

# **SANDPOINT CHRISTIAN SCHOOL**

## **ENROLLMENT APPLICATION 2015-16**

### **ENROLLMENT PROCEDURES:**

A. Parents of new students **must** provide:

1. Application Form completely filled out and signed.
2. Photo copy of birth certificate.
3. Immunization forms from your child's health care provider - completed and signed.
4. Registration fee payment by cash, check, debit or credit card.
5. If possible, recent transcripts, report card, achievement tests and AR/Star reading tests.

### **STUDENT INFORMATION:**

Name: \_\_\_\_\_  
(First) (Middle) (Last) Grade Level  
in 2015-16

### **MAILING ADDRESS**

Physical and Mailing Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_\_ Race (optional): \_\_\_\_\_

Student's Social Security #: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Cell Phone#: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Cell Phone #: \_\_\_\_\_

### **Notice of Non-Discriminatory Policy as to Students at Sandpoint Christian School:**

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 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 Place of Birth:

\_\_\_\_\_  
City State County

Father's Place of Employment and Position: \_\_\_\_\_  
Business Phone#: \_\_\_\_\_

Mother's Place of Employment and Position: \_\_\_\_\_  
Business Phone#: \_\_\_\_\_

Marital Status: Married Widowed Divorced Separated Single

List Siblings with ages:

Name: \_\_\_\_\_ Age: \_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_

**Emergency Contact Person other than Parents:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Relation to Family: \_\_\_\_\_

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

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

**Health Insurance:** Insurance Company: \_\_\_\_\_ 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.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 2015 GUIDE TO THE IDAHO SCHOOL IMMUNIZATION REQUIREMENTS FOR

# Parents of Children In or Entering Preschool & Grades K-12

Children must be in compliance with Idaho Immunization Laws in order to attend school. To be compliant, children must be up-to-date on immunizations (shots) or have a valid exemption form on file. Whenever children are brought into group settings, there is a potential for the spread of infectious diseases. Diseases like chickenpox, measles, and whooping cough spread quickly, so children need to be protected before they enter preschool and grades K-12. You will need to present your child's immunization record or a valid exemption form to the school at the time of registration to enroll your child. The immunization record must show the date (month, day, and year) your child was given each shot. If you do not have an immunization record or your child has not received all required shots, call your doctor or local health department for an appointment.

### Immunization Requirement by Age Doses of Vaccines Required

**Children born on or before September 1, 1999** must have a minimum of:

- (4) Diphtheria, Tetanus, Pertussis (DTaP)
- (1) Measles, Mumps, and Rubella (MMR)
- (3) Polio
- (3) Hepatitis B

**Children born after September 1, 1999 through September 1, 2005** must have a minimum of:

- (5) Diphtheria, Tetanus, Pertussis (DTaP)<sub>2</sub>
- (2) Measles, Mumps, and Rubella (MMR)
- (3) Polio
- (3) Hepatitis B

**Children born after September 1, 2005**, must have a minimum of:

- (5) Diphtheria, Tetanus, Pertussis (DTaP)<sub>2</sub>
- (2) Measles, Mumps, and Rubella (MMR)
- (4) Polio<sub>3</sub>
- (3) Hepatitis B
- (2) Varicella (Chickenpox)<sub>4</sub>
- (2) Hepatitis A

### Immunization Requirement by Grade: Doses of Vaccines Required

**Children admitted to 7<sup>th</sup> grade** must meet the following minimum immunization requirements in addition to school entry requirements:

- (1) Tetanus, Diphtheria, Pertussis (Tdap)
- (1) Meningococcal

1. Preschool children need only be age-appropriately immunized with the required vaccines.
2. DTaP: The 5<sup>th</sup> dose is not necessary if the 4<sup>th</sup> dose was administered at age 4 years or older.
3. Polio: The 4<sup>th</sup> dose is not necessary if the 3<sup>th</sup> dose was administered at age 4 years or older **and** at least 6 months after previous dose.
4. Varicella: History of chickenpox disease documented by a physician or licensed health care professional meets the requirement.
5. 7<sup>th</sup> Grade Requirement: This requirement will be extended to: 7<sup>th</sup>-8<sup>th</sup> grade students in 2012, 7<sup>th</sup>-9<sup>th</sup> grade students in 2013, 7<sup>th</sup>-10<sup>th</sup> grade students in 2014, 7<sup>th</sup>-11<sup>th</sup> grade students in 2015, and 7<sup>th</sup>-12<sup>th</sup> grade students in 2016.

If your child's record is missing one or more doses, please contact your doctor to obtain the full immunization record or any doses needed. If your child recently received immunizations and needs an immunization later in the year, he/she can be allowed to attend school, provided you complete the Conditional Admission form and get the remaining doses when they become due. If your child is not fully immunized due to medical, religious, or philosophical reasons, the school can provide you with a state exemption form to complete.

Idaho Code 39-4801 and IDAPA 16.02.15 "Immunization Requirements for Idaho School Children"

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

## **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 think your Pastor would be willing to speak at a Chapel Service, please give us their contact information:**

Pastor’s Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**REGISTRATION AND TUITION SCHEDULE (2015-16)**

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

- \*Pre-school and Pre-Kindergarten      \$150 per student
- \*Grades K-8      \$320 per student

**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> of each month. The annual tuition may be paid in full by September 11<sup>th</sup> for a 5% discount. Otherwise, tuition may be broken up into either 10 or 12 monthly payments starting either September 1<sup>st</sup> or July 1<sup>st</sup> depending on your payment plan.

**Tuition Payment Plan Preference – check the plan you would like:**

- Pay in full by September 11<sup>th</sup> for 5% discount
- 10 month payment plan (Sept – Jun)
- 12 month payment plan (July – Jun)

*(Preschool and Pre-Kindergarten Program Options are on the next page.)*

**Kindergarten per Month:**

- \$395 / 10 months

**1<sup>st</sup> through 8<sup>th</sup> Grade per Month:**

- 1<sup>st</sup> Child - \$455/ 10 months
- 2<sup>nd</sup> Child - \$375/ 10 months
- 3<sup>rd</sup> Child - \$146/ 10 months
- 4<sup>th</sup> Child - \$146 / 10 months
- 5<sup>th</sup> Child - Free

**Aftercare Program – 3:00 until 5:30pm**

- Monday – Thursday @ \$7.50 per day flat rate

*(Please fill out the Aftercare Enrollment Form on page 8 even if you do not plan to use Aftercare.)*

**Tuition Assistance Request:** See page 24 of this packet to apply for tuition assistance. Only one tuition assistance form is needed per family. Fill out only the form from your oldest child's packet.

**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 after 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: \_\_\_\_\_



## Sandpoint Christian School

### Preschool and Pre-Kindergarten Program Options:

The 3-year-old Preschool Classroom and the 4-year-old Pre-Kindergarten Classroom are open:

**Monday-Thursday: 8:00am-3:00pm**

**Fridays: 8:00am-12:00pm.**

Aftercare for preschoolers-8<sup>th</sup> grade is also available from 3:00pm-5:30pm at a flat drop in rate of \$7.50 per day.

Preschool and Pre-K morning sessions are Mon-Fri from 8:00-12:00. Afternoon sessions are available Mon-Thurs from 12:00-3:00.

The following tuition amounts are flat rates per month over a 10-month period with the first payment due September 1, 2015 and last payment due June 1, 2016. Please check the program you prefer.

- Two Mornings per week: \$150/month
- Two Full Days per week: \$200/month
- Three Mornings per week: \$175/month
- Three Full Days per week: \$275/month
- Four Mornings per week: \$250/month
- Four Full Days per week: \$325/month
- Five Mornings per week: \$300/month
- Full Time (five mornings and four afternoons per week): \$350/month

*(Extra mornings or afternoons are usually available for students on a day to day basis. The drop-in rate for an extra morning or afternoon is a flat \$15.)*

We are sorry, but there is no tuition assistance available for preschool or pre-kindergarten.

Sandpoint Christian School

AFTER CARE ENROLLMENT FORM

DAYS NEEDED: MON \_\_\_ TUES \_\_\_ WED \_\_\_ THURS \_\_\_ Will vary \_\_\_

NAME Last First M \_\_\_ F \_\_\_ Age \_\_\_ Grade \_\_\_ Birth date \_\_\_

ADDRESS \_\_\_ HOME PHONE \_\_\_

FATHER'S NAME \_\_\_ CELL PHONE \_\_\_

MOTHER'S NAME \_\_\_ CELL PHONE \_\_\_

LIVING WITH CHECK ONE: Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Guardian\* \_\_\_

GUARDIAN'S NAME \_\_\_ CELL PHONE \_\_\_

IN CASE OF EMERGENCY, PLEASE NOTIFY OTHER THAN PARENT:

NAME \_\_\_ RELATION TO CHILD \_\_\_ PHONE \_\_\_

DOCTOR: NAME \_\_\_ ADDRESS \_\_\_ PHONE \_\_\_

PHYSICAL HANDICAPS (IF ANY) \_\_\_ GENERAL HEALTH \_\_\_

ALLERGIES\_ SYMPTOMS \_\_\_

DOES THE CHILD RECEIVE MEDICATION? \_\_\_ TYPE OF MEDICATION \_\_\_

TIME GIVEN \_\_\_ REASON FOR MEDICATION? \_\_\_

WHO IS AUTHORIZED TO PICK UP STUDENT? (PLEASE PUT FIRST AND LAST NAME)

\_\_\_\_\_  
\_\_\_\_\_

## SCHOLASTIC INFORMATION

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

1. School Name: \_\_\_\_\_ Years Attended: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Last Teachers Name: \_\_\_\_\_

Please indicate the academic level at this school:

Excellent \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_

2. School Name: \_\_\_\_\_ Years Attended: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Last Teachers Name: \_\_\_\_\_

Please indicate the academic level at this school:

Excellent \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_

3. School Name: \_\_\_\_\_ Years Attended: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Last 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 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? \_\_\_\_\_

\_\_\_\_\_

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

Did anyone at SCS refer you to our school? \_\_\_\_\_ If yes, whom? \_\_\_\_\_

**GENERAL INFORMATION**

Has your child ever repeated a grade in school?

NO       YES      If yes please explain:

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

NO       YES      If yes please explain:

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Has your child ever had any disciplinary needs in school?

NO       YES      If yes please explain:

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

NO       YES      If yes please explain:

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

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Describe your academic expectations for your student.

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Describe your spiritual expectations for your student.

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**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: \_\_\_\_\_

**Authorization for Release of  
Pertinent School Information and Records**

Information to be released FROM:

Information to be sent TO:

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, Zip

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

As the legal parent or guardian of:

Student's Name

**Sandpoint Christian School**

\_\_\_\_\_  
School Name

**477954 Highway 95**

\_\_\_\_\_  
Street

**Ponderay ID 83852**

\_\_\_\_\_  
City, State, Zip Code

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 and title of person requesting data

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 may be 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. We ask that children bring healthy snacks and lunches. Soda is not allowed.
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) \_\_\_\_\_ Cell: \_\_\_\_\_

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) \$ \_\_\_\_\_



- 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.)**
- **IDAHO LAW: As required by Idaho state law, I will have a car seat or booster seat for each child age 6 and under**
- 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:

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? \_\_\_\_\_

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

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Who may pick up your student from school?

---

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

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Student's Favorite Books and/or Genre: \_\_\_\_\_

---

---

Student's Favorite Subject in School: \_\_\_\_\_



## *Sandpoint Christian School*

477954 Highway 95 • Ponderay, ID 83852 • (208) 265-8624 • Fax (208) 263-6504

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### **PERMISSION TO GIVE OTC MEDICATION**

The following information is to be completed and signed by the parent or guardian:

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Wt. \_\_\_\_\_

Allergies: \_\_\_\_\_ Special Instructions: \_\_\_\_\_

I hereby give my permission for my student(s), \_\_\_\_\_, to receive the below listed OTC medications, according to the listed directions and cautions, from the SCS administrators, teachers, or auxiliary staff. I confirm that I have given at least one dose of the below listed medications without any evidence of side effects or adverse reactions. ***I understand that it is my responsibility to provide the below OTC medication in its original container.***

\_\_\_ Acetaminophen (all brands)

\_\_\_ Allergy Relief such as Benadryl (all brands) both oral and ointment

\_\_\_ Triple antibiotic ointment or spray such as Neosporin (all brands)

All prescription medications require an additional form and signature.

Any OTC or prescription medicines must be given to the office. They cannot be kept in a student's desk or backpack.

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Sandpoint Christian School  
Photo Release Form

I hereby grant Sandpoint Christian School (SCS) permission to use my student's photographs without payment or any other consideration in the following ways:

\_\_\_\_\_ In the yearbook for our families only

\_\_\_\_\_ On our website

\_\_\_\_\_ On our school Facebook page

\_\_\_\_\_ In school advertisements

\_\_\_\_\_ All of the above

I understand and agree that these materials will become the property of SCS. I hereby irrevocably authorize SCS to edit, alter, copy, exhibit, publish or distribute these photos for purposes of publicizing SCS programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my student's likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Student Name: \_\_\_\_\_

I hereby certify that I am the parent or guardian of the student named above, and do hereby give my consent without reservation.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian Printed Name)

477954 Highway 95  
Ponderay, ID 83852

(208)265-8624  
(208)263-6504 Fax  
office@sandpointchristian.com

# Sandpoint Christian School

## Internet Use Policy

Users include all students, teachers, administrators, support staff, and visitors who have access to the Internet while on SCS property (through our network or your own wireless connection).

Students may have access to the Internet while working on class projects in a supervised setting. This includes use of any device (SCS provided or personal) that accesses the internet while on campus (through our network or your own wireless connection).

Students must also follow the direction of faculty and staff members supervising any area where the internet can be accessed.

### Security and Safety

Users will accept the responsibility to the best of their ability, for keeping all inappropriate pictures, gambling material, inappropriate text files, materials dangerous to the health and safety of students and staff or files dangerous to the integrity of the network from entering the school via the internet or any media.

If a user has a concern about the internet or the SCS network, he/she is responsible to notify the school.

Users shall not use another individual's account for any reason.

Students have the responsibility to use computer resources for academic purposes as needed for their academic work; personal use is allowed when permission has been granted by a teacher each instance use is desired.

\_\_\_\_\_  
Student Printed Name

Mother's Signature \_\_\_\_\_

Father's Signature \_\_\_\_\_

\_\_\_\_\_  
Student Signature

Date: \_\_\_\_\_

# **Sandpoint Christian School**

477954 Highway 95, Ponderay, ID 83852

208-265-8624

www.sandpointchristian.com

## **Optional Automatic Tuition Payment**

Please make the monthly deduction from my:

\_\_\_\_\_ Checking Account (attach a voided check)

\_\_\_\_\_ Savings Account (attach a savings deposit slip)

Transfer my funds on :

\_\_\_\_\_ The 1<sup>st</sup> of each month

\_\_\_\_\_ The 15<sup>th</sup> of each month (no late fees will apply)

The permission to charge my bank account is the same as if I had personally signed a check to Sandpoint Christian School. This agreement will remain in effect until:

1. I write a letter to Sandpoint Christian School requesting the agreement be ended, providing them with a reasonable amount of time to act on it. OR:
2. Sandpoint Christian School sends me 10 days written notice that they will end this agreement.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_



**Sandpoint Christian School  
Tuition Assistance Request Form for 2015-16**

Please fill out this form if you are applying for tuition assistance for the 2015-16 school year. Scholarship funding is limited and not guaranteed from year to year. Your letter to the School Board, along with the form, will be given to the Financial Committee for consideration and advanced notice of their decision will be given to you within one month of application.

1. Parent's Name \_\_\_\_\_
2. Student's Names and Grade Levels: \_\_\_\_\_
3. For this next question, start with the total annual tuition amount owed next year according to the tuition schedule on page 6. Remember to multiply the monthly amounts by 10 months to get the annual tuition amount. For example; your first 1<sup>st</sup>-8<sup>th</sup> grader's annual tuition would be \$455 X 10 = \$4550. A second 1<sup>st</sup>-8<sup>th</sup> grade child's tuition would be \$375 X 10 = \$3750, etc. Use the following table to chart your annual tuition:

|              | Name of Student | Grade | Total Annual Tuition |
|--------------|-----------------|-------|----------------------|
| First Child  |                 |       |                      |
| Second Child |                 |       |                      |
| Third Child  |                 |       |                      |
| Fourth Child |                 |       |                      |
|              |                 |       | Total Tuition:       |

4. What is the total amount of **annual** tuition assistance you are requesting for your family?  
(For example; \$50 per month of assistance times 10 months equals \$500 in total annual assistance.) \$\_\_\_\_\_
5. Please list below all sources of yearly family income and your total family income for 2014 on the following chart.

| Income Source (list employment, rental income, etc.) | Total Annual Income Per Source     |
|--|------------------------------------|
|  |                                    |
|  |                                    |
|  |                                    |
|  |                                    |
|  |                                    |
|  |                                    |
|  |                                    |
|  |                                    |
|  | <b>Total Annual Family Income:</b> |

6. Please list below your annual family expenses per category and your total expenses for 2014 on the following chart.

| Category                                     | Annual Expense                       |
|--|--------------------------------------|
| Housing (rent, mortgage, utilities, etc.)    |                                      |
| Credit cards or other loan payments          |                                      |
| Groceries                                    |                                      |
| Automobile expenses                          |                                      |
| Insurance (home, auto, health, dental, etc.) |                                      |
| Child Support payments                       |                                      |
| Groceries                                    |                                      |
| Other expenses                               |                                      |
|  | <b>Total Annual Family Expenses:</b> |

7. What regular volunteer work could you help SCS with next year? \_\_\_\_\_
8. Please attach a separate letter explaining why you would like your child/children to attend Sandpoint Christian School. In general, explain your circumstances surrounding this request. State whether you have asked extended family members for financial help in making tuition payments as well and if so, what help they may be able to give.

*This form and attached letter will be kept strictly confidential between the administrator and financial committee of the SCS School Board. Thank you for assisting us in supplying this information. We will give you the results of this decision within one month.*