

Cornerstone

Please submit the following items to complete your enrollment:

- **Student Information and Registration Form**
 - **Medical Information Form**
- **Statement on Discipline and Parent Support**
 - **Birth Certificate**
 - **Immunization records**
- **Check for registration fee of \$100 per student**
- **Submit Application for Public School Exemption Certificate (You may send this into the school district yourself or we will submit the completed application for you.)**

Eagles

Cornerstone School Information and Registration Enrollment Form
(Kindergarten Form)

Please complete this form with a registration check of \$100.00 (made payable to **Cornerstone School**):

Cornerstone School
900 E 41st St.
Sioux Falls, SD 57105
(605) 335 – 7084

PRINT OR TYPE CLEARLY

Name of Student _____

Date of Birth _____ Age _____ Sex _____ Grade _____

Name of Parents _____

Mailing Address _____

Home Phone _____ Cell Phone _____

Alternate Phone(s) _____

Student's E-mail _____

Parent's E-mail _____

Father's Employment _____ Business Phone Number _____

Mother's Employment _____ Business Phone Number _____

Will you, the parent and child, in good spirit, abide by the school dress code? _____

Has the student ever been physically or emotionally abused? _____ If yes, how long ago? _____

How did you hear about us? _____

What are the reasons for selecting this school? _____

Please list all other children in the family.

Name	Age	Name	Age
Name	Age	Name	Age

What church does your family currently attend? _____ How long? _____

Do you attend regularly (3 out of 4 Sundays) _____ If no, why? _____

What school district is associated with your home address? _____

Please read the important information below.

Withdrawal & Refund Policy

A student may withdraw from *Distance Learning for Home School* upon written notification to the School Administrator. Incomplete coursework is not considered a cancellation of enrollment. A refund will be the lesser amount of: a percentage of completed coursework or the percentage of the remaining pre-paid time. No reduction or refund of fees is given in the case of student non-performance or course incompleteness.

Returned Checks

There will be a \$20.00 fee for each returned check. If a check is returned, Cornerstone will only accept money orders as replacement.

Statement of Non-Discrimination

Cornerstone School does not discriminate based on race, class, national origin, religion, gender, or culture. We desire to work with and help every student reach his or her desired goals.

Cornerstone School Child Record and Medical Authorization Form

Child's Name _____ Sex _____ Date of Birth _____
Last First M.I. Mo. Day Year

Name of person(s) with whom child lives _____ Relationship _____

Home Address _____ Home Telephone _____
Street City State Zip

Father's Place of Employment _____ Business Telephone _____

Mother's Place of Employment _____ Business Telephone _____

In case of emergency, if parent cannot be reached, notify (in order of preference):

Name/Relationship	Telephone	Name/Relationship	Telephone
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

Health Problems (frequent cold, allergies, etc.) _____
Previous Illnesses _____

Indicate any special precautions for diet, medication, or activity _____

Tylenol/Ibuprofen if needed? _____ Yes _____ No

Child's Physician _____ Address _____ Phone _____
Hospital Preference _____

If a medical emergency occurs and I cannot be reached, I hereby authorize the person in charge at Cornerstone School to transport this child to the nearest medical clinic and/or call my family physician.

FOR EMERGENCY USE AT HOSPITAL:

I hereby give permission for medical treatment for my child if requested by Cornerstone School.

FOR CHILD'S DOCTOR:

I hereby give permission for emergency treatment for my child if requested by Cornerstone School. _____

We will not hold Cornerstone School or its personnel responsible in case of accident.

I hereby give permission for my child to participate in normal Cornerstone School activities and field trips. I release Cornerstone Ministries, Inc. and any other chaperoning adults for all claims of damage, demands, actions whatsoever in any manner arising or growing out of my child's participation. I have full knowledge of any risks involved.

I hereby authorize all of the above for my child _____
Last First M.I.

Date _____ Signature of Parent or Guardian _____
Mo. Day Year

Statement on Discipline and Parent Support

Cornerstone School cannot meet the educational needs of all children. It is a school offering a high quality of Christian training. It is not a correctional institution for problems arising beyond those usually encountered in Christian children. Cornerstone School is not equipped to meet the needs of delinquent and emotionally unstable children.

Some Children do not adjust to a disciplined academic environment and find excuses to criticize the policies and decisions of staff and administration. In such cases, the school reserves the right to have full discretion in the discipline; to place such students on probation for a reasonable period of time; and to dismiss any student who does not cooperate with the total educational process.

Students are expected to abide by the standards of conduct throughout their enrollment - at home and at school. Students found to be out of harmony with our standards of work and life may be asked to leave whenever the administration determines that it is necessary.

As a parent, I realize that from time to time children take issues with actions that they do not agree with and they are prone to criticize statements or actions out of context. This being normal in children, I pledge that should this occur, I will not support the criticism: I will correct my child, support the school personnel, and call in for further details at any time I have a question concerning an incident.

I further realize that building strong relations with my child's teacher to aid in the training of my child is as much my responsibility as the school's. I will pray for the staff and program, cooperate with them in discipline, and follow through with any work, assignments, or slips to be signed. I will see that the child reaches school on time and send written excuses for absence or tardiness. I will cooperate in training the child to respect school property, and pay for irregular abuse. I will attend all parent functions, and will assist in publicizing the school and its programs to friends and family.

As a parent of Cornerstone School, I pledge to uphold the school's standards against cheating, swearing, gambling, drinking alcoholic beverages, or using indecent language. I will act in a very orderly and respectful manner. I will maintain Christian standards of courtesy, kindness, morality, and honesty. I will endeavor to be of good character in dress, conduct, and other regulations expected of each parent in Cornerstone School while my child is attending this school, and I will not give the impression to students or faculty that I am not in harmony with the mission, goals, and standards of Cornerstone School.

Father's Signature

Date

Mother's Signature

Date

Cornerstone Family Quick-Info Sheet

(This form remains separate from the student's file in another location.)

Child's Name _____

Parent Name(s) _____

Mailing Address _____

Home Phone _____ Cell Phone _____

Parent E-mail _____

Father's Employment _____ Business Phone Number _____

Mother's Employment _____ Business Phone Number _____

Name of Church _____ Pastor's Name: _____

Emergency Contacts (Names/Phone Numbers; Circle or underline persons you approve to pick up your child from school.)

Parent Preferences/Additional Information: Check Yes or No – Use additional writing space if desired.

1) My child may use the microwave: Yes No _____

2) My child may drink a pop during lunch: Yes No ... Caffeinated Yes No _____

3) My child may listen to Christian or classical music while completing schoolwork (Grades 4-12 only):

Yes No _____

4) A picture of my child may be used on the school website: Yes No _____

5) My child may have ibuprofen or Tylenol if desired: Yes No _____

6) My child has a cell phone: Yes No If yes, what color, make, etc.? _____

7) My child has food or other allergies? Yes No If yes, what allergies? _____

8) The school has my permission to give out contact information (email, phone number, etc.) Yes No

9) Please use this space to provide us with any additional information you would like the school to know:

I verify that the above information is filled out to the best of my knowledge.

Parent Signature _____ **Date** _____