

SONRISE CHRISTIAN SCHOOL

Where Children Grow in the Son

APPLICATION FOR ENROLLMENT INTERNATIONAL • 2019-20

STEP 1: SUBMIT APPLICATION AND SUPPORTING DOCUMENTATION

- Reference form from previous school
- Transcripts of grades with English translation
- Application fee (\$500 – non-refundable)
- Copy of passport
- Proof of financial means of support (bank verification in English showing funds required by INS)

Upon acceptance, you will receive the following:

- √ I-20
- √ Acceptance letter from Sonrise Christian School
- √ Host family information (if applicable)

STEP 2: REQUEST SEVIS I-901

- Once you have received the I-20, go to www.fmjfee.com/I901fee to apply for SEVIS I-901

STEP 3: APPLY AND INTERVIEW FOR F-1 STUDENT VISA

STEP 4: NOTIFY SONRISE WHEN VISA IS GRANTED AND COMPLETE APPLICATION PROCESS

Submit the following items to complete the application process:

- Health Insurance Documentation
- Immunization Record (in English)
 - For your convenience, a State of California Immunization Record is provided to assist you with immunizations for documentation. This form (or similar) in English will be accepted.
- Pay tuition (see Tuition and Fee Schedule for details)

PLEASE NOTE: Enrollment is limited. Please return this form as soon as possible to ensure your student's placement. A \$500 non-refundable application fee is due upon submission of application. Enrollment is not complete until all applicable fees have been received. All fees may change on or before August 4, 2019.



1220 E. Ruddock Street, Covina, CA 91724
626.331.0559 • fax: 626.339.8029 • sonrisechristian.org



INTERNATIONAL • GENERAL STUDENT INFORMATION

2019-20

1

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 THE STUDENT HAVE 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? _____

WILL THIS STUDENT NEED INFORMATION REGARDING HOMESTAY (HOUSING) ARRANGEMENTS? Y N



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 _____ Apt/# _____

City _____ State _____ ZIP _____

PRIMARY PHONE: _____ **DATE OF BIRTH:** _____

XXX-XXX-XXXX

MM/DD/YYYY

FATHER'S NAME: First _____ Last _____ Lives with Student? Y N

ADDRESS: Street _____ Apt/# _____
(if different from student)

City _____ State _____ ZIP _____ Country _____

HOME PHONE: _____ **WORK PHONE:** _____ **CELL PHONE:** _____

XXX-XXX-XXXX

XXX-XXX-XXXX

XXX-XXX-XXXX

OCCUPATION: _____ **EMPLOYER:** _____ **CITY:** _____

EMAIL: _____ @ _____ Receive School Emails? Y N

MOTHER'S NAME: First _____ Last _____ Lives with Student? Y N

ADDRESS: Street _____ Apt/# _____
(if different from student)

City _____ State _____ ZIP _____ Country _____

HOME PHONE: _____ **WORK PHONE:** _____ **CELL PHONE:** _____

XXX-XXX-XXXX

XXX-XXX-XXXX

XXX-XXX-XXXX

OCCUPATION: _____ **EMPLOYER:** _____ **CITY:** _____

EMAIL: _____ @ _____ Receive School Emails? Y N

U.S. GUARDIAN NAME: First _____ Last _____ Lives with Student? Y N

ADDRESS: Street _____ Apt/# _____
(if different from student)

City _____ State _____ ZIP _____ Country _____

HOME PHONE: _____ **WORK PHONE:** _____ **CELL 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 _____

U.S. 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 agree to give Sonrise my complete support and cooperation in upholding, applying and enforcing the standards and policies of the school. I understand that if at any time the school determines – in its sole discretion – that the 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; entrance fees and tuition, must be paid before my student's first day of attendance. I am aware that there may be incidental fees that arise. I am responsible for payment of such upon notification. 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 agree to pay Tuition and Entrance fees upon acceptance to Sonrise Christian School. I understand that a late fee of \$45 per month will be assessed and added to my bill for any recurring daycare/incidental fees received five or more days late. There is also a \$30 fee for returned checks.

ENROLLMENT: All fees are non-refundable. New students: I understand that the \$500 application fee must be paid at the time of enrollment. Returning students: I understand that the entire re-enrollment fee of \$375 is due upon submission.

TUITION AND FEES: (initial below)

_____ 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 _____

INTERNATIONAL • SIGNATURES
2019-20

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 2019-20 Fee Schedule and the General and Financial Agreements. Upon submitting this application, my/our \$500 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 _____

U.S. Guardian (if applicable) _____ Date _____

SONRISE
CHRISTIAN SCHOOL
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