



San Antonio Christian School

Tuition Rates and Discounts

Tuition Rates

Grade	Application Fee	Comprehensive Fee	Tuition Monthly	Tuition Annual
TK-6	* \$150 (Non –Refundable)	** \$450 (Non –Refundable)	\$476	\$4,760
7-8	* \$150 (Non –Refundable)	** \$450 (Non –Refundable)	\$508	\$5,080
International student (I-20)	* \$150 (Non –Refundable)	** \$450 (Non –Refundable)	Not available for I-20 students	\$7,000

*Application Fee Explained:

- Application fee is a one-time non-refundable fee due at time of application submission for registration.
- ***If application and fee is turned in by August 5th, applicant will receive 50% early bird discount and will only have to submit an application fee of \$75.***
- After August 5th, the full \$150.00 application fee will apply.

**Comprehensive Fee Explained:

- The comprehensive fee is a one-time fee that covers the cost of student insurance, fall pictures, yearbook, computer, library, science and music fees, and textbook rental.
- Comprehensive fee is \$450. Under certain circumstances a request may be submitted to school administration to pay the comprehensive fee monthly at a monthly rate of \$45 for 10 months.

Amount Totals may vary depending on date of application or sibling discounts. Tuition and fees listed above do NOT include uniforms, meals, personal school supplies, after school supervision or field trips. Day Care rate will be \$5 hour.

Discounts:

2 nd Child – 5% Discount	=	TK-6	minus \$23.80/month or \$238/year
		7-8	minus \$25.40/month or \$254/year
3 rd Child – 10% Discount	=	TK-6	minus \$47.60/month or \$476/year
		7-8	minus \$50.80/month or \$508/year
4 or more – 15% Discount	=	TK-6	minus \$71.40/month or \$714/year
		7-8	minus \$76.20/month or \$762/year

Tuition is due by the 20th of each month. A \$10 discount is given if tuition is paid by the 10th of each month. A late fee of \$30 will be charged if not paid on time.



San Antonio Christian School

Dear Potential SACS Parent:

Registration for the next school year has begun! We are excited that you are thinking about choosing San Antonio Christian School for your student(s). It is an investment in your child's future that you won't regret. In a cooperative atmosphere with supporting families and churches, San Antonio Christian School promotes academic excellence, fosters spiritual values, cultivates social skills, and encourages development of physical talents.

Attached is your registration packet which includes:

- A checklist of all documents required to apply
- All application forms and documents
- A financial information page that includes tuition rates, day care rates, application fee, comprehensive fees and student discounts. Take the time to read carefully and note that the application fee is due at the time you turn in your application and other documents in this folder. **If returned by August 5th, you will receive a 50% discount on the application fee!** You may contact the office for more details on student discounts.

In addition, here is more information you will need to know as you register your student for next year:

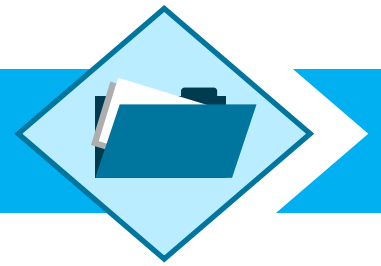
- Any balance due at a private school your child might currently be attending must be paid before acceptance to SACS. All students must be financially cleared by August 10th.
- All new students are required to have a physical examination form completed. Included in the registration packet is the required form for your family physician to complete and return to the school. Immunizations are required to be updated annually and the school requires a copy of the student's immunization record.
- If you plan on volunteering at any time (in the classroom or for field trips, etc.) please pick up a volunteer packet at the school office, complete the required background check form, and return to the school. This is requirement by the SECC Office of Education

Every child who attends our school is important to us. First, he or she is a child of God and with His help, we will show each child the unconditional love and forgiveness that is available through Jesus Christ. Second, because he or she is **your** child. We understand how precious your child or grandchild are to you, and we will treat him or her with the same care and compassion we would give to our own children. We look forward to having your child at San Antonio Christian School next year.

Blessings,

San Antonio Christian School Administration

Student Registration Check – list



- ☐ New Student Application (signed by financial responsible)
- ☐ Copy of Student Birth Certificate
- ☐ Copy of I.D or DI & Social Security Card - Financial responsible (must be given in person)
- ☐ Oral Assessment Form *TK, K, or IST Grade (whichever is the first yr.)
- ☐ Immunization record (California state law requires that no student be admitted to school even for the first day of class without written evidence of immunizations, signed by a physician.)
- ☐ New Student Interview
- ☐ Physical test form (within the last 12 months) labelled "Report of Health Examination for School Entry"
- ☐ Recommendation Forms (x2 1st – 8th) (x1 TK/K)
- ☐ Before and After School Care/Authorized Student Release form
- ☐ Emergency Student Release form
- ☐ Computer Acceptable Use Policy Agreement form
- ☐ Personal Information and Photo Release form
- ☐ Receipt of Student Handbook/ Rules and Policies
- ☐ Consent to Treatment form
- ☐ Field Trip T- Shirt Order form
- ☐ French Toast Uniforms – Ordering Info Sheet
- ☐ Report Card – Previous school year (TK & K if available)
- ☐ Volunteer forms – if interested visit sachristianschool.org > admissions > applications

(All forms needed to complete your registration are found inside the New Student Registration Packet. If any additional or missing forms are needed, extra copies are available in the school office or visit www.sachristianschool.org > admissions > applications)

Address: 1722 East 8th Street Ontario, CA 91764 **Telephone:** (909) 982 -2301 **Email:** sacsoffice@sachristianschool.org

NOTES (Office Use)

STUDENT APPLICATION

PACIFIC UNION CONFERENCE OF SEVENTH-DAY ADVENTIST SCHOOLS

Grade applying for _____ Date of application _____

1. Full legal name of student _____ Sex _____
LAST FIRST MIDDLE NICKNAME

2. Date of birth _____ Place of birth _____ Age _____
MO. DAY YR.

Check document submitted to verify
 birthdate for child entering transitional
 kindergarten, kindergarten or first grade

Birth certificate ☐ Notarized statement ☐
 Hospital statement ☐ Passport or visa ☐

Verified by _____
SCHOOL OFFICIAL

3. Student living with: Father ☐ Mother ☐ Stepfather ☐ Stepmother ☐

Other _____
SPECIFY

Home address _____ P.O. Box _____
NUMBER STREET

_____ Telephone _____
CITY ZIP

4.

Legal names of those checked in #3	Denom. affiliation	Church where membership held	Languages used at home	Occupation	Business Phone

5. Is this student sponsored by an Adventist church member? Yes ☐ No ☐

Is this student a baptized member of the Adventist church? Yes ☐ No ☐

If yes, indicate year baptized _____ Church where membership is held _____

If student has some other church affiliation, specify _____

6. School last attended _____
NAME OF SCHOOL ADDRESS TELEPHONE

7.

Names of other children in family	Sex	Age	Check if living at home	School child is attending

OFFICE USE ONLY

Name _____
 Enter dates Documents received -
 Verification of birthdate _____
 Transcript(s) _____
 Grade enrolled _____
 Room assigned _____
 Withdraw _____

8. Has this student been previously identified as qualifying for a gifted education program? Yes ☐ No ☐

If yes, what kind? _____ When? _____

Where? _____ By whom? _____

9. Has this student been previously identified as qualifying for a special education program? Yes ☐ No ☐

If yes, what kind? _____ When? _____

Where? _____ By whom? _____

10. Does student have an unpaid account at another school? Yes ☐ No ☐

If so, state where _____

11. Name and address of person to whom financial statements are to be sent if different from that given in item #3.

NAME	ADDRESS	TELEPHONE
------	---------	-----------

NAME	ADDRESS	TELEPHONE
------	---------	-----------

STUDENT CONTRACT:

I agree to uphold the school's regulations. I pledge my cooperation with and loyalty to the school and its employees. I will live in harmony with the school's Christian principles.

DATE	STUDENT'S SIGNATURE
------	---------------------

PARENT CONTRACT:

I hereby agree to support school regulations and to help my child observe them, to supply physical examination reports for this student, a) entering school for the first time, b) at grade seven (this should include the scoliosis examination), c) at least once in grades nine through twelve, and d) at other grades, when required by the Conference Board of Education; and to accept all financial educational obligations for this student.

DATE	PARENT/GUARDIAN'S SIGNATURE
------	-----------------------------

School name _____

Address _____

STREET

CITY

STATE

ZIP

PARENTS' GUIDE TO IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY



Students Admitted at TK/K-12 Need:

- **Diphtheria, Tetanus, and Pertussis (DTaP, DTP, Tdap, or Td) — 5 doses**
(4 doses OK if one was given on or after 4th birthday.
3 doses OK if one was given on or after 7th birthday.)
For 7th-12th graders, at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday.
- **Polio (OPV or IPV) — 4 doses**
(3 doses OK if one was given on or after 4th birthday)
- **Hepatitis B — 3 doses**
(Not required for 7th grade entry)
- **Measles, Mumps, and Rubella (MMR) — 2 doses**
(Both given on or after 1st birthday)
- **Varicella (Chickenpox) — 2 doses**

These immunization requirements apply to new admissions and transfers for all grades, including transitional kindergarten.

Students Starting 7th Grade Need:

- **Tetanus, Diphtheria, Pertussis (Tdap) — 1 dose**
(Whooping cough booster usually given at 11 years and up)
- **Varicella (Chickenpox) — 2 doses**
(Usually given at ages 12 months and 4-6 years)

In addition, the TK/K-12 immunization requirements apply to 7th graders who:

- previously had a valid personal beliefs exemption filed before 2016 upon entry between TK/Kindergarten and 6th grade
- are new admissions

Records:

California schools are required to check immunization records for all new student admissions at TK/Kindergarten through 12th grade and all students advancing to 7th grade before entry. Parents must show their child's Immunization Record as proof of immunization.



Southeastern California Conference, Office of Education

Oral Health Assessment Form

Your child is required to have an oral health assessment before entry into kindergarten or first grade, whichever is his or her first year of school. The assessment must be performed by a licensed dentist or other licensed or registered dental health professional. Oral health assessments that have been done within the 12 months before your child enters school also meet this requirement.

SECTION 1 To be completed and returned to the school by the parent or guardian

First Name *M.I.* *Last Name* *D.O.B.*

Street Address *Apt #* *City* *Zip Code*

School: _____ *Teacher:* _____ *Grade:* _____

Print Parent/Guardian Name *Parent/Guardian Signature*

SECTION 2 To be completed by the dental professional conducting assessment

Oral Health Data Collection	YES	NO
1. Visible Caries and/or filling present:	<input type="checkbox"/>	<input type="checkbox"/>
2. Visible Caries present:	<input type="checkbox"/>	<input type="checkbox"/>
3. Treatment Urgency:	<input type="checkbox"/> No obvious problem found	
	<input type="checkbox"/> Early dental care recommended	
	<input type="checkbox"/> Urgent care needed	

Dental Professional's Signature *Date*

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last	First	Middle	BIRTH DATE—Month/Day/Year
ADDRESS—Number, Street	City	ZIP code	SCHOOL

PART II TO BE FILLED OUT BY HEALTH EXAMINER**HEALTH EXAMINATION**

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	___/___/___
Physical Examination	___/___/___
Dental Assessment	___/___/___
Nutritional Assessment	___/___/___
Developmental Assessment	___/___/___
Vision Screening	___/___/___
Audiometric (hearing) Screening	___/___/___
TB Risk Assessment and Test, if indicated	___/___/___
Blood Test (for anemia)	___/___/___
Urine Test	___/___/___
Blood Lead Test	___/___/___
Other	___/___/___

IMMUNIZATION RECORD

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.

Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/DTP/DT/Td (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER (e.g., TB Test, if indicated)					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN**RESULTS AND RECOMMENDATIONS**

Fill out if patient or guardian has signed the release of health information.

- ☐ Examination shows no condition of concern to school program activities.
- ☐ Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: *(please explain)*

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

☐ Please check this box if you **do not** want the health examiner to fill out Part III.

Signature of parent or guardian

Date

Name, address, and telephone number of health examiner

Signature of health examiner

Date

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.

INFORME DEL EXAMEN DE SALUD PARA EL INGRESO A LA ESCUELA

Para proteger la salud de los niños, la ley de California exige que antes de ingresar a la escuela todos los niños tengan un examen médico de salud. Por favor, pídale al examinador de salud que llene este informe y entregelo a la escuela—este informe será archivado por la escuela en forma confidencial.

PARTE I PARA SER LLENADO POR EL PADRE/LA MADRE O EL GUARDIÁN

NOMBRE DEL NIÑO/NIÑA—Apellido	Primer Nombre	Segundo Nombre	FECHA DE NACIMIENTO—Mes/Día/Año
DOMICILIO—Número y Calle	Ciudad	Zona Postal	Escuela

PARTE II PARA SER LLENADO POR EL EXAMINADOR DE SALUD**EXAMEN DE SALUD**

AVISO: Todas las pruebas y evaluaciones excepto el análisis de sangre para el plomo deben ser hechas después de la edad de 4 años y 3 meses.

PRUEBAS Y EVALUACIONES REQUERIDAS	FECHA(mm/dd/aa)
Historia de Salud	/ /
Examen Físico	/ /
Evaluación de Dientes	/ /
Evaluación de Nutrición	/ /
Evaluación del Desarrollo	/ /
Pruebas Visuales	/ /
Pruebas con Audiómetro (auditivas)	/ /
Evaluación de Riesgo y prueba Tuberculosis*	/ /
Análisis de Sangre (para anemia)	/ /
Análisis de Orina	/ /
Análisis de Sangre para el plomo	/ /
Otra	/ /

REGISTRO DE INMUNIZACIONES

Aviso al Examinador: Por favor dé a la familia, una vez completado, o a la fecha, el Registro de Inmunización de California en papel amarillo.

Aviso a la Escuela: Por favor apunte las fechas de inmunización sobre el Registro de Inmunización de la escuela de California en papel azul.

VACUNA	FECHA EN QUE CADA DOSIS FUE DADA				
	Primero	Segundo	Tercero	Quarto	Quinto
POLIO (OPV o IPV)					
DTaP/DTP/DT/Td (difteria, tétano y [acelular] pertusis [tos ferina]) O (tétano y difteria solamente)					
MMR (sarampión, paperas, rubéola)					
HIB MENINGITIS (Hemófilo, Tipo B) (Requerida para centros de cuidado para niños y centros preescolares solamente)					
HEPATITIS B					
VARICELLA (Viruelas locas)					
OTRA (e.g. prueba TB, de ser indicado)					
OTRA					

PARTE III INFORMACIÓN ADICIONAL DEL EXAMINADOR DE SALUD (optional)**RESULTADOS Y RECOMENDACIONES**

Llene esta parte si el padre/la madre o el guardián ha firmado el consentimiento para divulgar (distribuir) la información de salud de su niño/niña.

- ☐ El examen reveló que no hay condiciones que conciernen las actividades de los programas escolares.
- ☐ Las condiciones encontradas en el examen o después de una evaluación posterior que son de importancia para la actividad escolar o física son: (por favor explique)

*de ser indicado

PERMISO PARA DIVULGAR (DISTRIBUIR) EL INFORME DE SALUD

Yo le doy permiso al examinador de salud para que comparta con la escuela la información adicional de este examen como es explicado en la Parte III.

☐ Por favor marque esta caja si Ud. no desea que el examinador llene la Parte III.

Firma del padre/madre o guardián

Fecha

Firma del examinador de salud

Fecha

Si su niño o niña no puede obtener el examen de salud llame al Programa de Salud para la Prevención de Incapacidades de Niños y Jovenes (Child Health and Disability Prevention Program) en su departamento de salud local. Si Ud. no desea que su niño(a) tenga un examen de salud, puede firmar la orden (PM 171 B), formulario que se consigue en la escuela de su niño(a).

CHDP website: www.dhcs.ca.gov/services/chdp

Pacific Union Conference CONSENT TO TREATMENT

Only designated staff, such as the school nurse or physician, will have access to the completed form. This form will be stored in a locked file.

This form must be filled out at the beginning of each school year to cover the activities for the school year. A copy of each student's form must be taken on off-campus activities.

Student Name _____

Age _____ Date of Birth _____
Mo. Day Yr.

Address _____

Parent/Guardian's Name _____

Father/Guardian Business Phone _____ Home Phone _____

Mother/Guardian Business Phone _____ Home Phone _____

Please describe allergies to substances and medication. _____

If on regular medication, please specify. _____

Date of last tetanus shot _____

Please give the name of your local family physician(s) to be called in case your son or daughter becomes ill or has an accident at school and you cannot be reached.

1. Family Physician _____ Office Phone _____

Address _____

2. Family Physician _____ Office Phone _____

Address _____

Hospital Preference _____ Telephone _____

Please give the names of two relatives or friends who have consented to assume the responsibility of your son or daughter in case of illness or accident until you can be reached. In case of any changes in the named persons, notify the school in writing.

1. Name _____ Telephone _____

Address _____

2. Name _____ Telephone _____

Address _____

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

Signature of Parent or Guardian _____ Date _____



San Antonio Christian School

Before and After School Care/ Authorized Student Release

After school care is available for those parents who are working or may need to run an errand before picking up their child/children from school.

FREE SUPERVISION is provided before school from 7:30 am to 8:00 am

After school care: Begins 15 minutes after school dismissal. Any student, regardless of grade level, who is not picked up by this time, will be checked into after school care and charged as follows:

- 1st child - \$5.00/hr. \$4.00/45min \$3.00/30 min \$1.50/15min
- 2nd child - \$4.00/hr. \$3.00/45min \$2.00/30min \$1.00/15min
- 3rd child - \$3.00/hr. \$2.00/45 min \$1.50/30min \$.75/15min
- Additional child/children – Free
 - Late pick-up fee: \$1.00 for each minute after 5:00 pm M-TH and 4:00pm Friday.
 - Sign-in and out: The person dropping off or picking up the student must sign the sign-in/out sheet daily
 - Charges subject to change every year

The providers will maintain the records. Charges will appear on the next monthly tuition statement. Checks should be made payable to San Antonio Christian School. Questions should be directed to the school office (909) 982-2301.

Children are expected to follow the rules of the school and the instructions given by the supervisor. Disregard for the rules, inappropriate behavior, behavior that endangers others or seriously impacts the program will be grounds for dismissal from the program.

After School Care desired _____ Expected time of pick up _____

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date _____

Student's Name _____
Last Name First Name Grade

Mother's Name _____ Cell # _____

Work # _____ Home # _____

Father's Name _____ Cell # _____

Work # _____ Home # _____

Authorized Student Release – For Pickup

1. _____ Relationship _____

Home _____ Cell _____

2. _____ Relationship _____

Home _____ Cell _____

3. _____ Relationship _____

Home _____ Cell _____

Medical

Child's Allergies (if any) _____

Medicines child is taking (if any) _____

Relevant Medical History _____



San Antonio Christian School

Computer Acceptable Use Policy Agreement

Please complete and return the agreement below to the school office. Use of any computers or network services on SACS campus will be prohibited until this form is received. **As a user of the SACS computer network, I have read and understand the terms and conditions of this agreement. I have accepted the terms.**

Printed Name of User _____

User Role (Circle One): Student Staff Faculty Administration

Email Address _____

User Signature _____ **Date** _____

As a parent or legal guardian of the user signing above, I grant permission for this user to access computer services including network, Email, and Internet access. I understand that individuals and families may be held liable for any inappropriate behavior. I understand that some materials of the Internet may be objectionable, but I accept responsibility to work with the school guidance of Internet use-setting and conveying standards for the user to follow when selecting, sharing or exploring information and media.

Printed Name of Parent/Guardian _____

Address _____

City _____ **State** _____ **Zip Code** _____

Home Phone _____ **Work Phone** _____

Email Address _____

Parent/Guardian Signature _____



San Antonio Christian School

Emergency Student Release

STUDENT NAME: _____

In the event that you cannot be reached please provide the names of three relatives or friends who have consented to assume responsibility of your child in case of illness, accident, or major disaster at San Antonio Christian School. Students will be released to the authorized individuals ONLY. There will be NO EXCEPTIONS.

INDIVIDUAL MUST BE 18 YEARS OR OLDER. PLEASE DO NOT LIST YOURSELF BELOW

1. _____ Relationship _____

Home _____ Cell _____

2. _____ Relationship _____

Home _____ Cell _____

3. _____ Relationship _____

Home _____ Cell _____

Parent/Guardian Signature: _____ Date: _____



San Antonio Christian School

Field Trip T- Shirt Order Form

Name: _____ Date: _____

Size: *(Circle one)*

Grade: _____

XS

S

M

L

XL

Payment Type: *(Circle one)*

Cash

Check

Credit Card

Debit Card

Charge to Account

.....
Office Use:

Paid: _____

Date Received: _____ Signature _____



San Antonio Christian School

New Student Interview Form

Date: _____

Name of student _____ Date of Birth ____/____/____

Father's Name _____ Mother's Name _____

With whom does the child live? _____

Primary Language _____ Family Religion _____

Grade Next Fall _____ How many schools has your child attended since 1st grade? _____

Name of last school attended _____

Address _____ Phone Number _____ - _____ - _____

Name of Principal _____ Most recent teacher _____

Reason for leaving two most recent schools

Has your child ever been retained? Yes _____ No _____ If yes, when, and where?

Has your child ever been home schooled? Yes _____ No _____ If yes, grade level(s)? _____

Has your child ever been suspended? Yes _____ No _____ dismissed? Yes _____ No _____

If yes, please explain:

General Achievement level (as indicated by most recent Standardized Achievement test)

Below average _____ Average _____ Above Average _____

Has the student been placed in special education previously? Yes ____ No ____

If yes, fill out the following information:

Tested by _____

Where _____ When _____ Placement _____

In what areas does your child currently receive services?

.....

I understand that acceptance is tentative pending receipt of the following information

- ☐ Scholastic records
- ☐ Special education records
- ☐ Psychological records
- ☐ Health records
- ☐ Proof of immunization
- ☐ I – 20 (if applicable)

I hereby certify that the information contained in the NEW STUDENT INTERVIEW is true and correct to the best of my knowledge. I agree to have any of the statements verified, and authorize the references listed to provide the school any and all information concerning the applicant. I understand that any misrepresentation, falsification, or material omission of information concerning this student may result in dismissal of the student from school.

Since non-public schools are not mandated or equipped to provide Special Education, this school retains the right to determine if it is able to meet the individual needs of the applicant. I understand if it is determined the student is not served adequately by this school, recommendations for alternative educational placement will be made and/ or the student may be asked to withdraw at any time.

I give permission and consent for you to receive copies of all school records including special education records.

Parent/Guardian Signature

Date



San Antonio Christian School

Personal Information and Photo Release

Privacy concerns make it necessary for the school to have your permission to release your name, address, phone number, and photo. This information may be contained in the student directory, yearbook, SACS social media, SACS Website, Alumni & Development publications, and marketing materials.

Please ***initial*** in front of all the information releases that you agree to. Thank you!

_____ Photo in yearbook and information about your child as we describe events that happened during the year such as “Autumn is most likely to succeed.” (Directory information is not included in the yearbook.)

_____ Name, telephone number, and address in the school directory.

_____ Photos/videos of your child and event information on social media and SACS website as well as in all marketing materials and/or DVDs. (This includes group pictures during class trips and special events.)

_____ Photos of your child on classroom and outside bulletin boards.

_____ Photos and event information about your child in newsletters.

I give permission for my child _____ and their private information that is initialed to be included in the above publications.

Parent/Guardian Signature _____

Date _____



San Antonio Christian School

Receipt of Student Handbook/Rules and Policies

School Handbook

I, _____, have received a copy of the student handbook and agree to abide by the rules and policies set forth by San Antonio Christian School.

Parent/Guardian Signature: _____

Rules and Policies

After you and your child have read and reviewed the policies that are found in your student handbook, please **initial** all the policies that you agree to.

☐

We have read and understand the BULLYING POLICY in the student handbook.

☐

We have read and understand the TECHNOLOGY AND COMMUNICATION POLICY in the student handbook.

☐

We have read and understand the SCHOOL COMMITMENT in the student handbook.

☐

Students must adhere to all outside/inside playground safety rules given to them by their teacher.

Parent/Guardian Signature

Student Signature

Date



San Antonio Christian School

Recommendation Form

Student Name: _____ Grade Entering: _____

Please give this form to your former teacher or principal

To the Teacher or Principal:

_____ has applied to our school and we would like your evaluation of him/her to determine final acceptance. All information will be kept strictly confidential.

UPON COMPLETION, PLEASE MAIL TO THE ADDRESS LISTED BELOW:

How long have you known this student? _____

In what capacity have you known this student? Principal _____ Teacher _____

For what reason is the student changing school? Conduct _____ Financial _____

Relocation _____ Achievement _____ Other _____

Please check below, in your judgment, how the applicant ranks:

	Superior	Above Avg.	Average	Below Avg.	Unknown
CONDUCT					
LEADERSHIP					
ACHIEVEMENT					
MOTIVATION					
POSITIVE INFLUENCE					
RESPECT FOR TEACHERS/PARENTS					
OBEDIENCE TO REGULATIONS					

To your knowledge does this student:

Smoke? _____ Use drugs? _____ Use alcohol? _____ Use indecent
language? _____ Been suspended from school? _____

Would you be happy for this student to associate with your child? _____

COMMENTS: _____

THANK YOU FOR TAKING TIME TO COMPLETE THIS FORM

Name _____

Position _____

Phone # _____

Mail To:

San Antonio Christian School

1722 East 8th Street

Ontario, CA 91764

909-982-2301

FAX 909-982-0921



Hello Parents,

With school just around the corner we want to ensure that all of our students are properly uniformed for the next school year. We will be continuing our current contract with French Toast Uniforms. **Below are instructions on how to order online.**

We encourage all parents to order as soon as possible.

It takes 10 days with the school logo embroidered for an order to arrive.

How to order:

1. Online: Visit www.frenchtoast.com

Click MENU > Shop by School > Enter our school code: **QS46RMV**

Or Enter our school name: **San Antonio Christian School**

Or Search by zip city or state: **91764 Ontario CA**

2. Over the phone: French Toast has updated their systems to offer personalized ordering services over the phone. Please call: 1 (800) 373 – 6248

If you have any questions or need help with ordering.

Please call French Toast at 1 (800) 373 – 6248

Blessings,

San Antonio Christian School

1722 E 8th St Ontario CA 91764
Office (909) 982 - 2301
Fax (909) 982 - 0921