a. Respect and observe spiritual and/or behavioral standards and
 - b. Cooperate in our educational goals.
 - c. We also understand the school may dismiss any student that it believes requires a level of attention and instruction for which the school has no resources.
7. We understand that our failure to report psychiatric counseling, any prescribed program of medication, or involvement with juvenile authorities during the past three years may be cause for immediate dismissal.
8. We understand the school personnel hold a commitment to each family to be of any help possible in cooperating with the family in the academic, social and spiritual nurture of each child.
9. We agree to uphold and support the high academic standards of the school by giving our child encouragement in the completion of any homework or assignments.

I have read and am committed to the above "Parental Commitment."

FATHER'S SIGNATURE: _____ DATE: _____

MOTHER'S SIGNATURE: _____ DATE: _____

SCS ENROLLMENT

STUDENT COMMITMENT

Please go over this with your child and make sure that he/she understands this commitment.

I will respect the Lord Jesus Christ and my teachers, always giving my best effort in the classroom. I will also respect others and their property and follow the rules of our school.

Parent/Student
Signature: _____ Date: _____

SANDPOINT CHRISTIAN SCHOOL

PHILOSOPHY

Discipleship

Our primary ministry is directed toward children who have established a personal relationship with Jesus Christ as Lord and Savior. Families should attend a local Christian church. The school ministry, in concert with family and church efforts, seeks to establish and perpetuate growth in Christ-like character, behavior and knowledge throughout all aspects of life and learning.

Curriculum

SCS acknowledges that God is the source of truth, and that He has revealed His truth to man through the Bible and the person of Jesus Christ. All instruction and materials are consistent with our understanding of God's truth.

Academic Excellence

In light of the exhortation to "do everything as unto the Lord," SCS maintains academic standards that challenge students to work toward their highest possible level of achievement.

School Environment

SCS Seeks to provide a safe learning environment that is conducive to the development of Christ-like character and behavior, as well as academic excellence. Disciplined conduct and respectful relationships are encouraged and expected among students and staff.

Personal Growth & Christian Service

SCS recognizes that God has granted to every individual unique gifts, talents, and abilities, some outside the academic realm. SCS fosters development of these gifts and talents for use in Christian service.

Doctrine

While SCS recognizes a diversity of interpretation within the Body of Christ in many areas of doctrine, the administration and staff adhere to a core of beliefs as outlined in the Statement of Faith. SCS is respectful and sensitive to doctrinal differences among believers and seeks unity in the body by focusing on fundamental biblical teaching.

Our family is in agreement with the philosophy of the school.

Parent Signature _____

CHRISTIAN COMMITMENT

“Statement of Faith”

A. God - We believe that there is one God eternally existing in three persons: The Father, The Son, and The Holy Spirit and these three are co-equal, co-eternal and co-essential. Luke 3:22, Matthew 28:19, John 1:1-3

B. The Bible - We believe that the Bible is God’s only infallible written revelation to man and that it is verbally inspired and authoritative and completely recorded in the original manuscripts all that God intended.. 2 Timothy 3:16, 2 Peter 1: 20, 21

C. Jesus - We believe in the deity of Jesus Christ, Gods only Son, His virgin birth, sinless life, miracles, death on the cross to provide for our redemption, bodily resurrection and ascension into heaven, present ministry of intercession for us, and His return to earth in power and glory. John 1:1-3, Hebrews 4:14-15

D. Holy Spirit - We believe in the personality and deity of the Holy Spirit, that He performs the miracle of the new birth in an unbeliever and indwells believers, enabling them to live a godly life. John 16:7-14

E. Man We believe that man was created in the image of God, but because of sin, was alienated from God. That alienation can be removed only by accepting through faith God’s gift of salvation which was made possible by Christ’s death. Genesis 1:25 – 28, John 3:3-5

- I am a follower of Jesus Christ, and I am training my child/children according to biblical standards. I believe that the Holy Bible is the true inspired Word of God.
- I am not a follower of Jesus Christ, but am willing to support the mission of SCS.
- I have read and agree with the School’s “Statement of Faith”.

FATHER’S SIGNATURE: _____ DATE: _____

MOTHER’S SIGNATURE: _____ DATE: _____

Are you a member of a church family? If so, which? _____

Do you attend worship gatherings regularly? _____

If you would like to encourage your Children’s Pastor to speak at a Tuesday Chapel Service, please give us their contact information.

Pastor’s Name: _____ Phone Number: _____

REGISTRATION AND TUITION SCHEDULE (2011-2012)

REGISTRATION FEE

All Annual Registration Fees are due with enrollment and are non-refundable.

- Pre-school - \$150 per student
- Kindergarten - \$195 per student
- Student Grades 1-12 - \$320 per student

BOOK / TECH FEE

Semi-annual payment - \$50 (Funds are used for library books and to help keep our technology current.)

TUITION

Monthly tuition payments are due on the first of the month. Payments made by automatic withdrawal must be scheduled by the 20th. The annual tuition may be paid in full by September 1st for a 5% discount or broken up into 12 monthly payments.

All payment schedules begin July 2011 unless specific arrangements are made with the office.

Pre-School

- Full Day - \$75 per week Half Day - \$45 per week

Kindergarten

- Full Day - \$295 / 12 months Half Day - \$210 / 12 months

1st through 7th

- 1st Child - \$345 / 12 months 3rd Child - \$110 / 12 months
 2nd Child - \$295 / 12 months 4th Child - \$110 / 12 months
 5th Child - Free

8th through 12th

- \$275 / month – laptop required

After School Program - until 5:30pm

- Monday – Thursday - \$20.00 per week

We will be requesting _____ dollars in scholarship funding each month and have included a letter to the finance committee which describes the basic circumstances surrounding this request.
.....

FINANCIAL PAYMENT AGREEMENT

We understand that the tuition payments are due on the 1st of the month. There will be a grace period to the 10th of the month at which time a late fee of \$25.00 will be charged. If tuition becomes over 2 months delinquent, parents must make arrangements for payments to be made or student attendance may be suspended.

Father's Signature: _____ Date: _____

Driver's License Number: _____ State: _____

Mother's Signature: _____ Date: _____

Driver's License Number: _____ State: _____

SCHOLASTIC INFORMATION

Last 3 schools attended (public, private or home school):

Name: _____ Which years? _____

Address: _____

City/State/Zip: _____

Phone #: _____ Teachers Name: _____

Please indicate the academic level at this school:

Excellent _____ Good _____ Average _____ Poor _____

Name: _____ Which years? _____

Address: _____

City/State/Zip: _____

Phone #: _____ Teachers Name: _____

Please indicate the academic level at this school:

Excellent _____ Good _____ Average _____ Poor _____

Name: _____ Which years? _____

Address: _____

City/State/Zip: _____

Phone #: _____ Teachers Name: _____

Please indicate the academic level at this school:

Excellent _____ Good _____ Average _____ Poor _____

What was the last grade completed by the student: _____

Please indicate the Math Skills that the student has achieved: _____

Please indicate what Reading Level the student has achieved: _____

What does your child perceive his/her strengths / weaknesses to be? _____

What do you consider to be your child's strengths and weaknesses? _____

Does he/she have friends already in our school? _____ If yes, whom? _____

Please list any other information that we might find helpful. _____

Achievement Test Results: _____

Diagnostic Testing Results: _____

SCS ENROLLMENT

GENERAL INFORMATION

Has your child repeated a grade in school?

NO YES If yes please explain: _____

Has your child ever been suspended, dismissed, or expelled from another school?

NO YES If yes please explain: _____

Has your child ever had any disciplinary needs in school?

NO YES If yes please explain: _____

Does your child have any special learning needs (i.e. A.D.D., Dyslexia, etc.)?

NO YES If yes please explain: _____

Has your child used tobacco, alcoholic beverages or narcotics in any form during the last twelve months?

NO YES If yes please explain: _____

Is there anything we should know about this child that would be of help in our handling situations here at school? _____

Describe your academic expectations for your student.

Describe your spiritual expectations for your student.

Please attach a copy of the following:

- Student health records
- Student's birth certificate
- Student's social security card

SCS ENROLLMENT

CONSENT TO MEDICAL TREATMENT
&
AUTHORIZATION TO RELEASE MEDICAL INFORMATION

We, the undersigned parent or guardian of _____, a minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of our doctor _____, M.D., or any physician the school may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. It is understood that reasonable effort will be made to contact the doctor listed above before the school or other organization calls any other physician.

It is further understood that this consent is given in advance of any specific diagnosis or treatment, which might be required and is given to authorize Sandpoint Christian School or the physician to exercise their best judgment as to the requirement of such diagnosis or treatment.

This consent shall remain in continuous effect as long as the student is enrolled at Sandpoint Christian School or until consent is revoked in writing and delivered to the physician named above and to the school entrusted with the custody of the said minor. Sandpoint Christian School plans to use this consent only in the case of an emergency or injury sustained while the student is in the care of this school, i.e., during school hours, while the student is being supervised by the school on school premises, or at other school-related functions when a parent cannot be reached for verbal consent.

We hereby authorize any hospital, physician, or other person who has attended or examined the minor to furnish to Sandpoint Christian School's insurance service, or its representative, any appropriate information necessary for insurance purposes. A photocopy of this authorization shall be considered effective and valid as the original.

One signature required from any of the following:

Father: _____ Date: _____

Mother: _____ Date: _____

Legal Guardian: _____ Date: _____

SCS ENROLLMENT

Authorization for Release of Pertinent School Information and Records

Information to be released FROM:

Information to be sent TO:

School Name

Sandpoint Christian School

School Name

477954 Highway 95

Street

Street

Ponderay ID 83852

City, State, Zip

City, State, Zip Code

Phone: **208-265-8624** Fax: **208-263-6504**

As the legal parent or guardian of:

Student's Name

Grade Level or Age

I/we do hereby give our consent for the release of the following records to the above named school. I/we know that I/we may receive a copy of these records or challenge the content of such records.

The following records to be sent include:

- _____ 1. Cumulative record folder (grades, credits, standardized test data.)
- _____ 2. Medical data (immunizations and information pertinent to school).
- _____ 3. Psychological/Educational/Emotional assessments
- _____ 4. Placement data for special services (resources, gifted, etc).

Signature of parent or guardian

Signature of person requesting data / Title

Relationship to student

Date

SCS Allergy Program & Medical Alert

In order to provide a safe environment for all of our students, Sandpoint Christian School has implemented a nut allergy control program. It is our goal that this is done with as little additional effort on everyone's part, but maintaining a few very important program guidelines.

There are students here with life-threatening allergies to nuts and nut products. All of our staff has been trained should a medical emergency arise and our cleaning staff consistently sanitizes common areas, but we ask all of our families to follow a few simple guidelines to ensure this never happens.

Please discuss this with your student

1. Never bring loose nuts in any form onto the campus – trail mix, pistachios, etc.
2. Do not offer, share, or exchange food with other students at school.
3. All students are asked to wash their hands with soap and water or with hand wipes after lunch to decrease the possibility of cross contamination on surfaces at school.
4. All foods sent for snack must come from the approved snack list as our snacks are eaten in the classroom.
5. We have nut and nut free tables in the lunch room; students are asked to sit at the appropriate table if they, for instance, have a peanut butter sandwich or other items that include nut products.

Even trace elements of these products could result in a severe allergic reaction that could hinder the ability to breathe. Sometimes these elements may be hidden in processed foods, but are always required to be printed on the label. Please just make your student aware that they have nut products in their lunch.

We appreciate each parent's help in implementing this program. If there are questions, you are always welcome to call and ask questions throughout the year. Our staff will be happy to help make it as easy as possible.

Mother's Signature _____

Father's Signature _____

Volunteer Driver Application Form _____ / _____ School Year

Sandpoint Christian School • 477954 Highway 95 • Ponderay, Idaho 83852 • (208) 265-8624

We often need help in transporting students on field trips or for sports events. Our school parents have been generous in their assistance. The purpose of this form is to reduce the liability of the school and volunteer drivers by being proactive in our selection of parent drivers. If you are interested in helping with such needs during the school year, please fill out this form and return it (along with copies of your driver's license and your current vehicle insurance card) to the school. A new Volunteer Driver Application Form must be filled out each school year.

All information given on this Volunteer Driver Application Form is confidential and will not be shared.

Section I – Volunteer Driver Information

Name: _____ Driver's License #: _____ Exp. Date: _____

Phone #: (H) _____ (W) _____ Social Security Number: _____

Address: _____

The school requires volunteer drivers to have a minimum amount of liability insurance. (1) \$100,000 liability per person for bodily injury; (2) \$300,000 liability per incident for bodily injury for all vehicle occupants; and (3) \$50,000 - \$100,000 liability for property damage. Please list the amount of liability insurance below.

Car #1

Model / Year _____ Number of working seat belts in car: _____

Insurance Co.: _____ Policy #: _____ License Plate #: _____

Liability Insurance: (1) \$ _____ (2) \$ _____ (3) \$ _____

Do you have uninsured / underinsured motorist coverage? Yes No

Car #2

Model / Year _____ Number of working seat belts in car: _____

Insurance Co.: _____ Policy #: _____ License Plate #: _____

Liability Insurance: (1) \$ _____ (2) \$ _____ (3) \$ _____

Do you have uninsured / underinsured motorist coverage? Yes No

- Yes No Are you licensed to drive a commercial vehicle?
- Yes No Have you recently taken CPR / First Aid training?
- Yes No Have you been in an accident in the past three years? If you answer YES, please describe the accident and its cause on another sheet of paper and attach it to this form.
- Yes No Have you been ticketed for moving violations within the last three years? If you answer YES, please describe the infractions on another sheet of paper and attach it to this form.
- Yes No Have you been convicted for DWI/DUI of alcohol or drugs, or had your license suspended for moving violations, hit and run, eluding an officer, reckless or negligent operation of a vehicle, or driving while under suspension or revocation? If you answer YES, please describe the incident on another sheet of paper and attach it to this form.

Section II – Requirements for Volunteer Drivers

I certify that for the _____ school year:

- I possess a valid _____ (state) driver’s license. Please attach a photocopy of your driver’s license and first page of your car insurance policy(ies).
- I will contact my insurance agent to ascertain if there are any liability policy limits of exclusions regarding transporting other students or faculty members on a field trip that might affect my ability to meet the qualifications for a volunteer driver.
- I will maintain the minimum insurance coverages required by the school for volunteer vehicles for the vehicle(s) listed in Section I and only volunteer to drive when such insurance policies and coverages are in force.
- I understand that in case of any type of accident, injury, or vehicle damage, the school’s liability insurance policy does not provide primary or direct insurance on my vehicle. The school’s insurance will take effect only after my personal auto insurance limits are exhausted. (Note: This is the only coverage that most nonprofit organizations can provide because of the impossibility of their affording or even obtaining primary or direct coverage on the vehicles of volunteer drivers.)
- I will advise the school of any change in information provided on this form including, but not limited to, involvement in a car accident in which I am cited, any citations for moving violations, nonrenewal of license, termination of license, change of insurance company, change in amounts of insurance coverage, termination of insurance, or change in vehicle.
- Students riding in my vehicle(s) will be seated and in both the front and back seat will be secured with individual working seatbelts. (No double belting of children is permitted.) As required by Idaho state law, I will have a child restraint seat for each child age 6 and under or up to 40 lbs.
- To my knowledge, my vehicle is in safe operating condition (brakes, tires, etc.).
- I will read and follow the Driver and Chaperone Instructions sheet for the field trip.
- I will notify school personnel if I no longer wish to drive or if I wish to be removed from the Approved Driver List.

Section III – Permission for Background Check

As a condition of volunteering, I give permission for Sandpoint Christian School to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that driving for field trips and some volunteer positions are conditional upon the school receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability Sandpoint Christian School, its officers, employees and volunteers thereof, or any other person or organization that may provide such information.

Signature

Date

Printed Name

Section IV – Declaration and Signature

I affirm that I will carefully transport students under my care, including obeying all traffic laws. The information given on this form is true and correct to the best of my knowledge.

Signature

Date

Section V – School Administration Approval

- Approved Disapproved for addition to the school’s Approved Volunteer Driver List

Principal’s Signature

Date

Teacher Information Page

This page is shared with your classroom teacher for their records.

Student Name: _____ Preferred Nickname: _____

Age: _____ Birthday: _____ Favorite subject / activity: _____

Preferred contact & number for calls during the day: _____

Preferred contact & number for calls in the evening: _____

Would you be able to drive for field trips? If so, which days? _____

Please indicate a preference for quick informational items: a phone call email text message

Preferred email address for parent contact: _____

Preferred number for text messages: _____

Any allergies: _____

Are there any medications, over-the-counter or prescriptions that are taken frequently? Yes No

Any previous reactions? _____

Does your student wear eyeglasses? Yes No If yes, when? _____

Does your student have computer and internet access at home? Yes No _____

Which church is your family attending? _____

Does your family attend church in the evening? Yes No If yes, which one? _____

Please tell us what your family is most looking forward to at SCS.

Who may pick up your student from school? _____

In any emergency – please give your preference (name & number) for first response.