

Cochise SDA Christian School

Form 1001-0316

STUDENT ENROLLMENT

Thank you for your interest in Cochise SDA Christian School. Please complete this student application in its entirety. Do not leave items blank. This application is the first step in the enrollment process. This application will be reviewed, and you will be notified of the school's decision. All prospective students and their families may be asked to participate in an interview at the school. Once accepted, you will be asked to complete the enrollment process either online or via paper forms. You will need certain documentation to complete the enrollment process. The following is a checklist of the items you will need to provide:

The following documents are required for enrollment:

- Completed Student Application
- Proof of date of birth and legal name (see page 2)
- Proof of residency (see page 2)

Once the student application has been approved you will receive a student/parent handbook and be asked to sign an acknowledgement of receipt along with a media release, student contract, consent to treatment form, financial agreement and other applicable forms.

The following documents are required by the 30th day of school:

- Current Immunization record
- Student Medical Records Form (Including Physician Exam)

For more information contact the following:

- Questions related to any item on the Student Application should be directed to Student Admissions at admin@cochisesdaonline.org or 520-432-9186.
- Questions about students with special needs should be directed to the Special Education Director at admin@cochisesdaonline.org or 520-432-9186.

***The Mailing Address for Cochise SDA Christian School is:
PO Box 4146, Bisbee, Arizona 85603***



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REQUIREMENTS FOR ENROLLMENT

Before any student is accepted to attend Cochise SDA Christian School, the student's parent, legal guardian or sponsor (*legal guardianship or sponsorship requires additional documentation from a court or agency*) must provide proof of date of birth and legal name and legal residence in Cochise County.

For Proof of Date of Birth and Legal Name (Student)

A copy of ONE (1) of the following documents must be submitted:

Birth Certificate

Passport

State-issued identification document

A certified copy of any medical record of the child's birth issued by the treating physician or the hospital in which the child was born.

For Proof of Residency (Parent or Legal Guardian)

A copy of ONE (1) of the following documents must be submitted:

Any utility bill or work order dated within the past 30 days, including: gas, water, electric, telephone, or cable
Valid Arizona Driver's License OR Valid Arizona Identification CARD

One of the following dated within the past 30 days:

- Payroll Stub
- Bank Statement
- Credit Card Statement

These documents are for address verification and must reflect the current address for enrollment or change of address.

-----For more information visit www.cochisesda.org, email admin@cochisesdaonline.org or call 520-432-9186-----



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STUDENT APPLICATION FORM

3/2016

Student Information *Satisfactory proof of age, legal name and residency must be submitted at the time of enrollment*

Student's Legal Last Name		Student's Legal First Name		Student's Legal Middle Name		Student's Preferred Name	
Address						Apartment Number	
City				State		Zip Code	
Home Phone				Cell Phone			
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (mm/dd/yyyy)		Place of Birth (city, state, county, or country)			
Is the student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		Which category best describes the student's race? <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White					
Student Social Security Number		Who does the student live with? (Name and Relationship)					

Family Information

Father's Last Name		Father's First Name		Father's Middle Name		Deceased <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address <input type="checkbox"/> same as above						Apartment Number	
City				State		Zip Code	
Employer				Email			
Home Phone		Cell Phone		Business Phone			

Mother's Last Name		Mother's First Name		Mother's Middle Name		Mother's Maiden Name		Deceased <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address <input type="checkbox"/> same as above						Apartment Number			
City				State		Zip Code			
Employer				Email					
Home Phone		Cell Phone		Business Phone					

Stepparent Legal Guardian Sponsor Information (check if applicable)

Last Name		First Name		Middle Name		Relationship	
Address <input type="checkbox"/> same as above						Apartment Number	
City				State		Zip Code	
Employer				Email			

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STUDENT APPLICATION FORM

3/2016

Home Phone	Cell Phone	Business Phone
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List the student's siblings

Legal Name	School	Grade
Legal Name	School	Grade
Legal Name	School	Grade

Health Information

List pertinent health or medical information and instructions:

Immunization Records Provided Yes No

If no, parents/guardian must present certification of immunizations on the first day of school entry.

If documentation is not presented, parents and/or guardians have 30 calendar days to provide documentation or the student shall be excluded from school until proof is presented.

Permission for school/nurse to share my child's shot records with a healthcare provider who needs it when giving my child immunizations.

Yes No

School Information/Academic Placement

Please indicate the student's current academic placement

- New Kindergartener for the _____ school year New student entering grade _____ for the _____ school year
- New Pre-Kindergartener, please select program: Montessori Private Home School Other (Specify): _____

Please indicate the student's previous academic placement

- Charter school: in Cochise County outside Cochise County
- Private school: in Cochise County outside Cochise County
- Public school (other than Charter): in Cochise County outside Cochise County
- Group home or other institution Registered Home School Other _____
- Preschool Licensed Childcare Head Start Other _____
- None - this is the student's first academic placement

Last School Attended	Grade
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Address

City	State	Zip Code
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Date last attended	Previous Student ID Number
Month Year	

Has student attended an SDA school before?	If yes, last school attended	
<input type="checkbox"/> Yes <input type="checkbox"/> No	School Name	School Year

Does this student have an unpaid account at another school? Yes No

If yes, where? (School Name, City, State): _____

Does this student have any relatives who are currently attending or have attended Cochise SDA previously? Yes No

If yes, give name(s) and relationship of relative(s): _____

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Special Services

Does your child have an Individualized Education Program (IEP)? Yes No

Does your child have a 504 Plan, an MET, or has previously been in foster care? Yes No Specify which: _____

Home Language Survey

Federal and state policies require schools to determine the language(s) spoken at home by each student. If the answer to any of the questions below is a language other than English, your child may be assessed on the WIDA ACCESS Placement Test (W-APT) to determine English language proficiency. Based on the results, your child may be identified as Limited English Proficient (LEP) and qualify for English Language Learner (ELL) services.

Date your child first attended K-12 school in the U.S. (do not include Pre-K)

What language does your son/daughter most frequently use to communicate?

What language did your son/daughter learn when he/she first began to talk?

What language do you most frequently speak to your son/daughter?

Do you need an interpreter for school meetings involving your child's education?

Yes No If yes, in which language? _____

Student Interests

Please indicate the student's areas of interest:

Art:

Ceramics Drawing Photography Crochet Painting

Community Involvement:

Evangelism Food Drive Pathfinders Partnering for Eternity (PFE)

Computers/Technology:

Audio/Video Editing Graphics Web Design Desktop Publishing Television Ministry Yearbook

Music:

Keyboard Piano Songwriting Music Theory Singing/Choir

Sports:

Calisthenics Nature Walks Volleyball Hiking Running Track

Studies:

Agriculture Bible History Ministry Science Woodworking /Shop Auto Repair Television Production

Astronomy Gardening Math Reading Spelling Writing

Religious Affiliation

Denomination: _____ Current Church/Congregation: _____

Church Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Pastor: _____

Is this student a baptized Seventh-day Adventist? Yes No Is one or both parents a baptized Seventh-day Adventist? Yes No

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3/2016

Custody

Do you have legal custody of this child? Yes NoAre both parents authorized to pick up the child from school? Yes No If no, please provide legal documentation

Emergency Contact Information - Please provide information for contacts, other than parents

Emergency Contact _____
 (Other than Parent) Name _____ Relationship _____ Phone _____
 Can this person pick up the student from school? Yes No

Emergency Contact _____
 (Other than Parent) Name _____ Relationship _____ Phone _____
 Can this person pick up the student from school? Yes No

Emergency Contact _____
 (Other than Parent) Name _____ Relationship _____ Phone _____
 Can this person pick up the student from school? Yes No

Required Parent/Legal Guardian Signature

Parent/Legal Guardian _____ Date _____

For Office Use Only

Student ID _____

Registration Completion Date _____

Immunization Record Yes No Proof of Age/Legal Name Yes No Proof of Residency Yes No

School Receiving Packet _____ Name of Person Receiving Packet _____

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