

Dear Family:

Thank you for your interest in Sunland. Homeschooling can be a rewarding experience for a family and their student(s). The academic and character development of each student is our main concern. Enclosed you will find the following items:

Application and Financial Instructions
Enrollment Application
Immunization Record Form
Authorization of Transfer of School Records

Please read each form and fill out as completely as possible. After completion one may fax, scan and email, mail your forms, or call the office to begin the enrollment process:

Sunland
13216 Leach Street
Sylmar, CA 91342

fax (818) 362-1489
sunlandhomeschool@gmail.com (email)

Upon receiving your application forms, you will be contacted to begin the enrollment process.

Sincerely,

Terry Neven, B.Th.
Principal



APPLICATION INSTRUCTIONS

1. Application - Fill out one for each student.
2. Immunization Card - One per student completed by parent. If the office is sending for records for a student who had been enrolled in a public or private school this form will most likely be included in the records being sent to Sunland.
3. Authorization for Transfer of School Records - (if student is transferring from another school) - More than one student may be listed on each form if they attended the same school. If there is more than one school involved, you will need an additional form for each school.

FINANCIAL INFORMATION

1. Registration Fee:

New Family	\$90.00 per family (non-refundable)
Returning Family	\$40.00 per family (non-refundable) before August 1, \$60 after August 1.
2. Tuition
 - \$40.00 - per month for first student (1st - 12th grade)
 - 10.00 - per month for two or more students
 - 10.00 - if family has high school students(s)
 - 15.00 - Preschool/Kindergarten (only)
 - 50.00 – part time or summer school - per semester course

* **Tuition is due by the 1st of each month**, September - June. \$5 late fee will accrue for all late tuition.
3. Testing

\$40.00 per student, due at time of testing. Testing is mandatory for students 3rd, 5th, and 7th grade and older and is accomplished during the spring. The IOWA Test of Basic Skills is administered for grades 1st - 6th and Stanford Achievement Test for grades 7th - 12th.

SUNLAND
13216 Leach Street, Sylmar, CA 91342
(818) 523-6791

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APPLICATION
(one for each student)

Date of Application _____ For School Year _____

Student's Name _____ SS# _____
(Last/First/Middle) (if applicable)

Home Address _____
(Street/City/State/Zip)

Mailing Address _____ E-mail address: _____
(If different than home address)

Date of Birth _____ Sex _____ Grade _____ Telephone _____

Pager: _____ Cell phone: _____

School Last Attended _____
(SCS, if re-enrolling)

Father's Name _____ DL# _____

Address/Phone _____
(If different from student)

Mother's Name _____ DL# _____

Address/Phone _____
(If different from student)

Has student skipped or repeated any grades? _____

Does the student have any learning disabilities? If yes, please explain:

Is this student a Special Needs person? If yes, please explain: _____

(over)

SCHOOL POLICIES

Please read the following statements. If you agree with and will abide by these policies, please sign at the bottom.

1. We understand that Sunland cannot offer legal immunity and that we as parents/guardians are responsible for the education of our child(ren).
2. We realize that the school is in no way responsible for the actual education of our children, but serves as our accountability and for resource direction. We are to notify the school of any problems we are having in relationship to teaching our own children at home.
3. We understand that accountability. **Failure to participate without notifying the school of extenuating circumstances can result in dismissal from the program.**
4. We understand our responsibilities as parent as listed in the school brochure.
5. We will respect the school's position at all functions and will not attempt to promote any religious positions of faith in relationship to families in the school.

I will teach my student/child in a responsible manner. I will communicate to the staff of Sunland concerning any difficulties I am having in accomplishing this task. I will instruct and/or supervise the education of my child(ren), maintain my financial obligation and fulfill my record keeping responsibilities.

CONSENT TO POLICY

We have read the above policies and agree to abide by them. It is understood that the services of the school are engaged by mutual consent and that either the school or we reserve the right to terminate any or all services at any time by written notification.

Father's Signature _____ **Date** _____

Mother's Signature _____ **Date** _____

All applications are subject to Sunland staff approval.
Sunland has a racial non-discriminatory policy; it makes no distinction in its admission or educational services on the grounds of race, color or national origin.

SUNLAND
REQUEST FOR STUDENT RECORDS

The Federal Family Rights and Privacy Act of 1974 and California Law do not require the school forwarding pupil records to obtain parent permission.

Name of Previous School

Date

Address

City / State / Zip

Pupil's Name

Date of Birth

Pupil's Name

Date of Birth

Pupil's Name

Date of Birth

Please mail or fax the following records:

Withdrawal grades Immunization Records Transcript or Report Cards IEP

SUNLAND
13216 Leach Street
Sylmar, CA 91342
(818) 523-6791 fax: (818) 362-1489
sunlandhomeschool@gmail.com

Requested by:

Date