



SIERRA LUTHERAN
H I G H S C H O O L

2016-17 Re-Enrollment Application

FOR GRADE _____

STUDENT INFORMATION

NAME _____ / _____ / _____
LAST FIRST MIDDLE

STREET _____ CITY _____ ZIP _____

HOME # _____ FOR STUDENT DIRECTORY DO NOT PUBLISH OK TO PUBLISH *

EMERGENCY CONTACT OTHER THAN PARENTS

NAME _____ RELATION _____ PHONE # _____

NAME _____ RELATION _____ PHONE # _____

FAMILY INFORMATION

Applicant lives with (check all that apply) Father Mother Stepfather Stepmother Guardian, Relationship _____

FATHER/GUARDIAN _____ HOME PHONE (IF DIFFERENT THAN STUDENT) _____

ADDRESS (IF DIFFERENT THAN STUDENT) _____

CELL # _____ E-MAIL ADDRESS _____

OCCUPATION/TITLE _____ FIRM _____

BUSINESS # _____

MOTHER/GUARDIAN _____ HOME PHONE (IF DIFFERENT THAN STUDENT) _____

ADDRESS (IF DIFFERENT THAN STUDENT) _____

CELL # _____ E-MAIL ADDRESS _____

OCCUPATION/TITLE _____ FIRM _____

BUSINESS # _____

Current Church _____ **Phone #** _____

Yes, family actively attends and worships

No, family not an active member

FAMILY INFORMATION *Continued*

STEPPARENT'S NAME (if applicable) _____

ADDRESS (IF DIFFERENT THAN STUDENT) _____

CELL # _____ E-MAIL ADDRESS _____

OCCUPATION/TITLE _____ FIRM _____

BUSINESS # _____

BROTHERS AND SISTERS

NAME	M/F	AGE	GRADE	SCHOOL

Person (s) who will assume financial responsibility for applicant's education at Sierra Lutheran High School

NAME _____

ADDRESS _____

Sierra Lutheran High School admits students of any race, color, nationality or ethnic origin to all the rights, privileges, programs and activities of the school. It does not discriminate in the administration of its educational policies, admission policies, tuition assistance programs, athletic or other school administered programs.

**The student directory is handed out to all families attending SLHS and will contain your address, phone numbers, and email address.*

Sierra Lutheran High School

STUDENT EMERGENCY INFORMATION

Student Name: _____ Grade: _____
 First Middle Last

Street Address: _____ Date of Birth: _____

City, State, Zip: _____ Home Phone: _____

Mother: _____ Work Ph: _____ Cell Ph: _____

Father: _____ Work Ph: _____ Cell Ph: _____

In case of an emergency the staff or coach should first contact (circle): either parent/mother only/father only

Next should be:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Physician's Name: _____ Phone: _____

Preferred Hospital: _____ Allergies: _____

Insurance Company: _____ Policy Number: _____

Special notations regarding medical history: _____

Permission to Provide Medical Treatment Agreement

I HEREBY give my permission for my son/daughter, _____,
(Name of student)

to undergo medical treatment for any injury or illness he/she may sustain or acquire while engaged in **interscholastic athletics or school related activities** at Sierra Lutheran High School. I understand that the coaches and school personnel of Sierra Lutheran will perform only those procedures that are within their training, credentialing, and scope of professional practice to prevent, care for, and rehabilitate athletic injuries. In the event that more serious medical procedures are required, such as surgery or other invasive procedures, I understand that attempts will be made to contact me for my consent. I understand that if my child suffers a potentially life-threatening injury or illness, and in the event I am unable to be contacted within a reasonable period of time, that I authorize any duly licensed medical practitioner to perform such procedures as may be medically necessary to alleviate the problem.

I have had the opportunity to ask questions regarding this release and all of my questions have been answered to my satisfaction. Having understood the above agreement, I freely sign this Permission to Provide Medical Treatment Agreement.

Date

Signature of Parent or Legal Guardian

Sierra Lutheran High School should use the above contact information until I inform them otherwise, and this document will remain valid for the entire period the above named student is enrolled at SLHS.

RESPONSIBLE FINANCIAL PARTY SIERRA LUTHERAN HIGH SCHOOL TUITION AGREEMENT 2016-2017 SCHOOL TERM

This document, in final form, including awarded financial aid, if any, must be submitted prior to final acceptance.

Indicate who will be responsible for tuition and to whom the billings should be sent:

Name of responsible party _____

Full Address (include unit #, ZIP): _____

Phone (Home) _____ (Work) _____ (Cell) _____

Student Name (include nick name if used): _____

Tuition & Book Fee

- **Full Tuition for Association Church Members for the 2016-2017 school year is \$7,700.** (Does not include annual registration fee, books, athletic fees, etc.)
- **Full Tuition for Non-Association Church Members for the 2016-17 School Year is \$7,950.** (Does not include annual registration fee, books, athletic fees, etc.)
 - Departure: If a student departs SLHS during the academic year, the final accounting will be calculated as follows:
 1. Students who withdraw from SLHS before September 30th will receive a refund equal to 75% of tuition amount.
 2. Students who withdraw from SLHS after September 30th and before January 1st will receive a refund equal to 50% of tuition amount.
 3. Students who withdraw after January 1st will receive no refund in tuition.
- **The Book Fee for the 2016-17 school year is \$475. This can be included in your monthly tuition payment or paid in full by 7/5.**

PAYMENT PLAN FOR 2016-17 TUITION

- I / we owe \$ _____ (total) for the 2016-17 school year and plan to pay in the manner outlined below.
- I / we are planning to apply for financial assistance through the FACTS Grant & Aid Assessment, found under "Financial Assistance" in the Admissions area of the SLHS website. We understand that tuition assistance would serve as a supplement to our family's tuition payment and that an amended tuition agreement, including any institutional grants and work study awarded, would come after completing the FACTS Grant & Aid Assessment, which should be completed by the end of February.

CHECK ONE:

Annual Payment * Check, Cash or FACTS

- Pay in Full -- \$7,700 (Assoc. Member Rate) Pastor's Signature: _____
- Pay in Full -- \$7,950 (Non-Assoc. Member Rate)

*** Families paying, in full, by July 5 may deduct 2 percent.**

Automatic Monthly Electronic Fund Transfer Through FACTS

- \$ _____ Twelve-month installments due July through June
- \$ _____ Eleven-month installments due July through May
- \$ _____ Ten-month installments due Aug through May

Note: If your home church, relative, or another benefactor is helping to subsidize your student's tuition, it is your responsibility to inform the SLHS front office of the source of any supplemental support your student will be receiving, as well as the amount you plan to receive:

Please summarize subsidy here: _____ (and provide documentation from church or benefactor).

It would remain your responsibility to ensure this amount is paid to SLHS on a timely basis.

Please read and initial the following policies:

_____ **Monthly Payments:** All payments will be automatically withdrawn from a savings, checking or credit card account through FACTS on the 5th or 20th of each month.

_____ **Please note:** All fees and tuition payments must be paid (or there must be a written and mutually signed payment plan in place if funds are still owed) by May 23 of the current academic year. Without full payment of fees (or a written and mutually signed payment plan) by May 23 of the current academic year, students will not be allowed to take finals, records will not be released, seniors will not be able to graduate, and underclassmen will not be allowed to reenroll. Families are encouraged to remain current in tuition, and if, a problem in remaining current arises, to be in communication with the business office of SLHS immediately to avoid these consequences.

_____ **Absences:** No deduction will be made from the tuition for absences during the school term, regardless of the reason for the absence.

_____ **Returned Payments:** A \$10.00 charge for all returned payments will be charged. If this occurs twice, the responsible party will be required to make all future payments in cash, money order, or cashier's check.

Financially Responsible Party Signature: _____

Date: _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR AGREEMENT

Parent Statement

I give my permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises, and absolve the school from liability to me or my child at school or during any school activity.

I understand that the school reserves the right to expel any child who fails to comply with the established regulations and discipline or whose financial obligation remains unpaid after the due date.

I agree to uphold and support the high academic standards of the school by providing a place at home for my child to study and to give my child encouragement in the completion of homework and assignments.

I understand that the standards of SLHS do not tolerate dishonoring the Holy Trinity and the Word of God, profanity, obscenity in word or action, disrespect to the personnel of the school or continued disobedience to the established policies of the school.

I agree to authorize the school to employ such discipline as it deems wise, necessary and within reason of the action committed.

Parent/Guardian Signature: _____

Date: _____

Student/Parent Commitment Statement

Sierra Lutheran High School views itself as people forgiven, loved and valued through God's reconciling activity in Christ Jesus. Therefore, faculty and staff, along with the students, shall endeavor to assist in the developmental process of each student by:

1. Nurturing spiritual and emotional growth;
2. Equipping in knowledge and skills;
3. Providing social and relational support and training;
4. Promoting healthy physical development.

This process is an educational partnership among students, school, church, home and community.

Agreements. Please read and initial the following statements:

____ Student/Parent Handbook: We have read and agree to all the policies and information found in the Student/Parent Handbook, which was made available to us under the Parent link of the SLHS website - www.slhs.com

____ Christian Education: We agree to support and cooperate with Sierra Lutheran in its program of Christian education.

____ School Policies: We will abide by all policies, rules, and regulations, striving to be a supportive part of the Christian community of students and teachers as we work together in Christ's name.

____ Christian Life: We agree to partner with SLHS in "bringing up children in the training and instruction of the Lord" (Ephesians 6:4) by striving to maintain a home environment where Christ is worshipped and God's Word is authoritative, by regularly worshipping as a family in a Christian church, and by assuming responsible supervision for events and activities involving other SLHS students held at our home or off-campus at our child(ren)'s initiative.

____ Photo Publicity Release: I/we hereby grant SLHS permission to use my/our child's photograph, video image, or likeness in any commercial publications, videos, websites, or social media produced by SLHS or their partners without compensation or fee.

____ Internet Release: I/we understand that at times our student may have access to the Internet. I/we also understand that it is impossible for Sierra Lutheran's administrators, faculty, and staff to monitor or restrict access to all controversial materials when students are given access to the Internet. I / we hereby release Sierra Lutheran and its operators from any and all claims of damages of any nature which may arise from a student's use of the Internet. This will be in effect for the entire school year unless cancellation is submitted in writing.

____ Parent Involvement Plan (PIP) Hours: I/we understand that parents are expected to volunteer 20 hours p/year to the school for each child enrolled at SLHS, or remit the opt-out fee of \$300 p/student by May 23.

We have read these statements and agree to support the faculty and staff at SLHS and abide by all school policies.

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Student's Signature: _____ Date: _____