Re-Enrollment Form
2026-2027 School Year

Intent to Return

Santa Fe Springs Christian School
11457 Florence Ave., Santa Fe Springs, CA 9070
Phone: 562-868-2263
Website: www.http/sfscs.org

Student Name: _____ Grade in fall: _____

Student Name: _____ Grade in fall: _____

Student Name: _____ Grade in fall: _____

Address: _____

_____

City: _____ Zip: _____ Home Phone: _____

Parents: *(please print)*

☐ Mother's Name: _____ Email Address: _____

Cell Phone: _____

☐ Father's Name: _____ Email Address: _____

Cell Phone: _____

Check box above to indicate the primary email address for Blackbaud Tuition. Blackbaud Tuition correspondence will be sent to the primary email selected. If tuition should be split into two separate accounts, please check box here. ☐

Information:

Please make note of any significant changes such as illness or changes in family dynamics that would affect your child:

_____

_____

_____

[When responding to the following questions, please indicate which student you are referring to]

Does the student have any health issues, medications or changes in their existing medications? ☐ Yes ☐ No
If so, what are they? _____

Does the student have any health restrictions or new allergies that would affect your child? ☐ Yes ☐ No
If so, what are they? _____

Has your student undergone visual, hearing, comprehension, or other education assessment in the last year? ☐ Yes ☐ No
If so, what are they? _____

Daycare

☐ Yes, Reserve a place for my child(ren) in the yearly daycare program. I understand that daycare fees will be billed through Smart Tuition with my monthly school tuition payment.

☐ I will only use daycare occasionally. I understand that my account will be billed through Smart Tuition for hourly daycare fees.

IF MY CHILD IS ACCEPTED FOR RE-ENROLLMENT, I AGREE TO THE FOLLOWING:

1. That Santa Fe Springs Christian School is authorized to provide religious instruction in accordance with the school's Statement of Faith.

2. That the faculty and professional staff have complete control of the pupils and shall be authorized to employ such discipline as is warranted. I understand that all discipline will be administered in accordance with the school's discipline policy.

3. That I will follow the school's dress code and grooming standards precisely as set forth in the Handbook for Parents and Students.

4. That my child will be placed in the care of the Extended Daycare Staff when he/she is on campus before 7:30am and/or after 3:15pm and that I will promptly pay the charges for this service. I understand that my account will be charged additionally if I pick my child up later than 6:00pm and I agree to pay for such charges promptly when billed.

5. That I will abide by the school's policy for dropping off and picking up my child as detailed in the Handbook for Parents and Students. I also agree to attend Back-To-School Night and parent-teacher conferences when scheduled.

6. That I will promptly pay all fees and charges as set forth in the Schedule of Fees. Furthermore, I agree to pay all costs incurred by the school for collection of delinquent charges should such action become necessary.

7. That fluctuating enrollment and other factors may result in my child being placed in a combination-grade. Furthermore, the school is not able to process requests for specific teachers.

8. That not abiding by the above conditions will result in my child's enrollment being terminated.

I hereby agree to the above conditions of enrollment and authorize the staff of Santa Fe Springs Christian School to act as my legal representative in signing hospital admission and emergency treatment forms as may be required to secure necessary medical care.

Father's Signature _____ Date: _____

Mother's Signature _____ Date: _____

Legal Guardian's Signature _____ Date: _____

(Financially responsible party other than parents.) I have read the conditions above, especially numbers four (4) and six (6). Furthermore, I agree to assume financial responsibility for the student named in this application for the school year noted below.

Signature _____ Date: _____

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS

Santa Fe Springs Christian School admits students of any race, color, national, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origins in administration of its educational policies, admissions policies, scholarship, and loan programs, and athletic and other school administered programs.

FOR OFFICE USE ONLY

Date Received _____ **Grade Entering** _____ **Entered in Database** _____

Entered On Class List _____ **Entered in Smart Tuition** _____ **Smart Tuition Acc. #** _____

Registration Fee _____ **Curriculum Fee** _____ **Activity Fee** _____

Application Accepted: ☐ **No Conditions** ☐ **Academic Probation** ☐ **Behavioral Probation**

Application Not Accepted: ☐ **Academic** ☐ **Discipline**

Approved By: _____ **, Principal** **Date:** _____