



# San Antonio Christian School

## Recommendation Form

Student Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

The student listed above has applied to our school and we would like your evaluation to determine final acceptance. All information is 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? \_\_\_\_

Was the student suspended from school? \_\_\_\_

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

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

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**THANK YOU FOR TAKING TIME TO COMPLETE THIS FORM**

Name \_\_\_\_\_

Position \_\_\_\_\_

Phone # \_\_\_\_\_

Mail To:

San Antonio Christian School

1722 East 8<sup>th</sup> Street

Ontario, CA 91764

909-982-2301

FAX 909-982-0921

# 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 \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Father/Guardian Cell Phone \_\_\_\_\_ Phone 1 \_\_\_\_\_

Mother/Guardian Cell Phone \_\_\_\_\_ Phone 2 \_\_\_\_\_

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. Other 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

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

After school care is available and 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:

### Hourly Pricing:

1 <sup>st</sup> child	\$5.00/hr.	\$4.00/45min	\$3.00/30 min	\$1.50/15min
2 <sup>nd</sup> child	\$4.00/hr.	\$3.00/45min	\$2.00/30min	\$1.00/15min
3 <sup>rd</sup> child	\$3.00/hr.	\$2.00/45 min	\$1.50/30min	\$0.75/15min

Additional child/children – Free

### Late Pick-Up Fee:

\$1.00 for each minute after 5:00 pm M-TH and 4:00pm Friday.

### Student Pick Up:

The person dropping off or picking up the student must sign the sign-in/out sheet daily.

### After school care charges:

Will appear on the next monthly tuition statement.

**Students 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

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## 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:             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 collaborate 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

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## 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

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## New Student Interview Form

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

Name of student \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

With whom does the child reside? \_\_\_\_\_

Primary Language \_\_\_\_\_ Family Religion \_\_\_\_\_

Grade Next Fall \_\_\_\_\_ How many schools has your child attended since 1<sup>st</sup> grade? \_\_\_\_\_

Name of last school attended \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of Principal \_\_\_\_\_ Most Recent Teacher \_\_\_\_\_

Reason for leaving 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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Most recent Standardized Achievement Test Level

Below Average \_\_\_\_\_ Average \_\_\_\_\_ Above Average \_\_\_\_\_

Has the student been placed in special education? 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 with 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

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## 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 yearbook, SACS social media, SACS Website, Alumni & Development publications, and marketing materials.

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

SACS internal use:

\_\_\_\_\_ 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."

\_\_\_\_\_ Photos of your child in the classroom and on campus bulletin boards.

\_\_\_\_\_ Photos and event information about your child in SACS newsletters, and schoolboard/church communications.

Public Communications external use:

\_\_\_\_\_ Photos/videos of your child (without names) 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.)

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_



# San Antonio Christian School

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## 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 understood the BULLYING POLICY in the student handbook.
  
- We have read and understood 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

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## T- Shirt Order Form

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

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

SACS T-Shirt  
(Check one)

XS

S

M

L

XL

PE T-Shirt  
(Check one)

XS

S

M

L

XL

Payment Type: *(Circle one)*

Cash

Check

Credit Card

Debit Card

Charge to Account

.....  
**Office Use:**

Paid: \_\_\_\_\_

Date Received: \_\_\_\_\_ Signature \_\_\_\_\_

**FRENCH  
TOAST®**

**SCHOOLBOX**

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

**How to order:**

1. Ordering Online: Visit <https://www.frenchtoast.com/schoolbox/schools>

Enter our school code: QS46RMV Or

Enter school name: San Antonio Christian School Or

Search by zip city or state: 91764 Ontario CA

2. Ordering by Phone: Customer Service Representatives are available 7 a.m. - 12 a.m. EST, 7 days a week. Please call: 1-800-FRENCHTOAST (1-800-373-6248).

\*Please allow an additional 7-10 days for orders with embroidery and/or heat transfer items. Please place orders as soon as possible.

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



# San Antonio Christian School

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## Internet Safety

I, \_\_\_\_\_, agree that:  
(Print student name)

**I will never give out confidential information**, such as my last name, my address, my telephone number, or my parents' work addresses or telephone numbers on the Internet.

**I will never give out the address or telephone number** of my school on the internet without first asking permission.

**I understand which sites I can visit**, and which ones are off-limits.

**I will tell an adult right away** if something comes upon the screen that makes me feel uncomfortable.

**I will never agree to meet in person** with anyone I meet online.

**I will never e-mail a person any pictures** of myself or my classmates without an adult's permission.

**I will tell an adult** if I get a mean e-mail message from anyone.

**I will remember that going online** on the Internet is like going out in public, so all safety rules I already know apply here as well.

**I know the Internet is a useful tool** and I will always use it responsibly.

**I will follow these same rules when I am at home**, in school, or at a friend's home.

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Student Signature

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Grade

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Date

---

Parent/Guardian Signature

---

Date



# San Antonio Christian School

## Bullying Policy

SACS believes that all students have a right to a safe and healthy school environment. The school and community have an obligation to promote mutual respect, tolerance, and acceptance.

SACS will not tolerate behavior that infringes on the safety of any student. A student shall not intimidate, harass, or bully another student through words or actions. Such behavior includes direct physical contact, such as hitting or shoving; verbal assaults, such as teasing or name-calling; and social isolation or manipulation.

SACS expects students and/or staff to immediately report incidents of bullying to the principal or designee. Staff who witness such acts take immediate steps to intervene when safe to do so. Each complaint of bullying will be promptly investigated in a thorough and confidential manner. This policy applies to students on school grounds, as well as while traveling to and from school or a school-sponsored activity.

Teachers should discuss this policy with their students in age-appropriate ways and should assure them that they need not endure any form of bullying. Students who bully are in violation of this policy and are subject to disciplinary action up to and including expulsion.

If the complainant student or the parent of the student feels that appropriate resolution of the investigation or complaint has not been reached, the student or the parent of the student should contact the principal. The school system prohibits retaliatory behavior against any complainant or any participant in the complaint process.

### **We have read and understand the BULLYING POLICY.**

\_\_\_\_\_  
Student Name                                      Student Signature                                      Grade                                      Date

\_\_\_\_\_  
Parent/Guardian Name                                      Parent/Guardian Signature                                      Date



# San Antonio Christian School

## School Commitment

### Mission Statement

Within an environment conducive to learning, San Antonio Christian School strives to provide a Christ-centered, multi-faceted education to lead children into a personal relationship with Christ, as well as to guide and motivate students to be successful in all their endeavors. (Jesus is at the center of all we learn at San Antonio Christian School. With Jesus as our Guide we can be successful in all we do.)

### Philosophy

Seventh-day Adventist education is dedicated to the fulfillment of one great purpose in cooperation with divine agencies: “to restore in man the image of his Maker, to bring him back to the perfection in which he was created, to promote the development of body, mind, and soul, that the divine purpose of his creation might be realized,” (*Education*; (White, pp. 15, 16)

In the beginning man was created in the image of God, “endowed with a power akin to that of the Creator- individuality, power to think and to do,” (*Education*; (White, p. 17), designed to enjoy endless development of every faculty through which he would more fully reflect the glory of the Creator. However, since his fall, man’s capacity for free, creative, responsible thinking and acting has been considerably compromised. The purpose of Christian education is to restore that image of God in each student. Of prime importance throughout the total school experience is to know God, to know His plan for our redemption and to know the kind of person each may become as s/he is restored to His likeness. Such a transforming restoration involves the development of the whole person, spiritually, physically, mentally, socially, emotionally, and vocationally.

### Student Pledge

As a student of San Antonio Christian School, I recognize that every reasonable effort will be made to stimulate and inspire me to develop my unique potential. I pledge to support the administration’s effort to provide a positive, safe and orderly environment by first, promising to read, become familiar with, and follow the policies outlined in the *Student Handbook*, and secondly, by choosing to be a student who, both on and off campus:

- ❖ Seeks to develop physical, mental, and spiritual energies to serve and honor God.
- ❖ Respects and protects the rights of all people.
- ❖ Practices principles of honesty, integrity, and morality.
- ❖ Refuses to use or support the use of tobacco, alcohol, or illegal drugs.
- ❖ Endeavors to influence and assist fellow students in supporting these ideals.

\_\_\_\_\_  
*Student Name (printed)*

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

### Parent Pledge

As a parent of a student at San Antonio Christian School, I pledge to support the administration’s efforts to provide a positive, safe, and orderly learning environment by assisting my child in keeping the San Antonio Christian School Commitment.

\_\_\_\_\_  
*Parent/ Guardian Name (printed)*

\_\_\_\_\_  
*Parent/ Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/ Guardian Name (printed)*

\_\_\_\_\_  
*Parent/ Guardian Signature*

\_\_\_\_\_  
*Date*