



## Sandia View Christian School

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

***Faith, Character & Knowledge***

# Registration Checklist



**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"/>	Immunization Records	Submit Immunization Records for each student
<input type="checkbox"/>	Financial Plan	School Registrar will complete the form to be signed by a parent/guardian
<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

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)*

### 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 AMENDED 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.

# Medical Information and Release



**Sandia View**  
Christian School

**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 Christian School 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



**Sandia View**  
Christian School

**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 Address(es) \_\_\_\_\_

☐ Other \_\_\_\_\_

## SVCS Telephone Directory Information

The following information will be printed in the SVCS 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



**Sandia View**  
Christian School

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

*(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



**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



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

**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

# Acceptable Technology & Internet Use Policy



**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 discomforting 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.

#### 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



**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 \_\_\_\_\_

### Over-the-Counter Drug Permission

following non-prescription medication:

Date: \_\_\_\_\_

1. Naproxen			8.	
2. Tylenol			9.	
3. Aspirin			10.	
4. Ibuprofen				
5. Advil				
6.				
7.				
<div style="border-top: 1px solid black; height: 40px; width: 100%;"></div>			<div style="border-top: 1px solid black; height: 40px; width: 100%;"></div>	

# Permission for Student Pickup



**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