



Sandpoint Christian School

477954 Highway 95 • Ponderay, ID 83852
(208) 265-8624 • www.sandpointchristian.com

NEW STUDENT ENROLLMENT APPLICATION 2021-22

ENROLLMENT PROCEDURES:

Please provide the following. Your student is considered enrolled when the process is complete.

- ☐ Application Form **completely** filled out and signed.
- ☐ Photocopy of birth certificate.
- ☐ Immunization record or Idaho Waiver - completed and signed.
- ☐ Registration fee payment by cash, check, debit, or credit card: \$335 for K-8th, \$185 for Preschool/Pre-K
- ☐ If possible, recent transcripts, report card, achievement tests and AR/Star reading tests.

STUDENT INFORMATION:

Student Name: _____ Grade level (2021-22) _____

Student's birth date: _____ Age: _____ Gender: M / F

Place of birth _____

Student's race ☐ American Indian or Alaska Native ☐ Asian ☐ Black/African American ☐ Caucasian
☐ Hispanic/Latin ☐ Hispanic/Latino ☐ Native Hawaiian/Pacific Islander ☐ Two or more races

Parent's Names _____

List Siblings with ages:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

How did you hear about our school? _____

Does your student have friends already in our school? _____ If yes, whom? _____ Did

anyone at SCS refer you to our school? _____ If yes, whom? _____

Notice of Non-Discriminatory Policy as to Students at Sandpoint Christian School:

Sandpoint Christian School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally made available to students at school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarships and loan programs, athletic and other school administered programs.

For office use only:

Date received packet _____ Payment amount: Check \$ _____ # _____ Credit Card \$ _____ Cash _____

Is packet complete? Yes _____ No _____ Gradelink: _____ Missing components: _____



Sandpoint Christian School 477954 Hwy 95, Ponderay, ID 83852 208-265-8624

FAMILY AND EMERGENCY CONTACT 2021-22

Student Name _____ Grade _____ Birth date _____ Age _____ ☐ M ☐ F

Living with (check one): Both Parents _____ Mother _____ Father _____ Guardian _____

Mother's Name: _____ Mother's Cell Phone #: _____

Mother's email address: _____

Place of employment: _____ Position: _____ Work number: _____

Physical and Mailing Address: _____

City: _____ State: _____ Zip: _____

Preferred method of contact ☐ Text Message ☐ Phone Call ☐ Email

Father's Name: _____ Father's Cell Phone #: _____

Father's email address: _____

Place of employment: _____ Position: _____ Work number: _____

Physical and Mailing Address: _____

City: _____ State: _____ Zip: _____

Preferred method of contact ☐ Text Message ☐ Phone Call ☐ Email

Marital Status: ☐ Married ☐ Widowed ☐ Divorced* ☐ Separated ☐ Single

**If divorced, please attach a letter explaining the legal custody arrangement, educational agreement for children, and tuition payment agreement as it stands today. Also attach a copy of the current court custody order.*

IN CASE OF EMERGENCY, OTHER THAN PARENT, PLEASE NOTIFY:

Name _____ Relation to child _____ Phone _____

DOCTOR: Name _____ Address _____ Phone _____

Allergies _____ Symptoms _____

Does the child receive medication? _____ Type of medication _____ Time given _____

Does your student wear glasses? ☐ Yes ☐ No Do you have internet at home? ☐ Yes ☐ No

Student's Interests: _____

Aftercare days: MON _____ TUES _____ WED _____ THURS _____ Will vary _____

Who is authorized to pick up the student? (Please put first and last name, relationship, use back for more space)



MEDICAL INFORMATION

Family Physician: _____ Phone #: _____ City: _____

Family Dentist: _____ Phone #: _____ City: _____

Health Insurance: Insurance Company: _____ Policy #: _____

Carrier Phone #: _____

CONSENT TO MEDICAL TREATMENT & AUTHORIZATION TO RELEASE MEDICAL INFORMATION

We, the undersigned parent or guardian of _____, a minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of our doctor _____, M.D., or any physician the school may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. It is understood that reasonable effort will be made to contact the doctor listed above before the school or other organization calls any other physician.

It is further understood that this consent is given in advance of any specific diagnosis or treatment, which might be required and is given to authorize Sandpoint Christian School or the physician to exercise their best judgment as to the requirement of such diagnosis or treatment.

This consent shall remain in continuous effect as long as the student is enrolled at Sandpoint Christian School or until consent is revoked in writing and delivered to the physician named above and to the school entrusted with the custody of the said minor. Sandpoint Christian School plans to use this consent only in the case of an emergency or injury sustained while the student is in the care of this school, i.e., during school hours, while the student is being supervised by the school on school premises, or at other school-related functions when a parent cannot be reached for verbal consent.

We hereby authorize any hospital, physician, or other person who has attended or examined the minor to furnish to Sandpoint Christian School's insurance service, or its representative, any appropriate information necessary for insurance purposes. A photocopy of this authorization shall be considered effective and valid as the original.

One signature required from any of the following:

Signature: _____ Date: _____



MEDICAL CONTINUED

Will your child be bringing prescription drugs to school? _____

If yes, please explain: _____

Does your child have any medical conditions or problems that we should be aware of? (Medication, allergies, etc.) _____

Has your child ever had psychiatric counseling, or involvement with juvenile authorities? _____

If yes, please explain: _____

PERMISSION TO GIVE OVER THE COUNTER (OTC) MEDICATION

The following information is to be completed and signed by the parent or guardian:

Student Name: _____ Birthdate: _____ Weight _____

Allergies: _____ Special Instructions: _____

I hereby give my permission for my student, _____, to receive the below listed OTC medications, according to the listed directions and cautions, from the SCS administrators, teachers, or auxiliary staff. I confirm that I have given at least one dose of the below listed medications without any evidence of side effects or adverse reactions. I understand that it is my responsibility to provide the below OTC medication in its original container.

___ Acetaminophen (all brands)

___ Ibuprofen (all brands)

___ Allergy Relief such as Benadryl (all brands) both oral and ointment

___ Triple antibiotic ointment or spray such as Neosporin (all brands)

___ Anti-itch Cream (all brands)

___ Cough Drops (all brands)

(All prescription medications require an additional form and signature.)

Any OTC or prescription medicines must be given to the teacher or to the office. They cannot be kept in a student's desk or backpack.

Signature: _____ Date: _____



PARENTAL COMMITMENTS

1. We appreciate the standards of the school and do not tolerate profanity, obscenity in word or action, dishonor to the Trinity and the Word of God, or disrespect to the personnel of the school. I hereby agree to support all regulations of the school in the applicant's behalf and authorize this school to employ such discipline as indicated in the discipline policy.
2. We give permission for our child to go on field trips arranged by the teacher and approved by the administration. These educational trips will be properly supervised. The school carries accident insurance on our students, and it covers field trips. (Your own insurance still remains primary.) We will not hold the school administration or faculty liable in case of accident.
3. We pledge our fullest cooperation to refrain from doctrinal controversy and denominationalism within the school community.
4. We agree that if our child should become involved in any trouble with other children in the school we will, in the love of Christ and with prayer, register necessary complaints with the teachers or directors.
5. We understand that assessments will be made to cover damages to the school (including breakage of windows and abusing other personal property.)
6. We understand the school reserves the right to dismiss any student who does not:
 - a. Respect and observe spiritual and/or behavioral standards and
 - b. Cooperate in our educational goals.
 - c. We also understand the school may dismiss any student that it believes requires a level of attention and instruction for which the school has no resources.
7. We understand that our failure to report psychiatric counseling, any prescribed program of medication, or involvement with juvenile authorities during the past three years may be cause for immediate dismissal.
8. We understand the school personnel hold a commitment to each family to be of any help possible in cooperating with the family in the academic, social and spiritual nurture of each child.
9. We agree to uphold and support the high academic standards of the school by giving our child encouragement in the completion of any homework or assignments.

I have read and am committed to the above "Parental Commitment."

Father's Signature: _____ DATE: _____

Mother's Signature: _____ DATE: _____

STUDENT COMMITMENT for students in grades 1-8: *Please go over this with your child and make sure that he/she understands this commitment.*

I will respect the Lord Jesus Christ and my teachers, always giving my best effort in the classroom. I will also respect others and their property and follow the rules of our school.

Student Signature: _____ Date: _____



PHILOSOPHY

Discipleship

Our primary ministry is directed toward children who have established a personal relationship with Jesus Christ as Lord and Savior. Families should attend a local Christian church. The school ministry, in concert with family and church efforts, seeks to establish and perpetuate growth in Christ-like character, behavior and knowledge throughout all aspects of life and learning.

Curriculum

SCS acknowledges that God is the source of truth, and that He has revealed His truth to man through the Bible and the person of Jesus Christ. All instruction and materials are consistent with our understanding of God's truth.

Academic Excellence

In light of the exhortation to "do everything as unto the Lord," SCS maintains academic standards that challenge students to work toward their highest possible level of achievement.

School Environment

SCS seeks to provide a safe learning environment that is conducive to the development of Christ-like character and behavior, as well as academic excellence. Disciplined conduct and respectful relationships are encouraged and expected among students and staff.

Personal Growth & Christian Service

SCS recognizes that God has granted to every individual unique gifts, talents, and abilities, some outside the academic realm. SCS fosters development of these gifts and talents for use in Christian service.

Doctrine

While SCS recognizes a diversity of interpretation within the Body of Christ in many areas of doctrine, the administration and staff adhere to a core of beliefs as outlined in the Statement of Faith. SCS is respectful and sensitive to doctrinal differences among believers and seeks unity in the body by focusing on fundamental biblical teaching.

Our family is in agreement with the philosophy of the school.

Initial _____



CHRISTIAN COMMITMENT

Sandpoint Christian School's Statement of Faith

A. God - We believe that there is one God eternally existing in three persons: The Father, The Son, and The Holy Spirit and these three are co-equal, co-eternal and co-essential. Luke 3:22, Matthew 28:19, John 1:1-3

B. The Bible - We believe that the Bible is God's only infallible written revelation to man and that it is verbally inspired and authoritative and completely recorded in the original manuscripts all that God intended. 2 Timothy 3:16, 2 Peter 1: 20, 21

C. Jesus - We believe in the deity of Jesus Christ, God's only Son, His virgin birth, sinless life, miracles, death on the cross to provide for our redemption, bodily resurrection and ascension into heaven, present ministry of intercession for us, and His return to earth in power and glory. John 1:1-3, Hebrews 4:14-15

D. Holy Spirit - We believe in the personality and deity of the Holy Spirit, that He performs the miracle of the new birth in an unbeliever and indwells believers, enabling them to live a godly life. John 16:7-14

E. Man We believe that man was created in the image of God, but because of sin, was alienated from God. That alienation can be removed only by accepting through faith God's gift of salvation which was made possible by Christ's death. We believe marriage is between one man and one woman. Genesis 1:25 – 28, John 3:3-5

Please check one:

- ☐ I have read and agree with the School's Statement of Faith
- ☐ I have read the School's Statement of Faith and have further questions before signing

Please check one:

- ☐ I am a follower of Jesus Christ, and I am training my child/children according to biblical standards. I believe that the Holy Bible is the true inspired Word of God.
- ☐ I am not a follower of Jesus Christ but am willing to support the mission of SCS.

Father's initials: _____ DATE: _____

Mother's initials: _____ DATE: _____

Are you a member of a church family? If so, which? _____

Do you attend worship gatherings regularly? _____

If you think your Pastor would be willing to speak at a Chapel Service, please provide their contact information:

Pastor's Name: _____ Phone Number: _____



REGISTRATION AND TUITION SCHEDULE (2021-22)

REGISTRATION: All annual Registration Fees are due with enrollment and are ***non-refundable***.

Pre-school, Pre-Kindergarten: \$185 per student

Grades K-8th: \$335 per student

TUITION:

Monthly tuition payments are due on the first of the month. Payments made by automatic withdrawal must be scheduled for either the 1st or the 15th of each month. The annual tuition may be paid in full by September 10th for a 5% discount. Otherwise, tuition will be broken up into either 12 or 10 monthly payments starting on July 1st, August 1st, or September 1st, depending on your payment plan.

Tuition Payment Plan Preference – check the plan you would like:

- ☐ Pay in full by September 10th for 5% discount
- ☐ 10-month payment plan (Aug - May)
- ☐ 10-month payment plan (Sept-June)
- ☐ 12-month payment plan (July - Jun)

(Preschool and Pre-Kindergarten Program Options are on the next page.)

1st through 8th Grade per Month:

- ☐ 1st Child - \$510/ 10 months
- ☐ 2nd Child or *Kindergarten - \$445/ 10 months
- ☐ 3rd Child - \$225/ 10 months
- ☐ 4th Child - \$225/ 10 months
- ☐ 5th Child - Free

Aftercare Program – 3:00 until 5:30pm

- ☐ Monday – Thursday @ \$12.00 per day flat rate

*Note - Students may be given Kindergarten Readiness Assessment before being placed in Kindergarten.

Tuition Assistance: Apply online at: online.factsmgt.com/signin/4M6CQ

FINANCIAL PAYMENT AGREEMENT

We understand that the tuition payments are due on the 1st of the month. There will be a grace period to the 10th of the month after which time a late fee of \$25.00 will be charged. If tuition becomes over 2 months delinquent, parents must make arrangements for payments to be made or student attendance may be suspended.

Father's Initials: _____ Date: _____ Driver's License Number: _____ State: _____

Mother's Initials: _____ Date: _____ Driver's License Number: _____ State: _____



PRESCHOOL AND PRE-K OPTIONS 2021-22

Preschool class is for potty trained 3-year-olds who are three by September 1st. Most students who turn 4 on or before October 31, will start in PreK and may do two years in PreK before turning 5. Placements are made by the teachers and principal with input from the parents.

Hours: Mornings-Monday through Friday 8:00-11:45 Full Day-Monday through Thursday 8:00-2:45.

Aftercare for Preschoolers-8th grade is also available from 3:00pm-5:30pm Monday-Thursday at a flat drop-in rate of \$12.00 per day.

The following tuition amounts are yearly tuitions divided over 10 months. The first payment is due September 1, 2021 and last payment due June 1, 2022. (We do not have an option for a 12-month payment plan in Preschool through PreK) Please circle the program and days you prefer.

Mornings Only	Cost	What days?	Full Days	Cost	What days?
Two days per week	\$205	M T W TH F	Two days per week	\$305	M T W TH F
Three days per week	\$270	M T W TH F	Three days per week	\$350	M T W TH F
Four days per week	\$325	M T W TH F	Four days per week	\$400	M T W TH F
Five days per week	\$370	M T W TH F	Four full and one morning	\$420	M T W TH F

- Make-up days for absences or holidays are not available. Tuition is paid as a flat monthly fee based on your choice above and regardless of attendance.
- Extra mornings or afternoons are sometimes available for students on a day-to-day basis. Check with your teacher for availability. The drop-in rate for an extra morning session or an afternoon session is a flat \$20 or \$45 per day. After 2:45pm, Aftercare is an extra \$12.00/day.
- Due to limited resources, there is no tuition assistance available for Preschool or Pre-Kindergarten. Also, please remember to keep your monthly statements and/or canceled checks for tax purposes as we do not provide a separate tax statement in January.

FINANCIAL PAYMENT AGREEMENT

We understand that the tuition payments are due on the 1st of the month. There will be a grace period to the 10th of the month after which time a late fee of \$25.00 will be charged. If tuition becomes over 2 months delinquent, parents must make arrangements for payments to be made or student attendance may be suspended.

Father's Initials: _____ Date: _____ Driver's License Number: _____ State: _____

Mother's Initials: _____ Date: _____ Driver's License Number: _____ State: _____



AUTOMATIC TUITION PAYMENT optional

Please make the monthly deduction from my:

- ☐ Checking Account (attach a voided check)
☐ Savings Account (attach a savings deposit slip)

Transfer my funds on:

- ☐ The 1st of each month
☐ The 15th of each month (no late fees will apply)

Start date: _____

The permission to charge my bank account is the same as if I had personally signed a check to Sandpoint Christian School. This agreement will remain in effect until:

1. I write a letter to Sandpoint Christian School requesting the agreement be ended, providing them with a reasonable amount of time to act on it.
OR
2. Sandpoint Christian School sends me 10 days written notice that they will end this agreement.

Signature _____ Date: _____

Printed Name: _____

***ATTACH VOIDED CHECK OR SAVINGS DEPOSIT SLIP HERE**

ACADEMIC INFORMATION



What was the last grade completed by the student? _____

What does your child perceive as his/her strengths and challenges? _____

What do you consider to be your child's strengths and challenges? _____

Has your child ever repeated a grade?

☐ NO ☐ YES If yes please explain:

Has your child ever been suspended or expelled from another school?

☐ NO ☐ YES If yes please explain:

Has your child ever had any disciplinary needs in school?

☐ NO ☐ YES If yes please explain:

Does your child have any diagnosed special learning needs (i.e. A.D.D., Dyslexia, etc.)?

☐ NO ☐ YES If yes please explain:

Is there anything we should know about this child that would be of help in our handling situations here at school?

Describe your academic expectations for your student.

Describe your spiritual expectations for your student.



Sandpoint Christian School 477954 Hwy 95, Ponderay, ID 83852 208-265-8624

AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

Information to be released FROM:

School Name

Street

City, State, Zip

Phone: **208-265-8624** Fax: **208-263-6504**

As the legal parent or guardian of:

Student's Name

Information to be sent TO:

Sandpoint Christian School

School Name

477954 Highway 95

Street

Ponderay ID 83852

City, State, Zip Code

Grade Level or Age

I/we do hereby give our consent for the release of the following records to the above named school.
I/we know that I/we may receive a copy of these records or challenge the content of such records.

The following records to be sent include:

- _____ 1. Cumulative record folder (grades, credits, standardized test data.)
- _____ 2. Medical data (immunizations and information pertinent to school).
- _____ 3. Psychological/Educational/Emotional assessments
- _____ 4. Placement data for special services (resources, gifted, etc).

Signature of parent or guardian

Signature and title of person requesting data

Relationship to student: _____ Date _____



PHOTO RELEASE FORM 2021-22

I hereby grant Sandpoint Christian School (SCS) permission to use _____'s photographs without payment or any other consideration in the following ways:

- _____ In the yearbook for our families only
- _____ On our website
- _____ On our school Facebook page
- _____ In school advertisements
- _____ All of the above

I understand and agree that these materials will become the property of SCS. I hereby irrevocably authorize SCS to edit, alter, copy, exhibit, publish or distribute these photos for purposes of publicizing SCS programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my student's likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

I hereby certify that I am the parent or guardian of the student named above, and do hereby give my consent without reservation.

(Parent/Guardian Signature)

(Date)

INTERNET USE POLICY

Users include all students, teachers, administrators, support staff, and visitors who have access to the Internet while on SCS property (through our network or your own wireless connection).

Students may have access to the Internet while working on class projects in a supervised setting. This includes use of any device (SCS provided or personal) that accesses the internet while on campus (through our network or your own wireless connection). Students must also follow the direction of faculty and staff members supervising any area where the internet can be accessed.

Users will accept the responsibility to the best of their ability, for keeping all inappropriate pictures, gambling material, inappropriate text files, materials dangerous to the health and safety of students and staff or files dangerous to the integrity of the network from entering the school via the internet or any media.

If a user has a concern about the internet or the SCS network, he/she is responsible to notify the school. Users shall not use another individual's account for any reason. Students have the responsibility to use computer resources for academic purposes as needed for their academic work; personal use is allowed when permission has been granted by a teacher each instance use is desired.

Mother's Initials: _____ Student Signature: _____

Father's Initials: _____ Date: _____



SCS ALLERGY & MEDICAL ALERT

There may be students at SCS with life-threatening allergies to nuts, nut products or other allergens. SCS will inform all families if there are any life-threatening allergies among our students anytime during the school year. We may have to implement new food policies from time to time to keep all children safe. All of our staff has been trained should a medical emergency arise and our cleaning staff consistently sanitizes common areas, but we ask all of our families to follow a few guidelines to ensure this never happens.

Please discuss this with your student.

1. Do not offer, share, or exchange food with other students at school.
2. All students are asked to wash their hands with soap and water or with hand wipes after lunch to decrease the possibility of cross contamination on surfaces at school.
3. If there are students with peanut or nut allergies, we will provide a nut-free table in the cafeteria.

Even trace elements of some products could result in a severe allergic reaction that could hinder the ability to breathe. Sometimes these elements may be hidden in processed foods, but are always required to be printed on the label. If a medical allergy alert is called for, please strictly adhere to any banned allergen.

We appreciate each parent's help in implementing this program. If there are questions, you are always welcome to call and ask questions throughout the year. Our staff will be happy to help make it as easy as possible.

Initial _____



2019-20 GUIDE TO IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY

Preschool & Grades K-12



IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH

REFERENCE Section 39-4801, Idaho Code; Idaho Administrative Procedures Act (Administrative Code), IDAPA 16, Title 02, Chapter 15 "Immunization Requirements for Idaho School Children."

INSTRUCTIONS Post this guide on a wall or desktop as a quick reference to help you determine whether children seeking admission to your school meet Idaho's school immunization requirements. If you have any questions, contact the Idaho Immunization Program or visit www.immunizeidaho.com.

IMMUNIZATION REQUIREMENTS To enter or transfer into public or private schools, all children in preschool and grades K-12 must meet immunization requirements outlined below at registration and before attendance. No child shall attend school without proof of immunization status.

MINIMUM IMMUNIZATION REQUIREMENTS FOR SCHOOL ENTRY

Immunization Requirement by Age	Doses of Vaccines Required
Children born on or before September 1, 1999 must have a minimum of:	(4) Diphtheria, Tetanus, Pertussis (DTaP) (1) Measles, Mumps, and Rubella (MMR) (3) Polio (3) Hepatitis B
Children born after September 1, 1999 through September 1, 2005 must have a minimum of:	(5) Diphtheria, Tetanus, Pertussis (DTaP) ² (2) Measles, Mumps, and Rubella (MMR) (3) Polio (3) Hepatitis B
Children born after September 1, 2005 ¹ must have a minimum of:	(5) Diphtheria, Tetanus, Pertussis (DTaP) ² (2) Measles, Mumps, and Rubella (MMR) (4) Polio ³ (3) Hepatitis B (2) Varicella (Chickenpox) ⁴ (2) Hepatitis A

7th GRADE IMMUNIZATION REQUIREMENTS

Immunization Requirement by Grade ⁵	Doses of Vaccines Required
Children admitted to 7 th grade must meet the following minimum immunization requirements in addition to school entry requirements:	(1) Tetanus, Diphtheria, Pertussis (Tdap) (1) Meningococcal

1. Preschool children need only be age-appropriately immunized with the required vaccines.
2. DTaP: The 5th dose is not necessary if the 4th dose was administered at age 4 years or older and at least 6 months after previous dose.
3. Polio: The 4th dose is not necessary if the 3rd dose was administered at age 4 years or older and at least 6 months after previous dose. For children born after 9/1/2005, at least one dose of polio should be given at age 4 years or older.
4. Varicella: History of chickenpox disease documented by a physician or licensed health care professional meets the requirement.
5. 7th Grade Requirements: These requirements apply to all 7th- 12th grade students.

EXEMPTIONS Idaho law allows a parent/guardian to claim an exemption from immunization requirements for their child for medical, religious, or other reasons. A medical exemption requires the signature of a licensed physician and certification that the child has a medical condition which prevents him or her from receiving required vaccinations. It is recommended that exemptions for religious or other reasons be documented on the form provided by the Idaho Department of Health and Welfare Immunization Program and available at www.immunizeidahoschools.com. Parents may also claim a school immunization exemption by providing a signed written statement to school officials. Schools should maintain an up-to-date list of pupils with exemptions so they can be excluded quickly if an outbreak occurs.