

	YES	NO
Does your student have any special physical disabilities?	_____	_____
Has your student ever been placed in a remedial class, special education class, or an educationally handicapped class?	_____	_____
Has your school ever recommended treatment for emotional, psychological, neurological or mental disorders?	_____	_____
Is your student on any regular medication?	_____	_____
Does your student have any chronic illnesses such as asthma, allergies, diabetes, etc.?	_____	_____
Has your student ever been suspended or expelled from another school?	_____	_____

**If any you answered YES to any of the above questions, please explain fully on another sheet of paper.

I authorize the school to discipline my child in such a manner as stated in the school handbook.

I agree to cooperate with the school to conduct myself and my home in such a manner that the Christian influences of the school will be upheld continually before my child.

I acknowledge that I have read SCS's Statement of Faith and understand this statement is the heart and core of Sebastopol Christian School belief structure and foundation to its teaching purposes. By signing this statement I am stating my compliance and that this statement will not cause division or strife in my home.

Date _____ Signature _____

Signature _____

Approved application will be accepted only after complete immunization records are provided AND all registration fees are paid.

OFFICE USE ONLY:

Date Received _____ Interviewed _____

Registration Fee _____ Book Fee _____ Cume Requested _____