



STUDENT INFORMATION

Name of Student (last)		(first)	(middle)	<input type="checkbox"/> male <input type="checkbox"/> female
Address			Home Phone (Area Code)	
City/State/Zip			Cell Phone (Area Code)	
Email Address (please print clearly)			Student's Social Security Number	
Grade Applying For:	School Year	Date of Birth:	Hours of Childcare Need:	

FAMILY INFORMATION

Father's Name	Mother's Name
Occupation	Occupation
Employed By	Employed By
Employer's Address	Employer's Address
Work Phone (Area Code)	Work Phone (Area Code)
If Self-Employed, Type of Business	If Self-Employed, Type of Business
Email Address	Email Address
Student is Living With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other (Please explain)	
Brothers and Sisters: - name(s) and date(s) of birth	
Name of Parent (Guardian) to whom correspondence, reports, notices, etc. are to be sent if different from above:	(Area Code) Phone:
Mailing Address: State: Zip:	Email Address

CHURCH INFORMATION

Church Presently Attending (If none listed, please explain):	City
Pastor	Phone (Area Code)
Family Church Attendance – Regular=3-4 weeks a month, Occasional=At least once a month, Seldom=Less than once a month Father <input type="checkbox"/> Regular <input type="checkbox"/> Occasional <input type="checkbox"/> Seldom Member? <input type="checkbox"/> Yes <input type="checkbox"/> No Mother <input type="checkbox"/> Regular <input type="checkbox"/> Occasional <input type="checkbox"/> Seldom Member? <input type="checkbox"/> Yes <input type="checkbox"/> No Applicant <input type="checkbox"/> Regular <input type="checkbox"/> Occasional <input type="checkbox"/> Seldom Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	

OFFICE USE ONLY

Amount Paid _____	Date Rec'd _____	Time Rec'd _____
<input type="checkbox"/> Tuition Assistance Packet Requested	<input type="checkbox"/> Parent Pledge signed and submitted	R: 2/15

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2075 Johnson Avenue, San Luis Obispo, CA 93401 • (805)543-1146 • www.slocs.com



ACADEMIC DATA

School last (or currently) attended		
School Address	City/State/Zip	(Area Code) Phone
Last (or current) grade completed	Principal	Counselor
Has the student ever attended a Christian school before? If so, where and the grades attended:		
Has either parent attended a Christian school? If so, where and the grades attended:		
Has the student had problems in school with regard to: <input type="checkbox"/> Social adjustment? <input type="checkbox"/> Discipline? <input type="checkbox"/> Poor Scholarship? <input type="checkbox"/> Other Areas? (please explain)		
Has the student been in any difficulty with civil or juvenile authorities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.		
Why are you seeking a Christian education for this student?		
How did you hear about SLOCS?		

REFERENCES Please list below three people we can contact for a reference. Please print clearly, verify the spelling of names and complete addresses with zip codes. *Your signatures below, indicates that you willingly waive your right to see these recommendations when completed.*

Church – Pastor, Youth Pastor, or Sunday School Teacher	(Area Code) Phone
Address City/State/Zip	
School – A present academic classroom teacher	(Area Code) Phone
Address City/State/Zip	
Adult Friend – not related to student	(Area Code) Phone
Address City/State/Zip	

FINANCIAL INFORMATION

<p>TUITION PAYMENT: Please check:</p> <p><input type="checkbox"/> Tuition to be paid in full by August 1.</p> <p><input type="checkbox"/> 11 monthly payments on August 1 through June 1. Late payments after the 5th of the month are assessed a 10% late fee.</p> <p><input type="checkbox"/> Tuition assistance requested. Tuition Assistance Form may be picked up in school office.</p>

NONDISCRIMINATORY STUDENT POLICY

SLOCS admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, scholarship loan programs, and other administered school programs.

AGREEMENT

Upon acceptance of the student described above, I hereby agree to accept all the rules and regulations of the school and authorize the school to administer such disciplinary measures, as may be deemed necessary and proper by the Administration. I agree to Christian mediation as chosen by SLOCS to resolve conflict or debt resolution. I agree to pay tuition and such fees as are chargeable according to the current Schedule of Tuition and Fees. I have read and signed the SLOCS Parent Pledge. It is understood that this is an application only and that space will not be reserved for my child until the enrollment process is completed and the registration is paid. I have read and accept the financial policy for tuition, fees, and refunds.

Father's Signature

Mother's Signature

Date

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