



Where Children Grow in the Son

# APPLICATION FOR ENROLLMENT

2018-19

## ENROLLMENT CHECKLIST

In addition to the application, new students must submit the following records:

- A copy of the student's legal Birth Certificate
- Current Immunization Records
- Latest Report Card (1<sup>st</sup> - 8<sup>th</sup> Grade Only)
- Other Forms: **(please download via [sonrisechristian.org/admissions](http://sonrisechristian.org/admissions))**
  - √ Kindergarten Reference Form (Kindergarten Only)
  - √ Incoming Parent Questionnaire (Kindergarten Only)
  - √ Report of Health Examination (Kindergarten - 1<sup>st</sup> Grade Only)
  - √ School Reference Form (1<sup>st</sup> - 8<sup>th</sup> Grade Only)
  - √ Church Reference Form (4<sup>th</sup> - 8<sup>th</sup> Grade Only)

*PLEASE NOTE: Enrollment is limited. Please return this form as soon as possible to ensure your student's placement. A \$100 non-refundable application fee is due upon submission of application. After testing/admission is complete, the remaining \$275 enrollment fee will be due. Enrollment is not complete until all applicable fees have been received. All fees may change on or before August 10, 2018.*



1220 E. Ruddock Street, Covina, CA 91724  
626.331.0559 • fax: 626.339.8029 • [sonrisechristian.org](http://sonrisechristian.org)



# GENERAL STUDENT INFORMATION

2018-19

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**STUDENT NAME:** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

**PREFERRED NAME:** \_\_\_\_\_ **GRADE ENTERING:** \_\_\_\_\_ Male  Female

**STUDENT ADDRESS:** Street \_\_\_\_\_ Apt/# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**PRIMARY PHONE:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

XXX-XXX-XXXX

MM/DD/YYYY

**STUDENT EMAIL:** (IF APPLICABLE) \_\_\_\_\_ @ \_\_\_\_\_

**ETHNICITY:**  AFRICAN AMERICAN  CAUCASIAN  NATIVE AMERICAN or ALASKAN  
 ASIAN  HISPANIC  PACIFIC ISLANDER  
 OTHER: \_\_\_\_\_

**HAS THIS STUDENT EVER:** (please mark all that apply)

- Repeated a grade?
- Been dismissed, suspended, or expelled?
- Had limitations or handicaps? Is this still a current concern? Y  N
- Required special medication? Is this still a current concern? Y  N
- Had behavioral issues that affect learning? Is this still a current concern? Y  N
- None of the above.

Please explain any "yes" answers. Is there anything else that teachers/staff should know? \_\_\_\_\_

**PREVIOUS SCHOOL ATTENDED:** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**CHURCH ATTENDING:** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**SIBLING #1:** \_\_\_\_\_ School Attending \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

**SIBLING #2:** \_\_\_\_\_ School Attending \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

**SIBLING #3:** \_\_\_\_\_ School Attending \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

**DOES A PARENT/RELATIVE WORK FOR SONRISE OR CHRIST'S CHURCH OF THE VALLEY?** Y (Sonrise)  Y (CCV)  N

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Position \_\_\_\_\_

**IS A PARENT/RELATIVE AN ALUMNI OF SONRISE CHRISTIAN SCHOOL?** Y  N

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Sonrise Graduation Year \_\_\_\_\_ (or years attended \_\_\_\_ - \_\_\_\_)

**HOW DID YOU HEAR ABOUT SONRISE CHRISTIAN SCHOOL?** \_\_\_\_\_



EMERGENCY INFORMATION  
2018-19

2a

This information is important for your child's health and safety. Please fill out each field completely.

**STUDENT NAME:** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

**PREFERRED NAME:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ Male  Female

**STUDENT ADDRESS:** Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**PRIMARY PHONE:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

XXX-XXX-XXXX

MM/DD/YYYY

**FATHER'S NAME:** Title \_\_\_\_\_ First \_\_\_\_\_ Last \_\_\_\_\_ Lives with Student? Y  N

**ADDRESS:** Street \_\_\_\_\_

(if different from student)

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

XXX-XXX-XXXX

XXX-XXX-XXXX

XXX-XXX-XXXX

**OCCUPATION:** \_\_\_\_\_ **EMPLOYER:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ @ \_\_\_\_\_ Receive School Emails? Y  N

**MOTHER'S NAME:** Title \_\_\_\_\_ First \_\_\_\_\_ Last \_\_\_\_\_ Lives with Student? Y  N

**ADDRESS:** Street \_\_\_\_\_

(if different from student)

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

XXX-XXX-XXXX

XXX-XXX-XXXX

XXX-XXX-XXXX

**OCCUPATION:** \_\_\_\_\_ **EMPLOYER:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ @ \_\_\_\_\_ Receive School Emails? Y  N

**ADD'L GUARDIAN:** Title \_\_\_\_\_ First \_\_\_\_\_ Last \_\_\_\_\_ Lives with Student? Y  N

**ADDRESS:** Street \_\_\_\_\_

(if different from student)

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

XXX-XXX-XXXX

XXX-XXX-XXXX

XXX-XXX-XXXX

**OCCUPATION:** \_\_\_\_\_ **EMPLOYER:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ @ \_\_\_\_\_ Receive School Emails? Y  N



**This information is important for your child's health and safety. Please fill out each field completely.**

**EMERGENCY CONTACTS:** Please list people authorized to take child from school and/or to be called in case of emergency.

First \_\_\_\_\_ Last \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

First \_\_\_\_\_ Last \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

First \_\_\_\_\_ Last \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

First \_\_\_\_\_ Last \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**PERSONS ABSOLUTELY NOT AUTHORIZED TO PICK UP CHILD FROM SCHOOL:**

First \_\_\_\_\_ Last \_\_\_\_\_ Description \_\_\_\_\_

First \_\_\_\_\_ Last \_\_\_\_\_ Description \_\_\_\_\_

**TRIP CONSENT:** My child may go on field trips and excursions in transportation arranged by Sonrise Christian School.\* Y  N

*By checking "NO", I understand that I am responsible for my child and/or providing alternate transportation during such events.*

**PLEASE LIST ALL KNOWN ALLERGIES/MEDICAL CONDITIONS:**

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

**PLEASE LIST ALL PRESCRIPTION MEDICATIONS THAT MAY NEED TO BE ADMINISTERED BY STAFF:**

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

**DATE OF LAST TETANUS SHOT:** \_\_\_\_\_  
MM/DD/YYYY

**MAY SONRISE CHRISTIAN SCHOOL STAFF ADMINISTER THE FOLLOWING AS THEY DEEM NECESSARY?**

*Among other services, the office nurse station is supplied to offer coke syrup for upset stomach and Tylenol (or generic brand) for pain.*

TYLENOL (OR GENERIC)	Y <input type="checkbox"/>	N <input type="checkbox"/>	CALL A PARENT FOR CONSENT FIRST?	Y <input type="checkbox"/>	N <input type="checkbox"/>
IBUPROFEN	Y <input type="checkbox"/>	N <input type="checkbox"/>	CALL A PARENT FOR CONSENT FIRST?	Y <input type="checkbox"/>	N <input type="checkbox"/>
COKE SYRUP	Y <input type="checkbox"/>	N <input type="checkbox"/>	CALL A PARENT FOR CONSENT FIRST?	Y <input type="checkbox"/>	N <input type="checkbox"/>

**PARENT/GUARDIAN EMERGENCY FORM SIGNATURES:**

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

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

Legal Guardian (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

**OUTINGS:** I understand that my child may be going on field trips in a school bus or parent-provided transportation. If I do not want my child to participate, I will submit, in advance, a written request that my child be excused, and I will be responsible for the care of my child on those days my child is not participating. I also understand that liability insurance purchased by Sonrise Christian School (hereby referred to as "Sonrise") only covers Sonrise owned vehicles; a student's accident and health insurance is the parents' responsibility.

**EQUALITY:** I understand that Sonrise admits students of every race, color, national and ethnic origin, and all students are offered all rights, privileges and programs generally afforded or made available. Sonrise does not discriminate on the basis of race, color, national or ethnic origin in educational policies, admissions policies, financial aid programs, athletic programs, and other school administered programs.

**CONDUCT:** I agree to encourage and support obedience to the rules and regulations of the school. I will require my child to practice modesty in dress and display proper conduct while in school. I understand that Sonrise will not tolerate dishonor to God or the Bible, use of profanity, pornography, obscenity in word or action, possession or use of drugs, alcohol, tobacco, weapons or disobedience to the school staff.

**COOPERATION:** I will/have read the online Handbook for Parents and Students, and agree to carefully review the handbook with my child, knowing that we will be bound by the terms and standards of the handbook. I agree to give Sonrise my complete support and cooperation in upholding, applying and enforcing the standards and policies as stated in the handbook. I understand that if at any time the school determines--in its sole discretion--that my actions do not support the ministry of the school, or reflect a lack of cooperation and commitment to the home and school working together, the school may request the withdrawal of my child(ren).

**DISCIPLINE:** I agree to support Sonrise in necessary disciplinary action(s). It is the policy of Sonrise to use the least severe means of correcting students' misbehavior. However, when a student chooses not to follow the standards of the school, discipline will be used, and may include the use of counseling, admonition, loss of privileges, suspension, probation, dismissal and expulsion. I understand that suspension and expulsion may be used in cases where a student is defiant toward Sonrise staff or abusive toward students.

**WITHDRAWAL:** I agree to withdraw my child from Sonrise if at any point I am not willing to support the standards and policies of the school or decisions of the school board and administration.

**WITHDRAWAL NOTICE:** I agree to give Sonrise 30 days advance written notice prior to the withdrawal of my child from Sonrise. In the event that I withdraw my child sooner, I will pay tuition for 30 days after giving notice.

**RESOLUTIONS:** I agree to resolve any disagreements with Sonrise in conformity with the biblical injunctions of 1 Corinthians 6:1-8, Matthew 5:23-24 and Matthew 18:15-20. I agree that any claim or dispute arising out of, or related to this agreement or any aspect of the school relationship, including any claim or statutory claims, shall be settled by biblically based mediation. If resolution of the dispute and reconciliation do not result from such efforts, the matter may then be settled by arbitration in accordance with the Rules of Procedure of Christian Conciliation or the Institute for Christian Conciliation. I agree that these methods shall be the sole remedies for any controversy or claim arising out of the school relationship or this agreement, and expressly waive my right to file a lawsuit against Sonrise in any civil court for such disputes, except to enforce legally binding arbitration decisions.

**OBLIGATIONS:** I agree to meet all financial obligations related to my child's enrollment at Sonrise, including fees described on the current fee schedule and other incidental fees that may arise. I understand and agree that failure to meet my financial obligations in a timely manner may result in my child's suspension or dismissal.

**PHOTO WAIVER:** I understand that Sonrise Christian School may choose to use my child's name, photo, voice and/or image for the school's website, yearbook and other promotional materials. If I desire to opt out, I must submit a letter to the Head of School prior to admission.

**TUITION:** I have indicated on this form my choice for tuition payments, and I agree to pay promptly in accordance to the date on my chosen payment plan. I understand that a late fee of \$45 per month will be assessed and added to my bill for each payment received 5 or more days late. There is also a \$30 fee for returned checks.

**NEW STUDENTS ONLY:** I understand that the \$100 application fee must be paid at the time of enrollment, and that after being admitted, the remaining \$275 enrollment fee is due. I understand that new student testing is included in the enrollment fee. All fees are non-refundable, including those for students who fail to pass the entrance test or who do not show up for a scheduled testing appointment. All fees are non-refundable.

**RE-ENROLLING STUDENTS ONLY:** I understand that the entire re-enrollment fee of \$375 is due upon submission; if submitted in full before March 29, 2018, I will receive the \$75 Spirit Pack FREE. I understand that if the enrollment application is submitted after March 29, 2018, the application will be accepted on a first-come, first-serve basis as class size allows, along with new applicants. All fees are non-refundable.

**LATE ENROLLMENT:** I understand that for applications received after August 10, 2018, the first tuition installment is due at the time the application is accepted.

**STUDENT NAME:** First \_\_\_\_\_ Last \_\_\_\_\_ Grade \_\_\_\_\_

**PRIMARY AUTHORIZED BILL PAYER:**

First \_\_\_\_\_ Last \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ City \_\_\_\_\_

DOB \_\_\_\_\_ Driver's License # \_\_\_\_\_ Social Security # \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_

**ADDITIONAL AUTHORIZED BILL PAYER:**

First \_\_\_\_\_ Last \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ City \_\_\_\_\_

DOB \_\_\_\_\_ Driver's License # \_\_\_\_\_ Social Security # \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_

**TUITION AND FEES:** (initial below)

\_\_\_\_\_ I agree to pay by mail, web, telephone or in person on the 20<sup>th</sup> of each month.

\_\_\_\_\_ I agree to the following tuition payment plan (check one box only).

*The tuition amounts below reflect a 4% discount for paying in full, and a 2% discount for making two payments.*

**Kindergarten - 5<sup>th</sup> Grade**

\$7425 (ten payments of \$742.50 • August - May)

\$7276.50 (two payments of \$3638.25)

\$7128 (one payment due 8/10/18)

**6<sup>th</sup> - 8<sup>th</sup> Grade**

\$7635 (ten payments of \$763.50 • August - May)

\$7482.30 (two payments of \$3741.15)

\$7329.60 (one payment due 8/10/18)

\_\_\_\_\_ I agree to the \$45 Parent Portal fee, which is for viewing grades, online information and communication with the school.

**DAYCARE:** Do you intend to have your child in Daycare either before or after school? Y  N

See Daycare Information Sheet for details.

**SPIRIT PACK:** This \$75 pack includes our hardcover yearbook and school spirit shirt: Y  N  (Opt-Out)

**STUDENT SHIRT SIZE:** YS  YM  YL  AS  AM  AL  AXL  AXXL

**OFFICE USE ONLY:**

Cash \_\_\_\_\_ Check # \_\_\_\_\_ Date Rec'd \_\_\_\_\_ Time \_\_\_\_\_

Input Enroll \_\_\_\_\_ Receipt # \_\_\_\_\_ Check Amount \_\_\_\_\_ Rec'd By \_\_\_\_\_ Start Date \_\_\_\_\_



# SIGNATURES

2018-19

***My/our signature(s) below indicates that I/we have read and completed all information on this application correctly. I/we have read and agree to the 2018-19 Fee Schedule and the General and Financial Agreements. Upon submitting this application, my/our \$100 non-refundable application fee is due.***

***I/we will submit this fee and all applicable forms prior to processing or admission.***

## SIGNATURES:

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

Legal Guardian (if applicable) \_\_\_\_\_

Date \_\_\_\_\_



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