

✝ Sunrise Beach School ✝

State-Approved Christian School Pre-K-12 / Accredited / Non-Profit 501(c)3

Location: 1601 North Street SE Olympia, WA 98501 / Mail: PO Box 13409 Olympia, WA 98508

Telephone: (360) 791-8348 / Fax: (360) 866-1824 / Info@SunriseBeachSchool.org / www.SunriseBeachSchool.org

Enrollment Application

Grade Level: 3 – 8

Date: _____ Applying for School Year: _____ Applying for Grade: _____
Student's Name (first, middle, last): _____ Phone: (Hm) _____ (Student Cel) _____
Address: _____
Birth Date: _____ Sex: _____ Social Security #: _____
E-Mail Address(es): _____ Fax: _____
Church: _____ Does Student attend regularly? _____
Does your child identify as a Christian? _____ Please explain (this is required, may use back of paper)

Application Type (please check all that apply):

- Full-Time Enrollment (M-F and K-2=6.5 hr/day; 6-12=7 hr/day) Homeschool Facilitation Program
 Part-Time Enrollment (Less than fulltime enrollment) Testing / Evaluation Tutorial Assistance
 University of Washington *College in the High School* Program Other (please describe): _____
 Extension Program (Workshop, Seminar, Mission Trip, etc)

Parent/Guardian's Name: _____ (Hm) _____ (Cel) _____
Occupation / Profession: _____ Business / Work Phone: _____
Business Address: _____
Relationship to child (if other than Parent): _____ E-mail Address: _____

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SIBLING(S): (name - age - birthday - grade - school): _____

School Child is Now Attending / Attended Last Year: Private Homeschool Public (please check type)

School Name: _____ Telephone: _____
School Address: _____
Dates Attended From: _____ To: _____ Grade enrolled in at present _____
Previous schools attended / years: _____

Emergency Contacts

Known Allergies: _____
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Doctor: _____ Phone: _____

Library Agreement: Didactic materials (books, tapes, games, manipulatives, etc) from Sunrise Beach School's library may be checked out at no additional fee. In signing this form, the parent or guardian agrees to pay SBS a replace fee for any lost or damaged materials that occurs during the time the student or parent have materials on loan from the school.

Emergency Medical Care and SBS Field Trip Release: We, the parents/guardians of the above-named student are willing that our child be given emergency medical care when needed. We also give permission for him or her to go on field trips with Sunrise Beach School.

STUDENT INSURANCE INFORMATION: _____

Tuition Payment Agreement: We, the parent or legal guardian agrees to pay tuition in full over a 10 month period, Sept.-June.

Signed by Parent/Guardian: _____ Date: _____

This extends to all matters regarding the granting of financial aid or tuition assistance. Sunrise Beach School does not discriminate on the basis of race, color, national or ethnic origin with respect to students' rights, privileges, programs, or activities associated with the school.