



024 Academy Dr.
Corrales, NM 87048
(505) 897-4805
www.sandiaview.org

Faith, Character & Knowledge

Registration Checklist 2025-2026



024 Academy Dr. Corrales, NM 87048

(505) 897-4805

(Please type or print all information in blue or black ink)

Completed	Forms Required	Instructions
<input type="checkbox"/>	Application	Complete front and back side of form – one form per student
<input type="checkbox"/>	Reference Form	New students entering grades 3-8 are required to furnish a least 2 references. Complete one form per student
<input type="checkbox"/>	Schedule Testing	Testing is required of all new students in grades 3-8.
<input type="checkbox"/>	Records Release	Complete one form per student transferring from another school
<input type="checkbox"/>	Immunization Records	Submit Immunization Records for each student
<input type="checkbox"/>	Educational Documents	Provide copies of each student's most recent report card and standardized test results
<input type="checkbox"/>	Financial Plan	School Registrar will complete the form to be signed by a parent/guardian
<input type="checkbox"/>	Birth Certificate	New students need to bring their original birth certificate to be copied in the SVCS office
<input type="checkbox"/>	Medical Info & Release	Complete front and back side one form per student
<input type="checkbox"/>	Parent Communication	Complete one form per family
<input type="checkbox"/>	Emergency Card	Complete one card per student
<input type="checkbox"/>	Photo Release	Complete one form per family
<input type="checkbox"/>	After School Care	Complete one Registration Form & one Agreement Form per family if service is needed
<input type="checkbox"/>	Internet Use Policy	Complete front and back side one form per student
<input type="checkbox"/>	Handbook Signature Page	Complete one form per student
<input type="checkbox"/>	Over-the-Counter Drug Permission	Complete one form per student
<input type="checkbox"/>	Permission for Student Pickup	Complete one form per family

Application for Admission 2025 - 2026

Before completing the application form, please read the handbook information carefully. Your signature on this application indicates that you have received and taken responsibility to read and support all terms and conditions of the school handbook.



024 Academy Dr., Corrales, NM 87048
(505) 897-4805

(Please type or print all information in blue or black ink)

Date of Application

Applying School Year

Grade Entering

I. STUDENT

LEGAL NAME: LAST		FIRST	MIDDLE	PREFERRED NAME	
PERMANENT ADDRESS: STREET			CITY	STATE	ZIP
DATE OF BIRTH	AGE	PLACE OF BIRTH (CITY & STATE)	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	HOME PHONE _____ STUDENT CELL PHONE _____	
RELIGIOUS DENOMINATION <input type="checkbox"/> SDA <input type="checkbox"/> NONE <input type="checkbox"/> OTHER _____		STUDENT BAPTIZED <input type="checkbox"/> YES DATE _____ <input type="checkbox"/> NO	IF SDA, WHICH CHURCH HOLDS YOUR FAMILY MEMBERSHIP _____		
HEALTH <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	DOES THE STUDENT HAVE ANY PHYSICAL CONDITION THAT WOULD LIMIT HIM/HER IN ANY CAPACITY: <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, PLEASE DESCRIBE) _____		DOES THE STUDENT HAVE A SPECIAL NEED THAT WOULD HINDER HIM/HER FROM BEING SUCCESSFUL AT SVCS: <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, PLEASE DESCRIBE) _____		

II. FAMILY

FATHER'S NAME _____	MOTHER'S NAME _____
MAILING ADDRESS _____	MAILING ADDRESS _____
CITY _____ STATE _____ ZIP _____	CITY _____ STATE _____ ZIP _____
MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> OTHER	MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> OTHER
CUSTODIAL PARENT <input type="checkbox"/>	CUSTODIAL PARENT <input type="checkbox"/>
E-MAIL _____	E-MAIL _____
PHONE (HOME) _____	PHONE (HOME) _____
PHONE (CELL) _____	PHONE (CELL) _____
OCCUPATION _____	OCCUPATION _____
EMPLOYER _____	EMPLOYER _____
EMPLOYER PHONE _____	EMPLOYER PHONE _____

(Continued on other side)

III. FINANCIAL

PERSON RESPONSIBLE FOR ACCOUNT ☐ FATHER ☐ MOTHER ☐ OTHER (IF OTHER, PLEASE STATE THE PERSON RESPONSIBLE)

RESPONSIBLE PERSON'S NAME _____ PHONE _____

MAILING ADDRESS _____ CITY _____ ZIP _____

I AGREE TO ASSUME FULL FINANCIAL RESPONSIBILITY FOR EDUCATIONAL EXPENSES AT SANDIA VIEW CHRISTIAN SCHOOL FOR THE ABOVE STUDENT DURING HIS/HER ENROLLMENT. I UNDERSTAND THAT A TRANSCRIPT/DIPLOMA WILL BE RELEASED WHEN THE ACCOUNT IS PAID IN FULL.

SIGNATURE OF PERSON RESPONSIBLE FOR ACCOUNT

DATE

IV. RESPECT

STUDENT PLEDGE OF RESPECT:

I HEREBY AGREE TO RESPECT AND OBEY THE REGULATIONS AND UPHOLD THE STANDARDS OF SANDIA VIEW CHRISTIAN SCHOOL. I WILL DO MY BEST TO MAKE POSITIVE CONTRIBUTIONS TO THE TOTAL SCHOOL PROGRAM.

SIGNATURE OF STUDENT

DATE

PARENT / GUARDIAN PLEDGE OF RESPECT:

I HAVE READ THE RESPONSES ON THIS APPLICATION AND FIND THAT THEY ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO RESPECT AND SUPPORT THE REGULATIONS AND POLICIES OF THE SCHOOL AS PUBLISHED OR AMMENDED BY THE ADMINISTRATION AND ENCOURAGE MY CHILD TO DO SO. I FURTHER PLEDGE TO ASSUME THE FINANCIAL RESPONSIBILITY FOR THE STUDENT, AND TO PAY BILLS PROMPTLY OR MY CHILD'S EDUCATION MAY BE DISRUPTED.

SIGNATURE OF PARENT / GUARDIAN

DATE

V. CONSENT

I UNDERSTAND THAT THIS FORM MAY BE VIEWED BY SCHOOL, TEACHERS AND STAFF

SIGNATURE OF PARENT / GUARDIAN

DATE

New Students Entering Grades 3-8 are required to furnish a minimum of two references. One reference should be from a former teacher or school administrator; the other from a pastor or non-family member. (See Student Reference Form)

Testing is required for all new students submitting an application for Grades 2-8.

Student Reference Form 2025 - 2026



024 Academy Dr. Corrales, NM 87048
(505) 897-4805

(Please type or print all information in blue or black ink)

Student Name _____ **Grade** _____

An application has been submitted to Sandia View Christian School for the above named student. To assist us in providing the best educational placement for the student, it would be very helpful to have the form not completed by a family member. Please return this form to the address above as soon as possible. Thank you for your assistance. Your response will, of course, be held in the strictest confidence. It will not be available for student review.

Please give the applicant a rating of 1-12 on each of the characteristics below. Place rating number in the extreme right column. If you are unable to make a judgment, place a “?” in the rating column.

CHARACTERISTICS	1 2 3	4 5 6	7 8 9	10 11 12	SCORE
Health	Weak, often incapacitated	Low vitality	Good, average health	Vigorous health	
Personal Appearance	Undesirable	Careless	Neat, clean	Well-groomed	
Influence Upon Others	Detrimental	Passive	Helpful	Strong influence for good	
Integrity	Frequently dishonest; steals and/or cheats	Questionable at times	Basically honest	Consistently trustworthy & honest	
Friendships	Chooses friends of detrimental influence	Careless in choices of friends	Usually careful in choice of friends	Chooses friends with high standards	
Social Relationships	Disliked	Small circle of friends	Generally well liked	Exceptionally well liked	
Judgment	Poor sense of values	Jumps to conclusions	Uses good common sense	Uses very good judgment	
Reliability, Trustworthiness	Often irresponsible	Must be supervised	Dependable	Conscientious and reliable	
Industry	Lazy	“Gets by”	Works well	Ambitious	
Cooperation	Self-centered	Cooperates at times	Cooperative	Always tries to please	
Emotional Stability	Tense, excitable, loses control	Occasionally too emotional, moody	Fairly well-balanced	Self-controlled, serene, happy	
Spiritual Interest	Negative	Passive	Participates	Active, leader	
Intellectual Ability	Below average	Average	Above average	Superior	

(Continued on other side)

How long have you known the student?_____In what relationship?_____

To your knowledge, has the applicant used any of the following ☐ Alcohol ☐ Tobacco ☐ Illegal Drugs

Please note any disciplinary action, censure, suspension, expulsion, arrest or probation which the applicant has experienced. (use separate page if needed)

Other comments (use separate page if needed)

Name of Person Completing the Form (*please print*)_____

Signature_____Date_____

Address _____

City_____State_____Zip _____

Home Phone_____Cell Phone _____

Records Release Form 2025 - 2026



024 Academy Dr. Corrales, NM 87048
(505) 897-4805

(Please type or print all information in blue or black ink)

To _____ Date _____
School Name

School Address

City State Zip

Child's Name _____ Grade _____ DOB _____

Child's Name _____ Grade _____ DOB _____

Child's Name _____ Grade _____ DOB _____

The above student(s) has/have enrolled in our school. Please send the entire academic records.

Please forward all records to: Sandia View Christian School
024 Academy Drive
Corrales, NM 87048
Office (505) 897-4805
Fax (505) 899-5867

If student(s) left during a grading period, please indicate withdrawal grades earned to that point.

Parent / Legal Guardian Date

Medical Information and Release 2025 - 2026



024 Academy Dr., Corrales, NM 87048
(505) 897-4805

(Please type or print all information in blue or black ink)

STUDENT INFORMATION			
STUDENT NAME _____			
PERMANENT ADDRESS: STREET _____		CITY _____	STATE _____ ZIP _____
DATE OF BIRTH _____ / _____ / _____	AGE _____		
FATHER/GUARDIAN _____		MOTHER/GUARDIAN _____	
PHONE (HOME) _____		PHONE (HOME) _____	
PHONE (CELL) _____		PHONE (CELL) _____	
PHONE (WORK) _____		PHONE (WORK) _____	
STUDENT'S MEDICAL INFORMATION			
DOCTOR'S NAME _____		DENTIST'S NAME _____	
PHONE (OFFICE) _____		PHONE (OFFICE) _____	
PHONE (CELL) _____		PHONE (CELL) _____	
HOSPITAL PREFERENCE _____			
MEDICAL / HEALTH INSURANCE CO. _____		ID # _____	GROUP # _____
DENTAL INSURANCE CO. _____		ID # _____	GROUP # _____
ALLERGIES TO SUBSTANCES OR MEDICATIONS _____			
LIST ANY MEDICATIONS TAKEN ON A REGULAR BASIS _____			
MEDICAL HISTORY _____			

Continued on other side

PARENT/GUARDIAN CONSENT

The persons listed below have consented to assume responsibility of my child in case of illness or accident until I can be reached.

NAME _____

PHONE (HOME) _____

PHONE (CELL) _____

PHONE (WORK) _____

NAME _____

PHONE (HOME) _____

PHONE (CELL) _____

PHONE (WORK) _____

If emergency services involving medical action or treatment are required and neither parent nor the family physician can be reached for consent, the parents/guardians hereby consent to the rendering of such emergency medical service for the above named student as shall be necessary in the opinion of Sandia View Elementary or the medical personnel rendering the service. This authorization is given pursuant to the local state Civil Code.

SIGNATURE OF PARENT / GUARDIAN

DATE

Parent Communication Information 2025 - 2026



024 Academy Dr. - Corrales, NM 87048 - (505) 897-4805

(Please type or print all information in blue or black ink)

Parent Communication

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Staying informed with what is going on at school is a big part of your child's success. We want to keep you informed on the events and activities that are happening at SVCS as well as communicating with you on a regular basis. Being environmentally conscience, we would like to cut down on postage and paper and communicate with you via email as much as possible. Please check all that apply regarding how you wish for SVCS to communicate with you.

- ☐ Notes sent home with student(s)
- ☐ Phone Calls When _____ What Phone Number _____
- ☐ Email Email address (s) _____
- ☐ Other _____

SVCS Telephone Directory Information

The following information will be printed in the SVE Directory, please only list information you would like included in the directory.

- ☐ Student's name and grade as listed above.
- ☐ Parents' names _____
- ☐ Street address _____
- ☐ Mailing address if different _____
- ☐ City _____ Zip code _____
- ☐ Home Phone _____
- ☐ Mother's Work Phone _____ Cell Phone _____
- ☐ Father's Work Phone _____ Cell Phone _____

If no, what information do you want listed? _____

Parent / Legal Guardian

Date

Sandia View Christian School Emergency Card

Name of Child _____ Date of Birth _____

Home Address _____
Street Address Apt. # City Zip Code

Mother's Name _____ Occupation _____

Home # _____ Work # _____ Cell # _____

Father's Name _____ Occupation _____

Home # _____ Work # _____ Cell # _____

Names of 2 people that can be called in case of emergency if parents cannot be reached.

Name _____ Phone # _____

Name _____ Phone # _____

Doctor to be notified _____ Phone # _____

If emergency treatment is required and parents cannot be reached immediately, I give consent for the above named child to receive treatment necessary to prolong his/her life.

Parent Signature _____ Date _____

Photo/Video/Website Release Form 2025 - 2026



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(Please type or print all information in blue or black ink)

Sandia View Christian School (SVCS) makes an effort to promote the positive activities, honors and work of our students in our internal celebrations as well as in our community marketing efforts. We do this using a variety of media formats and publications, including but not limited to brochures, postcards, displays, website and slide shows. An essential component of each of these formats and publications is images of our students. Images have tremendous power to engage online users and readers. Publicizing a student's work will encourage our students to strive for excellence in his or her schoolwork as well as provide a glimpse of the educational experience at SVCS. During the course of the school year, there will be times when pictures or videos of your child may be taken that support their education, promote community service or encourage positive behavior. These photos and/or videos include but are not limited to field trips, sporting events, special programs and events, along with normal classroom routines.

I understand that any picture or video of a student posted to the website whether individual, group or team will not include personal information. Some of the pictures or videos may be action or candid shots taken during participation in an event while other pictures or videos may be staged for specific purposes. Group shots such as class or team pictures posted to the website may be identified by team or class name, but no individual names will be included. In some cases, the initials of a student might be included in such media so that members of the SVCS family might celebrate the accomplishments of the student's work. I have been informed that with my permission below, an image of and the work of my child may be used in the various media publications of Sandia View Christian School. I understand the conditions under which images and students' work may be used.

☐ Yes - I hereby consent to authorize SVCS permission to use my child's photo, video or class work/art for the purposes mentioned above. I understand and agree that SVCS may use these photos, videos and class work/art in subsequent school years unless I revoke this authorization in writing to SVCS.

☐ No - I withhold permission for SVCS to use my child's photo, video or class work/art for any SVCS media as mentioned above.

Student Name *(please print)* _____

Student Name *(please print)* _____

Student Name *(please print)* _____

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____

After Care Registration 2025 - 2026



Sandia View
Christian School

024 Academy Dr., Corrales, NM 87048
(505) 897-4805

(Please type or print all information in blue or black ink)

Date of Application

____/____/____
Applying School Year

Grade Entering

I. STUDENT

LEGAL NAME: LAST	FIRST	MIDDLE	PREFERRED NAME	
PERMANENT ADDRESS: STREET		CITY	STATE	ZIP
DATE OF BIRTH	AGE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	HOME PHONE: _____ STUDENT CELL PHONE _____	
HEALTH <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	DOES THE STUDENT HAVE ANY PHYSICAL CONDITION OR SPECIAL NEEDS THAT WOULD LIMIT HIM/HER IN ANY CAPACITY: <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, PLEASE DESCRIBE) _____		ALLERGIES <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, PLEASE DESCRIBE) _____	

II. PARENT / GUARDIAN

FATHER'S NAME _____	MOTHER'S NAME _____
PHONE (HOME) _____	PHONE (HOME) _____
PHONE (CELL) _____	PHONE (CELL) _____

III. EMERGENCY CONTACTS

The persons listed below have consented to assume responsibility of my child in case of illness or accident until I can be reached.

NAME _____	NAME _____
PHONE (HOME) _____	PHONE (HOME) _____
PHONE (CELL) _____	PHONE (CELL) _____
PHONE (WORK) _____	PHONE (WORK) _____

SIGNATURE OF PARENT / GUARDIAN

DATE

After Care Agreement 2025 - 2026



024 Academy Dr. Corrales, NM 87048
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Morning Care Monthly Rate per Family

One Child - \$70
Two Children - \$75
Three Children - \$80

Morning Care hours are 7:30-8:00 am Monday-Friday

Drop in Rates

\$5 per day for any fraction used.

After Care Monthly Rate per Family

One Child - \$150
Two Children - \$175
Three Children - \$200
\$8.00 per quarter hour per child after 5:30 pm Monday – Thursday,
5:00 pm Friday

Drop In Rates

\$8.00 per hour or fraction thereof per child
\$8.00 per quarter hour per child after 5:30 pm
Monday -Thursday, 5:00 pm Friday

After Care hours are 3:30 – 5:30 pm Monday through Thursday and 12:15 - 5:00 on Friday.

Student (s) Name(s) _____ Grade _____
_____ Grade _____
_____ Grade _____

Children will only be released to the adults listed below. Verification of their identity will be asked.

Name	Phone	Relationship

Technology & Internet Use Agreement 2025 - 2026



024 Academy Dr. Corrales, NM 87048
(505) 897-4805

Signature required on back of this form
(Please type or print all information in blue or black ink)

Sandia View Christian School is pleased to offer each student a school device for classroom usage during the school year. Sandia View Christian School will also provide its students access to a computer network for electronic mail and the Internet for educational purposes. To maintain these privileges, responsibility must be taken by the users of these devices/technologies to maintain their integrity.

Since the network is provided for students to conduct research and communicate with others, access is given to students who agree to act in a considerate and responsible manner. Parental permission is required. Access to our Internet is a privilege--not a right. Access entails responsibility.

The school takes very seriously the responsibility for appropriate use of the network. School staff will guide students toward resources acceptable within the framework of the general school standards. If a student should access inappropriate material, the school will not be liable, and the student will forfeit network privileges at this institution. Computer storage files will be treated like school lockers. School staff may review files and communication to maintain system integrity and ensure that users are using the system responsibly.

As a student at SVCS, I am committed to living up to these responsibilities as described below.

I will respect and protect the privacy of others. Specifically, I will:

- Use only my assigned accounts.
- Not view, use, or copy passwords, data, files, or networks to which I am not authorized.
- Not share personal passwords with others.
- Not distribute personal information about others or me.

I will respect and protect the intellectual property of others. Specifically, I will:

- Not plagiarize or claim others' work as my own.
- Observe copyright laws.

I will respect and practice the principles of community. Specifically, I will:

- Communicate only in ways that are kind and respectful, remembering that Christ's example applies to how we treat people online as well as off.
- Report threatening or discomfoting materials to a teacher.
- Not intentionally access, transmit, copy, or create material that violates the school's expectations for student behavior as stated in the SVCS Handbook.
- Not intentionally access, transmit, copy, or create material that is illegal (such as obscenity, stolen materials, or illegal copies of copyrighted works).
- Not send spam, chain letters, or other mass unsolicited mailings.

Technology & Internet Use Agreement Con't

Consequences for Violation.

I understand that any activity not in accordance with these general rules may result in a loss of access as well as other disciplinary or legal action. Parents/guardians will be contacted regarding any significant incident. Furthermore, students/families will be responsible for any careless misuse that results in damage, loss, or theft of any school-owned device. In this case, the cost of replacement or repair will be charged to the student's account for the device and/or \$40.00 for a charger.

Supervision and Monitoring.

School administrators, teachers, and aides will monitor the use of information technology resources to help ensure that uses are secure and in conformity with this policy. Administrators reserve the right to examine, use, and disclose any data found on the school's information networks to further the health, safety, discipline, or security of any student or other person, or to protect property. They may also use this information in disciplinary actions and will furnish evidence of crime to law enforcement.

USER AGREEMENT AND PARENT PERMISSION FORM

As a user of the school's computer network, I agree to comply with the above stated rules –communicating over the network in a reliable fashion while honoring all relevant laws and restrictions.

Student Signature _____

Printed Name _____

Birth Date _____

Grade _____

Date _____

As the parent or legal guardian of the student signing above, I grant permission for my son, daughter, or legal charge to access networked computer services such as electronic mail and the Internet. I understand the individuals and families may be held liable for any inappropriate behavior. I understand that some materials on the Internet may be objectionable, but I accept responsibility to work with the school in guidance of Internet use-setting and conveying standards for my child to follow when selecting, sharing, or exploring information and media.

Parent or Legal Guardian Signature _____

Date _____

Printed Name _____

Student Handbook Signature Page 2025 - 2026



024 Academy Dr. Corrales, NM 87048

(505) 897-4805

(Please type or print all information in blue or black ink)

I, _____, have read the student handbook and agree with and recognize the importance of highly rigorous academics to both myself and to my community and have been given the opportunity to ask questions concerning information stated within the Student Handbook. I also recognize my own responsibility to help make SVCS such a school, and therefore commit myself to do everything in my power to:

Student

- Actively support SVCS's academically rigorous program and high behavioral standards.
- Demand the fullest effort from myself and my classmates.
- Do my best to demonstrate academic responsibility and meet my deadlines.
- Participate in SVCS's academic and social programs to the best of my ability.
- Treat all teachers, administrators, visitors, classmates and myself with respect at all times.
- Communicate with my parents or guardians regularly and openly about my progress in school and share my work and assignments with them.

Student Signature _____ Date _____

Family

- Actively support SVCS's academically rigorous program and high behavioral standards.
- Monitor my student's schoolwork regularly, encouraging him/her to produce high quality work.
- Maintain a supportive environment during homework and study times.
- Support my student in her/his strive to exhibit SVCS's policies.
- Maintain regular communication with teachers and administrators regarding my student's progress.
- Participate in school activities whenever possible.
- Ensure that my student arrives at school punctually and without fail every day, unless disabled or sick.

Parent/Guardian Signature _____ Date _____

SANDIA VIEW CHRISTIAN SCHOOL**Over-the-Counter Drug Permission 2025-2026**

I authorize the SVCS Staff to provide, when it is necessary, my student:

_____ with some of the
following non-prescription medication:
(Please check all approved)

1. Naproxen	<input type="checkbox"/>	<input type="checkbox"/>	8.	<input type="checkbox"/>
2. Tylenol	<input type="checkbox"/>	<input type="checkbox"/>	9.	<input type="checkbox"/>
3. Aspirin	<input type="checkbox"/>	<input type="checkbox"/>	10.	<input type="checkbox"/>
4. Ibuprofen	<input type="checkbox"/>	<input type="checkbox"/>		
5. Advil	<input type="checkbox"/>	<input type="checkbox"/>		
6.	<input type="checkbox"/>	<input type="checkbox"/>		
7.	<input type="checkbox"/>	<input type="checkbox"/>		
_____ Parent/Guardian			_____ Date	

SANDIA VIEW CHRISTIAN SCHOOL**Over-the-Counter Drug Permission 2025-2026**

I authorize the SVCS Staff to provide, when it is necessary, my student:

_____ with some of the
following non-prescription medication:
(Please check all approved)

1.Naproxen	<input type="checkbox"/>	<input type="checkbox"/>	8.	
2.Tylenol	<input type="checkbox"/>	<input type="checkbox"/>	9.	
3.Aspirin	<input type="checkbox"/>	<input type="checkbox"/>	10.	
4.Ibuprofen	<input type="checkbox"/>	<input type="checkbox"/>		
5.Advil	<input type="checkbox"/>	<input type="checkbox"/>		
6.	<input type="checkbox"/>	<input type="checkbox"/>		
7.	<input type="checkbox"/>	<input type="checkbox"/>		
_____ Parent/Guardian			_____ Date	

Permission for Student Pickup 2025 - 2026



024 Academy Dr. Corrales, NM 87048
(505) 897-4805

(Please type or print all information in blue or black ink)

Sandia View Christian School requires your consent for your child/children to be picked up from school by anyone other than his/her parents/guardians. This is for the safety of your child/children. No one will be permitted to pick up your child/children if their name is not listed below. All persons must have and show their picture ID. Make sure you list all adults even if you reside in the same household. (parents, grandparents, aunt, uncle, etc.)

Student (s) Name(s)_____	Grade_____
_____	Grade _____
_____	Grade _____
_____	Grade _____
_____	Grade _____

I hereby give my consent for the following individuals to pick up my child/children from Sandia View Christian School:

Name	Relationship

_____	_____
Parent / Legal Guardian	Date