

# ✠ 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: 1-5

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):

#### Before / After School Care

Full-Time Enrollment (Monday-Friday, 9:00 am - 3:30 pm)

Before

After

Specific Time Care Needed: \_\_\_\_\_

Part-Time Enrollment (Less than full-time enrollment)

Before

After

Specific Time Care Needed: \_\_\_\_\_

Homeschool Facilitation Program or Extension Program

Testing / Evaluation  Tutorial Assistance

Other (please describe): \_\_\_\_\_

(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: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ (Hm) \_\_\_\_\_ (Cel) \_\_\_\_\_

Occupation / Profession: \_\_\_\_\_ Business / Work Phone: \_\_\_\_\_

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

Relationship to child (if other than Parent): \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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 occurred during the time the student or parent had those 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.

