



Where Future
Leaders are
Inspired &
Nurtured

NEW Student Enrollment 1st–6th Grade

✓ Checklist

Please complete the following forms, along with this checklist and a copy of your child's birth certificate and immunization card. **Enrollment packet must be submitted to the Pillars Academy admissions office with a \$ 350 non-refundable payment.**

Please make checks payable to: Pillars Academy. Questions? Call Sahar Ali at (949) 951-0042 or email sahar@pillarsacademy.org

- ☐ Application for Admission
- ☐ Emergency/ Medical Information
- ☐ Parent Directory
- ☐ Report of Health Examination for School Entry
- ☐ Home Language/ Ethnicity Survey
- ☐ Health and Allergy Assessment
- ☐ Authorization for Release of Student Records
- ☐ Enrollment Contract
- ☐ Parent Handbook Signature Page
- ☐ Volunteer Agreement

This electronic forms must be downloaded seperately from the "Application" page on our website:

- ☐ CA School Immunization Record

Copy of:

- ☐ Birth Certificate
- ☐ Immunization Record

FOR OFFICE USE:

Enrollment Date: _____

Dis-enrollment Date: _____

Administrator's Signature: _____

- ☐ California School Immunization Record (blue card)

PILLARS ACADEMY, MISSION VIEJO

23581 Madero Drive Suite 104 Mission Viejo, California 92691

949-951-0442

APPLICATION FOR ADMISSION

Please check the grade that applies to the student of this application for September 200_____.

☐ Preschool ☐ Kindergarten ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th

APPLICATION STATEMENT

I, _____
NAME OF PARENT/GUARDIAN make this application to enroll my son/ daughter in Pillars Academy school, Mission Viejo under the terms and conditions listed below. Initial _____ Date _____

STUDENT INFORMATION AND HISTORY

Applicant's Name: _____ ☐ Male ☐ Female Last grade completed: _____

Birthdate: _____ Birthplace: _____

School last attended: _____
NAME ADDRESS CITY STATE ZIP CODE

FAMILY INFORMATION

Parent or Legal Gardian's Name: _____ ☐ Male ☐ Female

Home Phone Number: (____) _____ - _____ Cellular Phone Number: (____) _____ - _____

Home Address: _____
STREET NAME ADDRESS CITY STATE ZIP CODE

Occupation: _____ Employer: _____

Work Address: _____
STREET NAME ADDRESS CITY STATE ZIP CODE

Work Phone Number: (____) _____ - _____ Work Hours: _____

Relationship of Parents: ☐ Married ☐ Divorced ☐ Separated ☐ Estranged

STUDENT DEVELOPMENT INFORMATION -Do any of the following factors apply in your child's life?

☐ Absence of father / mother ☐ adoption ☐ in-laws or grandparents in the home ☐ disability

☐ unusual accidents ☐ serious illness ☐ other, please explain: _____

Does your child have any limitations which would hinder him/her from normal progress in a regular classroom? ☐ YES ☐ NO If so, please explain: _____

Has your child ever been recommended to repeat any grade, receive tutoring or any special education?

☐ YES ☐ NO If so, Please explain: _____

Has your child ever been suspended? ☐ YES ☐ NO

If so please explain where, when and for how long? _____

What languages are spoken in your home? _____

PILLARS ACADEMY, MISSION VIEJO

23581 Madero Drive Suite 104 Mission Viejo, California 92691

949-951-0442

STUDENT INTERESTS

What are your child's favorite hobbies, sports or special talents?

PARENTAL EXPECTATIONS

What are your expectations for your child's education at this school?

What do you feel are the responsibilities of the school?

What do you expect from the school in terms of discipline?

Are you interested in being an involved parent? ☐ YES ☐ NO If so, how would you like to contribute?

Are you interested in the school providing extracurricular activities for your child? ☐ YES ☐ NO

If so, please explain what activities would you like to see made available:

ADDITIONAL COMMENTS

BASIS OF INTEREST IN PILLARS ACADEMY CAME FROM

☐ Sibling already enrolled ☐ Yellow pages ☐ Drove by ☐ Friend / Relative
☐ OCIF/Masjid ☐ Other

SIGNATURE, Parent/ Guardian

Date of Application

FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED: _____ BY: _____

APPLICATION FEE PAID: _____

☐ CHECK #: _____ ☐ MONEY ORDER #: _____ ☐ CASH \$: _____

AUTHORIZATION SIGNATURE _____

Pillars Academy School- EMERGENCY INFORMATION- FIELD TRIP RELEASE

- ☐ Re-Enrollment Please check one
☐ New Enrollment

Child's Name	Grade	Date of Birth
Home Address	City	State Zip
Home Phone Number	Home Email	
Mother's Name	Day Phone	Cell Phone/Pager Email
Home Address	City	State Zip
Father's Name	Day Phone	Cell Phone/Pager Email
Home Address	City	State Zip

EMERGENCY INFORMATION If parents are unavailable, my child may be released to:

Contact	Relationship	Phone
1. _____		()
2. _____		()
3. _____		()
4. _____		()

Pillars Academy School - MEDICAL INFORMATION

Authorized Doctor		Phone	
Authorized Dentist		Phone	
Authorized Hospital		Phone	
Insurance Carrier	Insurance Agent		Phone
Insurance Address	City	State	Zip
Policy Number			
Please list ALL Allergies			
Please list ALL Injuries			
Please list All Medications			

Pillars Academy School - EMERGENCY INFORMATION- FIELD TRIP RELEASE

PLEASE READ THE DISCLOSURES BELOW AND PLACE INITIALS UPON CONSENT AND AGREEMENT OF THEM.

MEDICAL RELEASE

In the event of illness or accident of my child, any administrator or member of the faculty at Pillars Academy School Mission Viejo, in whose care my child has been entrusted, is authorized to: consent to any x-ray examination, medical or surgical diagnosis of said child, transport said child to any hospital. I consent to treatment and hospital care to be rendered to said child under general or special supervision and upon advice of a licensed physician and / or surgeon. **I hereby grant employees of Pillars Academy school permission to exercise the above rights and will not hold any staff member liable if and when they exercise consent.** _____

INITIAL

FIELD TRIP RELEASE

Pillars Academy School has my permission to take (student's name) _____, enrolled in grade (_____) on field trips during the school year. If my child should need medical attention at school or during any school sponsored event, reasonable effort will be made to contact me or another emergency designee prior to utilizing the medical authority granted in the Medical Authorization Form. Notification will be given prior to any scheduled field trips.

INITIAL

IMAGE RELEASE

I authorize the use of images of my child in videotapes, promotional mailing and advertisements for the school. _____
INITIAL

NAME, ADDRESS, and E-MAIL RELEASE

I authorize that my name and address be given to the Pillars PTO and Parent Directory Mailing list. _____
INITIAL

Parent Signature

Date

For Office Use Only

Date Submitted _____

Medical Notes _____

Fieldtrip Date _____

Fieldtrip Location _____



Where Future
Leaders are
Inspired &
Nurtured

Enrollment Contract 2014 – 2015

(Name of Child)

(Date of Birth)

(Name of Parent/Guardian)

(Grade level)

RE-ENROLLMENT POLICY

I/we understand that to fulfill the enrollment requirements, I/we must complete and sign this contract and return it to the school with the non-refundable registration fee.

PAYMENT POLICY

I/we understand that tuition can be paid using one of the three payment plans as follows:

- Plan A - Full Payment- Apply a 5% discount to annual tuition paid on or before September 1, 2014.
- Plan B - Semi-Annual Payments- Apply a 3% discount to annual tuition. Payments due September 1, 2014 & February 1, 2015.
- Plan C - Monthly payments- Payment is due on the first day of each month. First and last month payment is due upon enrollment.

I/we agree to pay all other charges. If tuition is not paid by the 5th of each month, a late fee of \$10.00 per day will be charged to the account. I/we recognize that if any outstanding balance remains unpaid by the end of the school year, the student will not be re-enrolled. A \$25.00 handling fee of any returned checks will be charged.

IMPORTANT

By signing this contract, I/we give permission for the student named above to take part in all school activities, including sports and field trips, and I/we waive and release Pillars Academy or any of its officers, agents or employees from all claims of liability for any injury incurred by the student at school or during any school activity except for any injury caused by intentional negligence by the school or any of its agents.

I acknowledge that my child is enrolled for the full academic year. No reduction or remission of tuition is allowed for absence, withdrawal, or vacation.

I/we have read, understand and agree to all of the terms and conditions of this enrollment contract. By signing this contract, I/we represent and warrant that I/we have full authority to sign this contract. I/we are fully authorized to enter into this agreement.

Signature of Parent/Guardian

Date

Accepted by the Office Staff

Date

Parent Directory

Pillars Academy is collecting information to compile a Parent Directory. The information will be helpful when planning play dates or other activities between families. If you do not wish to be included in the Parent Directory please indicate below. Otherwise, please complete the form below and return with your enrollment package. Thank you.

Parent's Names:

Children's Name's:

DOB

Address:

Phone #:

☐ Please include my information in the Parent Directory.

☐ Please do not include my information in the Parent Directory.

Parent Signature

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last	First	Middle	BIRTH DATE—Month/Day/Year
ADDRESS—Number, Street		CITY	SCHOOL
ZIP code			

PART II TO BE FILLED OUT BY HEALTH EXAMINER

HEALTH EXAMINATION

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	/ /
Physical Examination	/ /
Dental Assessment	/ /
Nutritional Assessment	/ /
Developmental Assessment	/ /
Vision Screening	/ /
Audiometric (hearing) Screening	/ /
Tuberculin Test (Mantoux/PPD)	/ /
Blood Test (for anemia)	/ /
Urine Test	/ /
Blood Lead Test	/ /
Other	/ /

IMMUNIZATION RECORD

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.

Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/dT/dT/dT/d (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional)

RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

☐ Please check this box if you *do not* want the health examiner to fill out Part III.

Fill out if patient or guardian has signed the release of health information.

☐ Examination shows no condition of concern to school program activities.

☐ Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: (please explain)

Signature of parent or guardian _____ Date _____
Name, address, and telephone number of health examiner _____

Signature of health examiner _____ Date _____

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.

Home Language/Ethnicity Survey

Providing the following information about your children will help us to better understand and work with the diversity of our student population, assist our outreach efforts and allow us to provide accurate statistical information to independent school, state and federal surveys. Please identify **your child's ancestry/heritage** according to the following classification. Please check just one category. **Please note that if your child is not a US citizen or a permanent resident; check the "immigrant" category.**

Child's Name: _____ Date: _____

___ African American (Not of Hispanic Origin)

___ Asian American

___ Filipino

___ Pacific Islander

___ Caucasian (Not of Hispanic Origin)

___ Latino/Hispanic American

___ Native American/Alaskan Native

___ Other

For California Department of Education Data:

___ Immigrant — People who are NOT US citizens or are not permanent U.S. residents.

Child's Birthplace: _____ Month/Year entered the U.S. _____

Has your child (K-6th) been enrolled in school in the United States for three full school years or less? Yes No

The California Education Code (EC306a), 620002; requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instructions for all students. Your cooperation in helping us meet this important requirement is requested. Please answer the following questions:

Primary language spoken at home: _____

If primary language is other than English then circle the choice below:

Arabic Albania Armenian Assyrian Burmese Chaozhou (Chaochow) Chaldean

Khmer (Cambodian) Cantonese Croatian Serbo-Croatian Dutch Farsi (Persian) French

German Gujarati Greek Chamorro (Guamainian) Hebrew Hindi Hmong Hungarian Ilocano

Indonesian Italian Japanese Khmu Korean Kurdish Lao Lahu Marshallese Mien (Yao)

Mandarin (Putonghua) Mixteco Pashto Pilipino (Tagalog) Polish Portuguese Punjabi

Rumanian Russian Samoan Serbian Spanish Swedish Thai Taiwanese Tongan Turkish

Ukrainian Urdu Cebuano (Visayan) Vietnamese }

HEALTH & ALLERGY ASSESSMENT

Student Name: _____ Date of birth: _____

Parent/Guardian: _____ Grade: _____

Home Phone: _____ Work Phone _____

Does your child have any allergies, health or asthma problems?

- ☐ Yes
☐ No

If No then sign and return this form to the School.

Physician's Name: _____

Office Phone: _____

What specific problems does he/she have? (Check all that apply)

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Foods | <input type="checkbox"/> Weather Conditions |
| <input type="checkbox"/> Grass | <input type="checkbox"/> Drug Allergy |
| <input type="checkbox"/> Pollen | <input type="checkbox"/> Illness/Infection |
| <input type="checkbox"/> Animal Hair | <input type="checkbox"/> Emotions |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Other |
| <input type="checkbox"/> Bee Stings | |

If you answered Yes to any of these questions please explain in detail:

Does any of the conditions require Medication needed to be taken during school hours?

☐ Yes ☐ No

- **If yes then you will need to sign a medication form provided by the school. The medication needs to be prescribed by a physician for the school to be able to administer the medication.**
- Our school protects children with food allergies from contact with the problem food. It asks families of a child with food allergies to give consent for posting information about the child's food allergy. If consent is given, then the school posts that information in the food preparation area and in the areas of the facility the child uses. It becomes a visual reminder to all those who interact with the child during the program day.

Parent Signature authorizing school to post child's food allergy: _____

If your child has any nut or bee sting allergies that requires immediate medications (i.e. EpiPen) then you MUST provide it to the school with the Medication Authorization form (provided by the school).

PILLARS WILL ONLY ADMINISTER PRESCRIBED MEDICATION

Pillars Academy

A pre-school and early elementary school program. A non-profit organization *Tax ID # 33-0696220

Date of request: _____

Authorization for Release of Student Records

Student's Name: _____ Date of Birth: _____

I hereby authorize the following agency:

Name: _____

Address: _____

To release:

☐ Student cumulative records

☐ Medical records
and any additional information relative to the above named student

I, the undersigned parent, legal guardian or student (if 18 years of age or older), certify I am aware that I have the right to review the above requested records and receive a copy of any materials forwarded.

Parent/guardian signature _____ Date _____

Relationship _____

Please send the above released reports, and a history of suspensions and/or expulsions (California code 48915.1) to:

School: _____

Attention _____

I understand that the person(s), agency or organization receiving the records may not release the records to a third party without the parent's permission. All records received by the school are available to parent's

Parent Handbook Signature Page

I/we have read the parent handbook, fee schedule and school calendar. I agree to and accept all policies and procedures set forth herein. I understand that these policies are subject to change with a 30-day written advanced notice. Only one parent signature is required for agreement.

Child's Name: _____

Parent/Guardian Name

Date

Parent/Guardian Signature

Administrator

Date

This form will be kept in student's file.



Volunteer Agreement

The Pillars Academy Board of Education recognizes that a child's education is a responsibility shared by the school and family during the entire period that child spends in school. To support the goal of the school and to educate all students effectively, the school and parents must work as knowledgeable partners.

Each family will have the opportunity to be involved with our school for the betterment of our programs. The areas of involvement are varied in an effort to fit our families' interest and time considerations.

Please name your first (1) and second (2) choices for involvement

- ☐ Classroom Volunteer
- ☐ Family Nights
- ☐ PTO Assistant
- ☐ Tutoring
- ☐ Bulletin Board Assistant
- ☐ Fieldtrip Assistant
- ☐ Guest Speaker
- ☐ Special Events Assistant
- ☐ Other _____
- ☐ Other _____

Parents working in a classroom are required to have a negative T.B. test on file.

I understand that I am making a commitment as a partner working with other parents at Pillars Academy in an effort to strengthen Pillars Academy kids, families and the community. Parent participation of (3) hours p/month per family is mandatory to keep tuition at \$ 655. There will be a \$ 30 monthly fee for families who decline participation. PTO incentive = 2 hrs. for every 1 hr. of service performed.

Let us work together to achieve the best for our children

Child's Name _____ Grade _____

Parent Name _____

Parent/Legal Guardian Signature

Date