

Sugar Grove Christian School
11600 West Airport
Meadows Place, TX 77477
(281) 575-6598
Fax: (281) 575-6053

Application Procedures for New Elementary Students:

1. Complete an Application for Enrollment which includes the following:
 - Student Demographics
 - Parent Demographics
 - Emergency contact Information
 - Addendum to the Application
 - Student Background Survey
2. Turn in Current Immunization Records
3. Two Teacher Recommendations are Required
4. Previous School records which include the following:
 - Report Cards
 - Standardized Test Results
5. Registration Fee \$250.00 per student
6. Interview and Testing are Required – will be scheduled upon receipt of the above information

*** Admission Decision:**

Based upon the entrance interview (if required), testing results, teacher references, behavioral history and academic profile, acceptance into Sugar Grove Christian School will be determined by the Admissions Committee. **Notification of acceptance or denial will be by mail.**

Application Procedures for New Preschool Students:

1. Complete an Application for Enrollment which includes the following:
 - Student Demographics
 - Parent Demographics
 - Emergency contact Information
 - Addendum to the Application
 - Student Background Survey
2. Registration Fee \$250.00 per student
3. A copy of child's Current Immunization Records will need to be turned in at the beginning of school.

Application Procedures for Current Preschool and Elementary Students:

1. Complete an Application for Enrollment which includes the following:
 - Student and Parent Demographics
 - Emergency contact Information
 - Addendum to the Application
2. Registration Fee \$250.00 per student
3. A copy of child's Current Immunization Records will need to be turned in at the beginning of school.

Sugar Grove Christian School Enrollment Form

office use only
RF: _____
T: _____
A/NA: _____

Current Students: This form may be filled out by hand and the school office will enter the enrollment information for you into Renweb, or you may go online at www.sgcs.org to enter your information into Renweb.

New Students: Please fill out all fields of this form and return to the school office.

Current and New Students: All siblings in a family need their own Student Demographic page completed, but only one packet of Parent Demographic Forms and Emergency Contacts are needed per family.

Student Demographic Form

New _____ Current _____

Last Name _____	Street _____
First Name _____	City _____
Middle Name _____	State _____ Zip _____
Goes by _____	Gender _____
Birthdate _____	Ethnicity _____
Home Phone _____	

Current Grade Level 2009-10 _____	Grade Level 2010-11 _____
Current School/Daycare _____	

Medical
Permission to treat _____ yes _____ no
Doctor _____
Doctor Phone _____
Preferred Hospital _____
Insurance Company _____
Policy Number _____
Group Number _____
Dentist _____
Dentist Phone _____
Medical Conditions _____
Allergies _____

Family
Siblings
1. _____
Name _____ Age _____
School _____
2. _____
Name _____ Age _____
School _____
3. _____
Name _____ Age _____
School _____

Religion
Denomination _____
Church _____

Parent Demographic Form

Applicant's Name: _____ Grade Level 2010-11 _____

Father's Information

Last Name _____

Suffix _____

First Name _____

Middle Name _____

Goes By _____

Gender _____

Street _____

City _____

State _____

Zip _____

Email #1 _____

Email #2 _____

Marital Status _____

Birthdate _____

Home Phone _____

Cell Phone _____

Religion

Denomination _____

Church _____

Occupation

Occupation _____

Company _____

Work Phone _____

Work Street _____

Work City _____

Work State _____ Zip _____

Preferences

Auto Email Gradebook Progress Report yes no

Block Name from School Directory yes no

Block Address from School Directory yes no

Block Phone from School Directory yes no

Block Email Address from School Directory yes no

Mother's Information

Last Name _____

Suffix _____

First Name _____

Middle Name _____

Goes By _____

Gender _____

Street _____

City _____

State _____

Zip _____

Email #1 _____

Email #2 _____

Marital Status _____

Birthdate _____

Home Phone _____

Cell Phone _____

Religion

Denomination _____

Church _____

Occupation

Occupation _____

Company _____

Work Phone _____

Work Street _____

Work City _____

Work State _____ Zip _____

Preferences

Auto Email Gradebook Progress Report yes no

Block Name from School Directory yes no

Block Address from School Directory yes no

Block Phone from School Directory yes no

Block Email Address from School Directory yes no

Emergency Contact/Pick-Up Form

Child's Name _____

2010-2011 Grade Level _____

Emergency Contact

	First Name	Last Name	Relationship	Home Phone	Cell Phone	Work Phone
#1	_____	_____	_____	_____	_____	_____
	Can they pick-up	YES or NO	Special instructions	_____		
#2	_____	_____	_____	_____	_____	_____
	Can they pick-up	YES or NO	Special instructions	_____		
#3	_____	_____	_____	_____	_____	_____
	Can they pick-up	YES or NO	Special instructions	_____		
#4	_____	_____	_____	_____	_____	_____
	Can they pick-up	YES or NO	Special instructions	_____		

Pick-Up Only

	First Name	Last Name	Relationship	Home Phone	Cell Phone	Work Phone
#1	_____	_____	_____	_____	_____	_____
	Special instructions			_____		
#2	_____	_____	_____	_____	_____	_____
	Special instructions			_____		
#3	_____	_____	_____	_____	_____	_____
	Special instructions			_____		
#4	_____	_____	_____	_____	_____	_____
	Special instructions			_____		

Please read carefully the following information and indicate your choice:

I do, do not (circle one) give permission for this child to make field trips, accompanied by school personnel, as part of the school's activities. (Advance notice of individual field trips, which will require signed permission, will be sent home by the teacher.)

I do, do not (circle one) give permission for this child to be transported and supervised on field trips, to and from home and/or school by school personnel. This one statement is not applicable to preschool children.

I do, do not (circle one) give permission for this child to participate in supervised water activities such as splash day provided by the school.

I do, do not (circle one) give permission for this child to be given Tums, Tylenol (acetaminophen) or Advil (ibuprofen) as necessary. Preschool parents will be notified beforehand. Written notice of the medication, dosage and time given will be sent home. All prescription medications must be in the original container and brought in to the office to be dispensed by school personnel. An administration of medication form is available online or in the office and must be turned in to the office with the medication.

I will request a written and/or read the online version of the Student Handbook that is available at our website www.sgcs.org. Initial: _____

Occasionally, we use children's photos taken here at school, in our brochures, newsletters, newspapers etc. We do not publish last names. **I do, do not** (circle one) give permission for my child's photo to be used for such purposes.

Written permission should be sent if anyone other than the parent or emergency contacts will be picking up your child. In an **emergency**, please call the office to give us the name and identification of the person picking up your child. In the event a non-custodial parent is **not** to be allowed to pick up his/her child, please indicate that to us by copy of the court order.

A school directory is available through RenWeb. If you **do not wish for your phone number, address, or email to be published** please indicate that to us. Please indicate your wishes to us **in writing** using a separate form.

I understand that tuition for my child will be as set forth in the tuition plan for the 2010-2011 school year, payable in **ten** monthly installments. Tuition is due by the fifth of each month beginning in **August** and ending in **May**. A **late charge of \$25** may be added to your account on the fifteenth if prior arrangements have not been made for late payment. A **\$25 fee will be assessed for any returned checks**.

Application fees are non-refundable.

I understand that reporting of grades may be with held if tuition is not current at the end of any grading period. School records will not be released at any point in time if accounts are not current or paid in full.

In the event that the school is unable to contact the parent/guardian or emergency notifications, the school is authorized to seek medical attention as deemed necessary and/or to convey the child to the nearest hospital for emergency treatment. In signing this form, as parent or guardian, I hereby agree to release the school, its officers, and staff of any liability for injury or accident to the child whether occurring on the school premises or while on a field trip. Additionally, I give consent for this facility to secure any and all necessary emergency medical care for my child.

Today's Date: _____ Parent Signature: _____