

# SANDPOINT CHRISTIAN SCHOOL

## RE-ENROLLMENT APPLICATION 2011-2012

**Applications returned with payment by March 31<sup>st</sup> will receive a 54% reduced registration rate of \$150.00 per student.**

### RE-ENROLLMENT PROCEDURES:

- A. Complete entire re-enrollment packet which includes:
1. Application forms completely filled out
  2. Registration check
- B. Limited tuition assistance is available. Please check the appropriate box if you would like to receive financial aid packet.  Yes  No Financial aid is not guaranteed, those needing financial assistance should complete their enrollment as early as possible in order to allow the most time possible to gather scholarship funding.

### **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: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_ 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

**FAMILY & HEALTH INFORMATION**

**Student's Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
**Place of Birth:** \_\_\_\_\_  
City State County

**Father's Name:** \_\_\_\_\_  
**Employment:** \_\_\_\_\_  
**Position:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_  
**Employment:** \_\_\_\_\_  
**Position:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

**Marital Status:**  Married  Widowed  Divorced  Separated  Single  Life Partners

**List Siblings with ages:**  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Emergency Contact Person Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Relation to Family:** \_\_\_\_\_

**Family Physician:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Family Dentist:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Health Insurance:** Policy #: \_\_\_\_\_ Carrier Phone #: \_\_\_\_\_

Will your child be bringing prescription drugs to school? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Does your child have any medical conditions or problems that we should be aware of? (Medication, allergies, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Under Idaho State Code parents are required to provide school authorities with immunization information for any child enrolling in preschool or K-12<sup>th</sup> grades in any Idaho public or private school. Please supply proof of immunization status against: polio, rubella (German Measles), measles (7-10 day measles), diphtheria, tetanus, and mumps.**

## 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: \_\_\_\_\_

# 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? \_\_\_\_\_

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**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 20<sup>th</sup>. The annual tuition may be paid in full by September 1<sup>st</sup> 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

- 1<sup>st</sup> Child - \$345 / 12 months                       3<sup>rd</sup> Child - \$110 / 12 months  
 2<sup>nd</sup> Child - \$295 / 12 months                       4<sup>th</sup> Child - \$110 / 12 months  
 5<sup>th</sup> 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.  
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## 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 10<sup>th</sup> 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: \_\_\_\_\_

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: \_\_\_\_\_