

# Salinas Christian School

## Admissions Application

Date Submitted \_\_\_\_\_

Applying for Grade \_\_\_\_\_

New  Returning

e-mail # \_\_\_\_\_

**Student/Family Information**

eScrip # \_\_\_\_\_

**Student Name** \_\_\_\_\_

|            |                |                     |        |                        |
|------------|----------------|---------------------|--------|------------------------|
|            | Last           | First               | Middle | Name Used              |
| Birth Date | Place of Birth | Gender              |        |                        |
| M/D/Y      | City State     | M F<br>(Circle One) |        | SS# ____ - ____ - ____ |

**Student History:**

Has the applicant ever been recommended for a program such as the Gifted and Talented? Yes No  
(please circle one) If yes, please specify \_\_\_\_\_

Does he/she have allergies? Please list: \_\_\_\_\_

Any medical conditions we should be aware of? \_\_\_\_\_

Does he/she regularly require medication? Please list: \_\_\_\_\_

Does he/she have a history of a Hyperactivity Problems or Attention Deficit Disorder?  
Please list: \_\_\_\_\_

**Student Lives with:** (Please circle **ALL** that apply)

Both Parents, Mother, Father, Stepmother, Stepfather, Guardian, Other \_\_\_\_\_

**Primary Address:**

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

|                        |       |       |
|------------------------|-------|-------|
| <b>Siblings at SCS</b> | Name  | Grade |
|                        | _____ | _____ |
|                        | _____ | _____ |
|                        | _____ | _____ |

**Father/Guardian**

**Mother/Guardian**

|               |       |       |
|---------------|-------|-------|
| Full Name     | _____ | _____ |
| S.S. Number   | _____ | _____ |
| D.L. Number   | _____ | _____ |
| Occupation    | _____ | _____ |
| Employer      | _____ | _____ |
| Home Phone    | _____ | _____ |
| Work Phone    | _____ | _____ |
| Cell or Pager | _____ | _____ |
| Step Parent   | _____ | _____ |

**CULTURAL INFO**

Ethnic Background:  
Hispanic Asian  
Caucasian Black  
Other \_\_\_\_\_  
Primary Language  
spoken at home:  
\_\_\_\_\_

**For New Students Only:**

\* We **First Learned** of SCS through: Friend Church School Ad Other  
Name of Source: \_\_\_\_\_

\*What are your primary reasons for choosing SCS?  
Spiritual Academics Safety Other\_\_\_\_\_ (please circle all that apply)

\*Please make a full statement as to why you want to enroll this student at SCS.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Please make a full statement describing your personal Christian experience and faith.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family's Church: \_\_\_\_\_ # of years \_\_\_\_\_  
Name Address

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**Salinas Christian Schools  
Request for School Records/Transcripts**

**Last School Attended:** \_\_\_\_\_

Street City State Zip Phone

Please release and send the personal school record of my child:

\_\_\_\_\_ to:  
(Child's Full Legal Name) (Birth date)

**Salinas Christian School  
345 E. Alvin Drive  
Salinas, Ca. 93906-2901**

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

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### Medical Permission Form

In case of illness or injury at school, and you can not be reached, may we call:

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Permission is granted for: \_\_\_\_\_  
(Child's Name) (Birth date)

To (A) be given appropriate medical care in case of emergency and I will assume responsibility for payment of physician or hospital care, and (B) for above named student to take the following if needed:

Children's ( ) Adult ( ) (non-aspirin pain reliever)

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Emergency Contact/Pick Up List (In Priority Order) (Minimum of two other than parents)

|   | Name  | Phone | Relationship to Child |
|---|-------|-------|-----------------------|
| 1 | _____ | _____ | _____                 |
| 2 | _____ | _____ | _____                 |
| 3 | _____ | _____ | _____                 |
| 4 | _____ | _____ | _____                 |

# **Salinas Christian School**

## **Admissions Application**

### **Environmental Acknowledgment**

In every school in our nation that was built prior to the 1980's, there can be certain amounts of asbestos containing materials. These materials can be floor tiles, heating and air condition ducts, acoustical ceilings, etc. All schools with these materials are required to have a management plan in place.

Several years ago we hired a firm, CTL Environmental Technologies, to manage the asbestos containing materials in our building. They do not pose a health hazard as long as they are managed properly. Each year we are required to notify you that the management plan is available for your inspection.

We take seriously our responsibility to your children and we can assure you we are following safety guidelines. If you have any questions, please do not hesitate to contact the school.

#### **I ACKNOWLEDGE THAT I HAVE READ THIS NOTICE**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

# Salinas Christian School

## Admissions Application

### Enrollment Agreement Terms and Conditions

#### Registration

Registration consists of the submission of the complete Application, Enrollment Agreement, Financial Agreement, Immunization and Physician's Forms and payment of all fees. Fees include enrollment, books, application, and testing. All enrollment fees are non-refundable and must be paid directly to Salinas Christian Schools. Post-dated checks are not accepted.

#### Tuition

FACTS Tuition Management handles all tuition and daycare billing. Salinas Christian School will transmit all payer and student information to them. FACTS Tuition Management will provide a letter of confirmation to the Primary Payer on the account.

The annual tuition is payable in equal monthly installments (please refer to your financial agreement). All payments are due on the 5<sup>th</sup> of the month. A \$25 late fee will be assessed on all returned payments.

Failure to pay the June, July or August installments by the due date each month will result in your children's removal from the class roster.

Reminders will be sent from FACTS Tuition Management for any delinquent accounts.

Your children will not be allowed to attend school if your account with FACTS Tuition Management or In-House account is delinquent 30 days or more.

All tuition accounts for the 2009-10 school year must be paid in full by May 5<sup>th</sup>, 2010. Your children will not be allowed to enroll in the 2010-11 school year if your account has not been paid in full.

Non-sufficient funds (NSF) checks will be charged a fee of \$30.

#### Enrollment Agreement/School Student Handbook Signatures

Having read the Parent/Student Handbook and this Enrollment Agreement, I, the undersigned, agree to abide by the policies stated within.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

#### **(Student Handbook Agreement for Student Only)**

Student Signature (4<sup>th</sup>-8<sup>th</sup> grades) \_\_\_\_\_ Date \_\_\_\_\_