



# Sunnyside Christian School

[www.sunnysidechristianschool.org](http://www.sunnysidechristianschool.org)

Sunnyside Christian Elementary (PK-8)

811 North Avenue  
Sunnyside, WA 98944  
Phone: (509)837-3044

Sunnyside Christian High School

1820 Sheller Rd  
Sunnyside, WA 98944  
Phone: (509)837-8995  
Fax: (509)837-8895

## Application for Admission

We are grateful for your interest in providing a Christian education for your child(ren) and appreciate your confidence in our school system. The enclosed information should prove helpful. You are encouraged to read the information carefully.

Tuition costs for each school year are determined in May. Tuition includes transportation and books for the students. Bus transportation is provided if the family lives in an area of existing established routes.

To complete application for admission, the following is required:

- Application for admission - one per family
- Student information - one per student
- Pastor's letter of recommendation submitted directly to SCS
- Signed Parent/Guardian Pledge of Support
- Student reference form for grades 6-12 submitted by a previous teacher
- Completed immunization form

When the application is complete, you will be contacted to arrange an interview time with the Admissions Committee. A parent (preferably both) and the student (if in grades 6-12) are required to attend. If you should have any questions regarding the application, please contact the appropriate campus.

Forms included in this packet:

- Statement of Faith (Blue)
- Application for Admission (White)
- Student Information (Green)
- Pastor's Recommendation (Yellow)
- Parent/Guardian Pledge of Support (Peach)

Note: Student Reference Forms for grades 6-12 and additional Student Information Forms (green) can be printed separately as needed from the "Application Information" page.



What church activities have your children been involved in? \_\_\_\_\_

State how you promote Christian living in your home. \_\_\_\_\_

Describe your family devotions. \_\_\_\_\_

State your reasons for applying to Sunnyside Christian Schools. \_\_\_\_\_

Have you read the Basis Statement of Sunnyside Christian Schools?	Yes	No
Are you in agreement with the Basis Statement?	Yes	No
Do you understand your financial responsibilities?	Yes	No

I understand that my child's admittance and continued enrollment into Sunnyside Christian School is subject to Sunnyside Christian's policies and procedures.

Father's Signature \_\_\_\_\_ Mother's Signature \_\_\_\_\_

Date \_\_\_\_\_

*Sunnyside Christian School does not discriminate on the basis of race, color, or national origin, age, sex, or handicap in administration of its admissions and educational policies or its scholarship, loan, athletic, and other school administered programs. Sunnyside Christian School does reserve the right to select students on the basis of academic performance, religious commitment, and personal qualifications, including a willingness to cooperate with the school administration and to abide by its policies.*

## 2022-2023 Tuition Information

Sunnyside Christian School is contracted with FACTS Management Company. The FACTS payment authorization form is included with the registration materials. Policies are as follows:

1. Automatic payments will be paid through the FACTS Payment Plan. Payments will start in August and may be processed on the 5th or 20th of each month.
2. Delinquent payments will be subject to a 2% Finance Charge.
3. Accounts over 60 days delinquent will be subject to dismissal.
4. Official school transcripts and report cards may be denied to students and parents if all accounts are not PAID IN FULL. This notification will be made in writing.

Pre-3	\$1,185
Pre-4	\$1,555

Base Tuition K-12th Grade:

1 Child	\$7,250
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2 Children	\$13,050
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3 Children	\$17,400
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Additional Fees:

5th-6th	\$100
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7th-8th	\$200
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High School	\$700
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Building Use Fee	\$500
((\$400 for new families)	



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Phone: (509)837-3044  
Fax: (509)837-4086

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Fax: (509)837-8895

## Student Information Form

Please complete an information form for each student you are applying for.

### Student Information

Student's Name: \_\_\_\_\_  
*Last First Middle Preferred Name (if other than first)*

\_\_\_ Male \_\_\_ Female

Home Address: \_\_\_\_\_  
*Street City State Zip*

Home Phone: (\_\_\_\_) \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace \_\_\_\_\_

### Education Background

Grade level at present school \_\_\_\_\_ Date entering Sunnyside Christian \_\_\_\_\_

List chronologically, beginning with the most recent, all schools attended:

Dates	Grade Level	Name of School	Address of School

Academic grades have been:  Superior  Above Average  Average  Below Average

Has the student ever failed or been retained? \_\_\_\_\_ If yes, please explain and list the grade(s). \_\_\_\_\_

How many days of school did the student miss last year? \_\_\_\_\_

How does your son/daughter use his/her leisure time? \_\_\_\_\_

Describe any physical, mental or emotional problems (heart, hearing difficulty, speech impediment, nervous conditions, etc.) \_\_\_\_\_

*continued on backside*

# Family Information

Church Affiliation \_\_\_\_\_

Name of Father \_\_\_\_\_ / \_\_\_\_\_

Name of Mother \_\_\_\_\_ / \_\_\_\_\_ *place of birth*

Name of Guardian \_\_\_\_\_ / \_\_\_\_\_ *place of birth*

Home phone number \_\_\_\_\_ *Last name* \_\_\_\_\_ *First name* \_\_\_\_\_ Emergency phone \_\_\_\_\_

Number of children in family \_\_\_\_\_ # older \_\_\_\_\_ # younger \_\_\_\_\_

Occupation of Father \_\_\_\_\_

Father's work phone number \_\_\_\_\_

Occupation of Mother \_\_\_\_\_

Mother's work phone number \_\_\_\_\_

## Grandparent Information:

Name(s) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
*street or box number* \_\_\_\_\_ *city* \_\_\_\_\_ *state* \_\_\_\_\_ *zip* \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
*street or box number* \_\_\_\_\_ *city* \_\_\_\_\_ *state* \_\_\_\_\_ *zip* \_\_\_\_\_

Note: Before entering kindergarten/first grade, Immunization Records must be up to date. All parents must show that their child has been immunized against D.P.T, measles, and polio before the first day of school.



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## Pastor's Letter of Recommendation

Please submit this form directly to Sunnyside Christian School.

Parent(s) Name(s) \_\_\_\_\_

Child(ren's) Name(s) \_\_\_\_\_ Grade(s) \_\_\_\_\_

How long have you known this family? \_\_\_\_\_

### Attendance at Worship Services

Entire family attends on a weekly basis. If not weekly, how often? \_\_\_\_\_

Some family members attend on a weekly basis.

Who attends?  Father  Mother  Children

Comments \_\_\_\_\_

### Church Involvement

How long has the family been active members of your church? \_\_\_\_\_

Are both parents in good standing of your congregation? \_\_\_\_\_

Comments \_\_\_\_\_

What church activities are the parents participating in? \_\_\_\_\_

What church activities are the children participating in? \_\_\_\_\_

Which family members attend church school on a weekly basis?

Father  Mother  Children

Would you consider this to be a Christian home?  Yes  No

Comments \_\_\_\_\_

Other comments regarding the student(s) \_\_\_\_\_

Do you recommend this family for admission to Sunnyside Christian School?  Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of your church \_\_\_\_\_ Denomination \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_



