

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***
- ***Send Release of Records Form to previous school (if applicable)***
- ***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

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
Attn: Adam Brucklacher
(605) 335 - 7084

PRINT OR TYPE CLEARLY

Name of Student _____

Date of Birth _____ Age _____ Sex _____ Grade _____

Mailing Address _____

Home Phone _____ Cell Phone _____

Student's E-mail _____

Parent's E-mail _____

Father's Employment _____ Business Phone Number _____

Mother's Employment _____ Business Phone Number _____

If the student has previously attended another school, please fill out the Release of Records form and send to previous school.

Name of Previous School(s) _____

(Students are responsible for requesting their transcripts)

What school district is associated with your home address? _____

Is the student a Christian? _____ At what age was the student born again? _____

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

Does the student presently smoke tobacco? _____ Drink alcohol? _____

Has the student smoked tobacco, drunk alcohol, or been involved in any drug related activity in the past? _____ If yes, what and when? _____

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

Has the student ever had an abortion? _____ If yes, how long ago? _____

Has the student ever run away from home? _____ If so, when and why? _____

Has the student ever been expelled, dismissed, suspended, or refused admission to another school? _____
If so, why? _____

Has the student ever been in trouble with the law, arrested, etc.? _____ If yes, please explain. _____

Please indicate the academic level of student's previous work:

Excellent _____ Good _____ Average _____ Poor _____ Ever failed a grade? _____ Explain: _____

Has the student ever been on an IEP? _____ If yes, when and why? _____

What was the reason(s) for leaving the student's last school? _____

How did you hear about us? _____

What are the reasons for selecting this school? _____

Does the student want to attend this school? _____ Why? _____

Children in the family that will not be currently attending?

Name	Age	Name	Age
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Name	Age	Name	Age
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Reason(s) they are not applying: _____

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

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

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.

Release of Information

Information pertaining to a student will be released only to the persons signing this form, or at that person's discretion upon signing a "Permission to Release Records Form".

We have read and understand the above.

Student's Signature _____

Legal Guardian and/or Custodial Parent's Signatures

Signature Date Signature Date

Please provide us with additional information such as alternative phone numbers, custodial status, which parent student lives with, etc.

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

RELEASE OF RECORDS

The student below has enrolled or plans to enroll in Cornerstone School. Please forward an official transcript to:

**Cornerstone School
Box 89020
Sioux Falls, SD 57109
Attn: Adam Brucklacher**

Student's Name: _____

Date of Birth: _____

I give my permission for this record transfer.

Parent's signature: _____

Date: _____

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 invited to withdraw 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** _____