



## Sunrise Beach School Enrollment Forms & Checklist

Dear Parents and Guardians,

Thank you for trusting Sunrise Beach School with your students' education. Enrollment paperwork is part of the finalization of your student's attendance at SBS. We strive to make this process as simple as possible, with respect for the time of busy families. If you encounter questions, please reach out to [info@sunrisebeachschool.org](mailto:info@sunrisebeachschool.org) for immediate assistance, or call the school office at 360-791.8348.

### Instructions:

1. As part of your final Enrollment, please complete the enclosed paperwork. Please sign all the paperwork.
2. Email all forms to [info@sunrisebeachschool.org](mailto:info@sunrisebeachschool.org), or print and bring in person to the School Office, prior to the student's first day of class.

We can't wait to see you on campus at Sunrise Beach School!

### Checklist:

For Signature: please check when complete.

1. General Information form (no signature required) \_\_\_\_
2. Health Profile form \_\_\_\_
3. Authorization For Medications to be Taken at School form (if applicable) \_\_\_\_
4. Immunization Record Acknowledgement Form: \_\_\_\_
5. Final Enrollment Parent/ Guardian Signature Form \_\_\_\_
6. Emergency Contact and Authorized Pickup Form \_\_\_\_
7. Student Responsibility Form \_\_\_\_
8. Parent Responsibility Form \_\_\_\_
9. REQUEST FOR TRANSFER OF STUDENT'S COMPLETE EDUCATIONAL AND HEALTH RECORDS (if applicable) \_\_\_\_
10. Emergency Supply Kit (initial) \_\_\_\_

11. Student Supply list (initial) \_\_\_\_

12. Liability Waiver Form ([complete online here](#))\_\_\_\_

13. Volunteer Availability Form ([complete online here](#)).

- This form is required annually for all parents and all student's 8th grade and above) \_\_\_\_

# Sunrise Beach School

## General Student Information

\_\_\_\_\_  
Name (first, middle, last) \_\_\_\_\_ Nickname \_\_\_\_\_ Grade \_ Birth Date \_\_\_\_\_

\_\_\_\_\_  
Father's/ Guardian's Name \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

Student resides here: Yes \_\_\_ No\_\_\_

\_\_\_\_\_  
Mother's/Guardian's Name \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_  
Student resides here: Yes \_\_\_ No\_\_\_

If not listed above, please list student's primary address:

\_\_\_\_\_  
Siblings Attending SBS/SBHS \_\_\_\_\_



# Sunrise Beach School

## HEALTH PROFILE

The information on this health profile for \_\_\_\_\_ (student's name) will be kept confidential and will be included in your child's school health record. We are asking for health-related information as we believe this to be helpful in providing for your child's health, safety, and optimal learning experience. This information will only be shared with school personnel who contribute to the health, safety, learning, and well-being of your child.

\_\_\_\_\_  
#1-Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
#2-Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Student \_\_\_\_\_

\_\_\_\_\_  
#3-Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Student \_\_\_\_\_

\_\_\_\_\_  
Medical Insurance Co. \_\_\_\_\_ ID Number \_\_\_\_\_

\_\_\_\_\_  
Subscriber's Name \_\_\_\_\_ Policy Number \_\_\_\_\_

### **Student Health**

\_\_\_\_\_  
Student's Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Health Concern(s) \_\_\_\_\_

\_\_\_\_\_  
ALLERGIES \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Reaction Type \_\_\_\_\_ Medication Needed \_\_\_\_\_

\_\_\_\_\_  
CURRENT MEDICATION(S) \_\_\_\_\_

\_\_\_\_\_  
Reason for taking medication \_\_\_\_\_  
\_\_\_\_\_

Will this medication need to be administered while the child is attending school? \_\_\_\_\_

If so, name of medication & dosage \_\_\_\_\_

Please use the Authorization for Medication to be Taken at School form within this packet, have it signed by a physician, and return form to SBS/SBHS prior to attending classes.

**HAS YOUR CHILD HAD (OR CURRENTLY HAS) ANY OF THE FOLLOWING?**

*Please write "P" for past or "C" for current - next to all that apply. If recurring, please write date and/or student's age when last occurred.*

ADD / ADHD	Fever over 104	Neurological Condition
Allergy	German Measles	Pleurisy
Anemia	Head Injury	Pneumonia
Asperger's Syndrome	Heart Disease	Polio
Asthma	Hepatitis	Rheumatic Fever
Convulsions	Hernia	Scarlet Fever
Diabetes	Influenza	Seizure Disorder
Diphtheria	Measles	Tonsillitis
Eczema	Meningitis	Tuberculosis
Encephalitis	Mononucleosis	Whooping Cough
Epilepsy	Mumps	Other:
ILLNESS/ DIAGNOSIS		
Describe		
Medication		
ILLNESS/ DIAGNOSIS		
Describe		
Medication		
HOSPITALIZATION(S)		
SERIOUS ACCIDENT(S)		
JOINT OR MUSCLE PROBLEM(S)		

**HOW WOULD YOU DESCRIBE YOUR CHILD? (circle all that apply)**

Frequent colds	Frequent stomach aches	Many fears
Sore throats _____	Frequent toothaches _____	Nervousness
Persistent cough	Angers easily _____	Worries
Nosebleeds _____	Frequent pain in legs _____	Tires easily
Noise Sensitivity _____	Bathroom issues _____	Cries easily
Ear pain _____	Speech problems _____	Ear infection
Vision problems	Wears glasses or contacts _____	Low Attention

Hearing difficulty \_\_\_ Headaches/ or migraines \_\_\_ Anxieties

**MEDICAL AND DENTAL CARE**

Student's Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Student's  
Dentist \_\_\_\_\_ Phone \_\_\_\_\_

**SPECIAL HEALTH NEEDS**

Does your child have any special health needs or problems the school should know about? If so, please describe:

\_\_\_\_\_

I attest that the information on this health form is accurate to the best of my knowledge.

\_\_\_\_\_ \

Parent Signature / Date Signed)





**administration of medications to my child to be performed by an individual other than a school nurse, and I specifically consent to such practices.** I further acknowledge and agree that, when the lawfully prescribed medication is so administered or attempts at administering prescribed medication, I (parent/guardians/student) shall hold harmless and indemnify Sunrise Beach School, its employees, and agents against all claims, judgments, or liabilities arising out of the administration, attempted administration, or self-administration and carrying of such medication by the above named student.

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Parent(s)/Guardian(s) signature

Date \_\_\_\_

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Parent(s)/Guardian(s) name

**Sunrise Beach School - Medication Authorization Form, Page 2.**

**LONG TERM PRESCRIBED MEDICATION** – 16 school days or more

Must meet all of the requirements for Short-Term medication PLUS additional detailed instructions are required from your licensed health professional.

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**The following section is to be completed by the HEALTH CARE PROVIDER:**

I have determined that the medication named below is advisable during the school day.

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Diagnosis for which medication is given

Name of Medication

\_\_ Tablet/Capsule \_\_ Liquid \_\_ Inhaler \_\_ Injection \_\_ Nebulizer \_\_ Other \_\_\_\_\_

If medication is given DAILY, when? \_\_\_\_\_

If medication is to be given WHEN NEEDED (PRN), please describe indications: \_\_\_\_\_

How soon can medication be repeated? \_\_\_\_\_

Is this child authorized to medicate himself/herself? \_\_\_\_ Yes \_\_\_\_ No

Dosage: \_\_\_\_ Frequency: \_\_\_\_ Time to be given in school: \_\_\_\_ Prescription Date: \_\_\_\_

Intended effect of this medication:

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Must this medication be administered during the school day to allow the child to attend school or address the student's medical condition? \_\_\_\_\_ Yes \_\_\_\_ No

**Detailed instructions (below) – required for 16 school days or more:**

Expected side effects, if any: \_\_\_\_ Side effects: \_\_\_\_\_

Emergency procedure in case of serious side effect(s): \_\_\_\_\_

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Health Care Provider's Signature Health Care Provider's Name (please print) Date

**SHORT TERM PRESCRIBED MEDICATION (5 school days or less) and OVER-THE-COUNTER MEDICATION/PRODUCTS**

Authorization for Medications to be Taken at School form completed by both parent and a licensed health professional with prescriptive authority. Must be in its original container.

Authorization for Medications to be Taken at School form completed by both parent and a licensed health professional with prescriptive authority. Must be in its original, properly labeled container with:

Student's Name \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Frequency: \_\_\_\_\_ End Date: \_\_\_\_\_

Adapted from the American Academy of Pediatrics, HEO 150

## Sunrise Beach School Immunization Record Agreement Form

### Provision of Immunization Records

- I/We consent to the provision of Immunization Records provided by the CDC, for our student attending Sunrise Beach School, named (student name):  
\_\_\_\_\_.
- These Immunization Records will be current and accurate up to the date they are submitted to SBS, or accurate within the most recent three months.
- The students' above-mentioned Immunization Records will be delivered before the first day of class.

### Methods of Delivery

- Provision of these records will be delivered before the first day of class, either:
  - Via email to [info@sunrisebeachschool.org](mailto:info@sunrisebeachschool.org).
  - In-person at the Sunrise Beach School Office in Olympia, Washington.

### Types of Accepted Records

- The records I provide to Sunrise Beach School may be in the format of:
  - Either: An official printout of the student's immunization records from their health-care provider, on the health-care provider's letterhead or printed document.

- Or: The Washington State Department of Health’s Certificate of Immunization Status form, [available here](https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/348-013_CertificateImmunizationStatusForm20-21.pdf).  
[https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/348-013\\_CertificateImmunizationStatusForm20-21.pdf](https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/348-013_CertificateImmunizationStatusForm20-21.pdf)

**I attest that I will provide the above-mentioned records before the student’s first day of class, and that the information I will provide is accurate to the best of my knowledge.**

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Parent/Guardian Signature / Date Signed

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Parent/Guardian Printed Name

# Sunrise Beach School

## Final Enrollment | Parent/Guardian Signature Form

*(Please use separate form for each child)*

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Student Name \_\_\_\_\_

### Emergency Medical Care

- I/We, the parent(s) / guardian(s) of \_\_\_\_\_ are willing that he or she be given emergency medical care & treatment when needed per this Limited Power of Attorney for Emergency Medical Authorization. I/We also agree to pay the cost of such emergency care.

Parent's Initials \_\_\_\_\_

### SBS / SBHS Field Trip Release

- I/We give our permission for our son or daughter, named above, to participate in field trips with Sunrise Beach School. Insurance Information has been provided on the Health Profile Form, within this packet.

Parent's Initials \_\_\_\_\_

### SBS / SBHS Tuition Agreement

\_\_\_\_\_ I/We agree to pay all monthly tuition & school fees for the current school year by the 1<sup>st</sup> of each month.

\_\_\_\_\_ I/We would like to select the following Payment Plan for the current school year:

- **Yearly** (Payments made before September 1<sup>st</sup> (or the first day of the school year).
- **x 10 Months** (Payments made by the 1<sup>st</sup> of each month in the months of **September - June**),
- **x 11 Months** (Payments made by the 1<sup>st</sup> of each month in the months of **August - June**),
- **x 12 Months** (Payments made by the 1<sup>st</sup> of each month in the months of **July - June**),
  - **(NOTE: All Yearly Tuition and Fees are due by June 30<sup>th</sup> of the current school year).**

We will pay the school using a Direct Payment Plan (ACH) for:

\_\_\_\_\_ Tuition; \_\_\_\_\_ Additional Fees this school year.

\_\_\_\_\_ We will pay tuition and fees via cash or check by the first of each month, according to the selected Payment Plan.

Parent's Initials \_\_\_\_\_

### Library Agreement

- In signing this form, the parent or guardian agrees to pay SBS all late fees and/or replacement fees for any lost or damaged materials that occurred during the time the student or parent had those library materials on loan from SBS.

Parent's Initials \_\_\_\_\_

### Parent Permission for Publication of Student Photo

*Sunrise Beach School/Sunrise Beach High School is trying to promote the positive activities, honors, and work of our staff and students. It is our practice when preparing work for external publications or on the Internet to seek parent permission before including your child's photo. To include your child's photo in external publications, we must have your signed permission. Last names of students will **not** be used on Internet projects.*

- Sunrise Beach School or a representative has my permission to publish a photo or video of my child, \_\_\_\_\_ for an external publication or on the Internet. I understand that my child's full name will not be published on the Internet. By signing this release I acknowledge that I hereby release and forever discharge Sunrise Beach School, its officers, agents, and employees of the school from and against any and all claims, damages, or suits which may arise from the use of the Sunrise Beach School publications, videos, press/media release, or website, including but not limited to the exhibition of the above-named student's photograph or likeness or publication of the student's name.

Parent's Initials \_\_\_\_\_

### SBS / SBHS Directory

- \_\_\_\_\_ Yes, please include my child in the SBS/SBHS directory.
- \_\_\_\_\_ No. Please do not include my child, \_\_\_\_\_ in the SBS/SBHS directory.

Parent's Initials \_\_\_\_\_

**I certify that the information above has been reviewed by myself and is true and correct to the best of my available information as of today's date.**

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Parent's Name (please print)

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Parent's Signature \_\_\_ Date \_\_\_

Please print, initial, sign, and submit form to Sunrise Beach School Office

# Sunrise Beach School

## Emergency Contact and Authorized Pickup Person Form

Dear Secretarial and Administrative Staff at Sunrise Beach School,

This letter is to inform SBS staff that I, \_\_\_\_\_ the parent or legal guardian of \_\_\_\_\_ authorize the following persons to pick up my child from Sunrise Beach School:

(Please list at least two people other than yourself).

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Name:

Relation:

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Home Phone: \_ Cellular &/or Work Phone: \_\_

This person also serves as the above-named student(s) Emergency Contact: Yes No

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Name:

Relation:

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Home Phone: Cellular &/or Work Phone:

This person also serves as the above-named student(s) Emergency Contact: Yes No

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Name:

Relation:

---

Home Phone: Cellular &/or Work Phone:

This person also serves as the above-named student(s) Emergency Contact: Yes No

---

Name:

Relation:

---

Home Phone: Cellular &/or Work Phone:

This person also serves as the above-named student(s) Emergency Contact: Yes No

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Signature of Parent or Guardian

Date

# Sunrise Beach School

## Student Responsibilities

**The 5 Cs of Sunrise Beach School: Care, Courtesy, Cooperation, and Consideration through Christ. Mission of Conduct: Act always in a loving manner reflecting your relationship with Jesus Christ.**

### STUDENT RESPONSIBILITIES

**As a student at Sunrise Beach School, the following behaviors are expected.**

The SBS/SBHS student will:

1. Follow the five C's both in and out of school.
2. Show respect to SBS/SBHS students, staff, faculty, and property.
3. Arrive promptly to each class and remain attentive and non-disruptive in class.
4. Check in with the SBS/SBHS secretaries:
  - Upon arrival at school.
  - If I need to be excused from a class.
  - When leaving the school building for outdoor activities on campus.
  - Upon leaving school grounds.
5. Work cooperatively with all others.
6. Complete assigned tasks with care.
7. Establish regular study times.
8. Attend all assigned classes unless illness or other emergency occurs.
9. Work cooperatively with all others.
10. Help maintain a school environment that is safe, friendly, and considerate of all.
11. Maintain trustworthiness and honesty in all thoughts, words, and deeds.
12. Take an active role in the school in both academics and extracurricular school activities.
13. Strive for personal excellence in academics, a high priority for students at Sunrise Beach School.
14. Accept challenges in academics, leadership, and spiritual development.
15. Strive to be a Christian leader and positive role model in and out of the classroom.
16. Act always in a loving manner reflecting your relationship with Jesus Christ.

**I have read, understand, and will adhere to the student responsibilities.**

**Student Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

# Sunrise Beach School

## Parent Responsibilities

The 5 Cs of Sunrise Beach School: Care, Courtesy, Cooperation, and Consideration through Christ

**Mission of Conduct: Act always in a loving manner reflecting your relationship with Jesus Christ.**

### PARENT RESPONSIBILITIES

As the parent of a student at Sunrise Beach School/Sunrise Beach High School, the following behaviors are expected.

1. Model our school's Mission of Conduct and school rules: The 5 C's.
2. Assist your son or daughter in maintaining the school responsibilities.
3. Assure that your child arrives promptly at school on time each school day.
4. Be available to support your child in accomplishing his or her studies after school.
5. Establish and implement regular study times at home for your child.
6. Become actively involved and participate in Sunrise Beach activities such as parent conferences, school programs, and events.
7. Communicate regularly with the school including secretaries, teachers, and administration.
8. Stress and encourage the importance of academics, leadership, moral character, and spiritual development at home and at school.
9. Help maintain our school environment that is safe, friendly, and considerate of all.

**I have read, understand, and will adhere to these parent responsibilities. I will also assist my child to follow his or her student responsibilities.**

**Parent Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_



# Sunrise Beach School

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

1601 North Street SE, Olympia, WA 98501

(360) 791-8348 / Fax (360) 866-1824

[Info@SunriseBeachSchool.org](mailto:Info@SunriseBeachSchool.org)

## REQUEST FOR TRANSFER OF STUDENT'S COMPLETE EDUCATIONAL AND HEALTH RECORDS

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_ GRADE: \_\_\_\_\_

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN Printed name

### PLEASE FORWARD THE ABOVE REQUESTED RECORDS TO

Sunrise Beach School

PO Box 13409

Olympia, WA 98508

Or to our email box at: [records@sunrisebeachschool.org](mailto:records@sunrisebeachschool.org)

\_\_\_\_\_  
SCHOOL OFFICIAL SIGNATURE:

\_\_\_\_\_  
DATE: \_

\_\_\_\_\_  
SCHOOL OFFICIAL Printed name:

In compliance with the Family Educational Rights and Privacy Act of 1974 the parent or guardian of the above-named student(s) has been advised of this request for transfer of record(s).



# Sunrise Beach School

## Emergency Supply Kit

Plastic Shoe Box (plus secure lid) with many of the following items inside:

- 2 Water Bottles
- 4-Protein Snacks &/or Granola Bars
- Small Flashlight (+Batteries)
- Emergency Whistle
- Small First Aid Kit –This can be as simple as a few band-aids and a tube of antibiotic ointment).
- Emergency Blanket (i.e.: Thermal Mylar)
- Toothbrush and toothpaste
- Other Health-Related Needs (Please inform the school if there are medications).
- Elementary: Comfort Item (Small stuffed animal or toy to bring comfort)
- Elementary: Small Activity Pad & Pencil or Crayons
- MS/HS: Small writing pad and pencil/pen
- Chapstick and Antibacterial Hand Cleaner
- Family Photo / Message from Parents
- Wipes – a small package of wipes
- Tissues – a small package of tissues
- 3 Hand Warmers (if possible)

**PLEASE label the shoe box on one end (and the lid inside) with the child's full name.**

Alternative: You may order a small Survival Kit online (i.e., via Amazon), label with student's name, and bring it to school. We pray we will never need these items for your children/our students; however, we feel it is important to have them ready at school as a safety measure. Thank you for your help!

**I understand the above Emergency Supply Kit list and can provide it. If this is a hardship, I will contact the School Office for options: Parent Initial: \_\_\_\_\_ Date: \_\_\_\_\_**

# Sunrise Beach School

## Student Supply List

Grades 6-12 ~ Middle School and High School

Not Applicable for Elementary

**(PLEASE: No Spiral notebooks or spiral notebook paper on campus).**

1 – Backpack or book bag (highly recommended: rolling type - to prevent back strain) 1 – 2” 3-ringed binder

1 – Planner/Assignment Book - 3-ringed type recommended – to be placed in binder

2 – **Pocketed** 3-ring divider sets, labeled for “each” SBS/SBHS class, placed in binder

100 – Sheets lined notebook paper – with lines appropriate for grade level, placed in binder 50

– Sheets plain paper – 3-hole punched, placed in 3 ringed binders

100 – Sheets (3-ring) graph paper (for math grades 6 and above)

1 – 3 ringed, binder pouch – to hold the following supplies:

2 – USB Drives (with student’s name on them)

4 – #2 pencils (sharpened); may use mechanical pencils 1 – Eraser

1 – Glue stick

1 – Yellow highlighter

2 Packs – Post-It Notes Colored Pencils

3 – pens (2 black, 1 optional color) Scissors (sized to fit into binder pouch)

12” Ruler (showing inch & cm – to fit into pouch) Mini hole-punch for paper

Compass Protractor

Post-It Note Pad

Grades 5 and above (math classes): compass (with sharp tip covered), protractor High School –

TI84+ - TI92 Graphing Calculator – High School

1 – 3 ringed world map (laminated) – placed in the 3-ring binder 1 – 3 ringed US map

(laminated) – placed in the 3-ring binder

*(Note: We have US/World combination maps for sale in the office, if you cannot find them, \$9).*

1 – Box Tissues – to be left at school with secretaries, for students’ use

**I understand the above Student Supply list and can provide this. If this is a hardship, I will contact the School Office for options: Parent Initial: \_\_\_\_\_ Date: \_\_\_\_\_**