



## Sandia View Christian School

024 Academy Dr.  
Corrales, NM 87048  
(505) 897-4805  
[www.sandiaview.org](http://www.sandiaview.org)

***Faith, Character & Knowledge***

# 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.



**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		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)

# Financial Information 2025-2026



024 Academy Dr., Corrales, NM 87048  
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## Registration Fee (Non-refundable) - \$450 per student

This fee covers the following

Classroom Supplies

Student Liability

Student Life

Textbooks

Yearbook

## Tuition

\$6320 for the school year.

Payments are due the first business day of each month.

### Morning Care

M-F 7:30 – 7:55 am

1 Child - \$70

2 Children - \$75

3 Children - \$80

### After Care

M-Th – 3:30 – 5:30 pm / Fri 12:15 – 5:00 pm

1 Child - \$150

2 Children - \$175

3 Children - \$200

## Discounts

Multiple Child Discount

Pre Pay Discount

Constituency Scholarship

Chavez Scholarship

## 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

## V. CONSENT

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

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

\_\_\_\_\_  
DATE

# Technology & Internet Use Agreement



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

*(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



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## 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



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*(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 \_\_\_\_\_

# Medical Information and Release 2025 - 2026



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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