

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, due on or before first day of school
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
 - Testing Fee \$50.00 per new student, due on or before testing day

*** 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 complete 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 Student _____ Current Student _____

Last Name _____	Physical Address
First Name _____	Street _____
Middle Name _____	City _____
Goes by _____	State _____ Zip _____
Birthdate _____	Gender _____
Home Phone _____	Ethnicity _____
Current Grade Level 2010-11 _____	
Next Grade Level 2011-12 _____	
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

All fields must be completed

Applicant's Name: _____ Grade Level 2011-12 _____

Father's Information

Last Name _____

Suffix _____

First Name _____

Middle Name _____

Goes By _____

Gender _____

Physical Address:

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 _____

Physical Address:

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 _____

2011-2012 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.

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), Advil (ibuprofen), or Benadryl as necessary. Preschool parents will be notified beforehand. Written notice of the medication, dosage and time given will be emailed. 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 2011-2012 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 withheld 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: _____

**Sugar Grove Christian School
Student Background Survey**

Applicant's Name: _____

As a part of the enrollment process at Sugar Grove Christian School, each new student must complete this form. Complete and detailed information about your child will enable us to provide the best possible education for him/her. It must be signed by a parent or legal guardian. This form should be returned to the SGCS office with the other enrollment forms.

The following information will remain confidential.

Please explain any **YES** answer on the back of this page.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Has this applicant been declared ineligible to re-enroll in the school from which he/she is transferring? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this applicant ever been diagnosed as having Attention Deficit Disorder (ADD), Hyperactivity Disorder (ADHD), Autism or any other learning difference(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this applicant ever been in consultation with a counselor, diagnostician or doctor concerning emotional or behavioral problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. If transferring from a private school, is the applicant's account delinquent? | <input type="checkbox"/> | <input type="checkbox"/> |

We agree to the immediate dismissal of the applicant named above from Sugar Grove Christian School for any misstatement or omission of information on this form.

x _____
Parent/Guardian Signature

x _____
Date

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**Teacher Recommendation Form K – 6th
New Students Only**

THIS SECTION TO BE COMPLETED BY APPLICANT

Applicant's Name _____ Candidate for Grade _____

CONFIDENTIALITY STATEMENT

I understand that the information furnished by the reference named below will become the property of Sugar Grove Christian School. Furthermore, I waive all rights to examine the responses given.

Signature of Applicant's Parent or Guardian

Please return this document directly to Sugar Grove Christian School

I have known this candidate for _____ (years/months)

My relationship has been that of _____

General Academic Ability

___ Superior ___ High Average ___ Average ___ Below Average

Academic Skills

	Usually	Frequently	Sometimes	Seldom
Listens to and follows directions				
Is attentive to group activities				
Contributes appropriately to the group				
Has the ability to work independently				
Perseveres in spite of difficulty				
Works cooperatively				
Enjoys new challenges				
Exhibits problem solving abilities				
Expresses written ideas clearly				
Expresses verbal ideas clearly				
Is self motivated				
Is intellectually curious				
Is prepared for class				

Social Skills

	Usually	Frequently	Sometimes	Seldom
Responds positively to constructive criticism				
Establishes friendships easily				
Is comfortable in a group				
Is respected by faculty				
Is respected by peers				
Respects others				
Demonstrates self control				
Demonstrates appropriate behavior				
Exhibits emotional maturity				
Demonstrates appropriate energy level				
Takes pride in appearance				

Is student habitually tardy or absent? ___ Yes ___ No If Yes, please elaborate:

Is there anything regarding the family that would be helpful for us to know?

If you have additional information that will be helpful to the Admission Committee in evaluating the candidate's application, please comment.

Check One:

- Highly Recommend Recommended with reservations
 Recommend Does not recommend

If the answer is "Do not recommend" or "Recommend with reservation," please explain. _____

Name: _____ **Position:** _____

Name of School: _____ **Telephone:** _____

Signature of teacher: _____ **Date:** _____

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General Academic Ability

___ Superior ___ High Average ___ Average ___ Below Average

Academic Skills

	Usually	Frequently	Sometimes	Seldom
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Social Skills

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Demonstrates self control				
Demonstrates appropriate behavior				
Exhibits emotional maturity				
Demonstrates appropriate energy level				
Takes pride in appearance				

Is student habitually tardy or absent? ___ Yes ___ No If Yes, please elaborate:

Is there anything regarding the family that would be helpful for us to know?

If you have additional information that will be helpful to the Admission Committee in evaluating the candidate's application, please comment.

Check One:

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 Recommend Does not recommend

If the answer is "Do not recommend" or "Recommend with reservation," please explain. _____

Name: _____ **Position:** _____

Name of School: _____ **Telephone:** _____

Signature of teacher: _____ **Date:** _____