

✠ Sunrise Beach School ✠

State-Approved Christian School, Pre-K-12, Accredited, Non-Profit 501(c)3

1601 North Street South East Olympia, WA 98501

(360) 791-8348 FAX: (360) 866-1824

Info@SunriseBeachSchool.org

Sunrise Beach High School

Returning Student Registration Form

Date: _____ Registering for School Year: _____ Registering for Grade: _____

Student's Full Name (first, middle, last): _____

Student's Cellular Phone Number and Email Address: _____ / _____

Our **Contact Information** (address, phones, email) has not changed in the past year. _____ (Please initial)

Please, update our Contact Information as follows:

Address _____

Phone(s) (Home, Mom's Cell, Dad's Cell, Student) _____ / _____

Email(s) _____ / _____

Please, initial the following to indicate "no change" or make appropriate changes that differ from the last year Student Registration Form.

1. Student Health Profile

There are no changes to my child's: Primary Physician, Allergies, or Health Insurance.

_____ (To select this reply, please initial).

Please, update our Contact Information as follows:

New Physician _____ Phone _____

My child's allergies have changed:

Allergies _____

My child's medications have changed, and I will include a Physician's note with this form if any medications are to be taken at school. _____

Medication changes:

My child has new insurance information:

Medical Insurance Co. _____ ID Number _____

Subscriber's Name _____ Policy Number _____

2. Immunization Record

There are no changes to my child's Immunization Record. _____ (To select this reply, please initial).

My child's immunization record has changed; I will submit a record to the school office from my child's physician. _____ (To select this reply, please initial).

3. Authorized Student Pick-Up Form

There are no changes to the people authorized to pick up my child. _____ (To select this reply, please initial).

I would like to add the following people to those who may pick up my child:

Name _____ Relationship _____

Phone _____ Please make this Person an Emergency Contact

Name _____ Relationship _____

Phone _____ Please make this Person an Emergency Contact

4. ACH Payment – Tuition

I would like to begin using ACH payments, and I will submit the associated forms and a voided check. _____ (To select this reply, please initial).

My ACH payment information has not changed. _____ (To select this reply, please initial).

I need to submit a new ACH form and check as my payment information has changed.

_____ (To select this reply, please initial).

I would like my ACH withdrawal amount and dates to remain the same. _____ (To select this reply, initial).

I request to have my ACH withdrawal change:

Annual Authorized ACH Payment: Amount _____/ Date to withdraw _____.

Monthly Authorized ACH Payment: Number of Months _____,
Amount Each Month _____/ Approved date of initial ACH withdrawal (or
after) _____.

5. ACH Payment – Additional Fees

My payment information has not changed. _____ (To select this reply, please initial).

I need to submit a new ACH form as my payment information has changed. _____

I would like my ACH withdrawal amount and dates to remain the same. _____ (To select this reply, initial).

I request to have my ACH withdrawal changed; I will fill out a new ACH Payment –
Additional Fees form and submit it to Sunrise Beach School office. _____ (To select this reply,
please initial).

In addition to the above changes, please, make the following adjustments:

(Note to parent or legal guardian):

Please also fill out and submit the **Parent Permission Form** to reenroll your student.

I, _____ (parent or legal guardian of indicated student), agree that the information I have indicated on this form, unchanged and/or changed, to be true and accurate for the indicated school year. I authorize Sunrise Beach School to update my child’s school records and/or ACH information, withdrawals, and dates to reflect the information indicated on this form. I now confirm my approval of the information contained in this form by my own initials on each adjustment as well as through my signature below.

Signed: _____ **Date:** _____