

✠ 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: Kindergarten

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

<input type="checkbox"/> Monday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Full Day	<input type="checkbox"/> Before	<input type="checkbox"/> After	Specific Time Care Needed: _____
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Full Day	<input type="checkbox"/> Before	<input type="checkbox"/> After	Specific Time Care Needed: _____
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Full Day	<input type="checkbox"/> Before	<input type="checkbox"/> After	Specific Time Care Needed: _____
<input type="checkbox"/> Thursday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Full Day	<input type="checkbox"/> Before	<input type="checkbox"/> After	Specific Time Care Needed: _____
<input type="checkbox"/> Friday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Full Day	<input type="checkbox"/> Before	<input type="checkbox"/> After	Specific Time Care Needed: _____

(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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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.

