

Cornerstone

Please submit the following items to complete your enrollment:

- Student Information and Registration Form***
 - Medical Information Form***
 - Cornerstone Family Quick-Info Sheet***
- Statement on Discipline and Parent Support***
 - Birth Certificate***
- Immunization records (or letter of explanation)***
 - Check for registration fee of \$100 per student***
- Send Release of Records Form to previous school (if applicable)***
- Submit Application for Public School Exemption Certificate (You may send this into the school district yourself or we will submit the completed application for you.)***

Eagles

Cornerstone School Information and Registration Enrollment Form

Please complete this form with a registration check of \$100.00 (made payable to **Cornerstone School**):

Cornerstone School
900 E 41st St.
Sioux Falls, SD 57105
(605) 335 - 7084

PRINT OR TYPE CLEARLY

Name of Student _____

Name of Parents _____

Date of Birth _____ Age _____ Grade _____ Gender: M F

Mailing Address _____

Home Phone _____ Cell Phone(s) _____

Parent's E-mail _____

Father's Employment _____ Business Phone Number _____

Mother's Employment _____ Business Phone Number _____

Student's E-mail and Phone Number (if applicable) _____

Status (Circle One): **Full-Time** (Most common) **Part-Time** (Available to grades 5-12)

For part-time only:

How many days/week: 1 2

Your preferred schedule: _____

I want Cornerstone School to function as the primary teacher: YES NO

If the student has previously attended another school, please fill out the Release of Records form and send to previous school. If you prefer, we can send the Release of Records form for you.

Name of Previous School(s) _____

Is the student a Christian? _____ How do you know? _____

Will you, the parent and child, in good spirit, abide by the school dress code? _____

Cornerstone School Child Record and Medical Authorization Form

Child's Name _____ Sex _____ Date of Birth _____
Last First M.I. Mo. Day Year

Name of person(s) with whom child lives _____ Relationship _____

Home Address _____ Home Telephone _____
Street City State Zip

Father's Place of Employment _____ Business Telephone _____

Mother's Place of Employment _____ Business Telephone _____

In case of emergency, if parent cannot be reached, notify (in order of preference):

| Name/Relationship | Telephone | Name/Relationship | Telephone |
|-------------------|-----------|-------------------|-----------|
| 1. _____ | _____ | 3. _____ | _____ |
| 2. _____ | _____ | 4. _____ | _____ |

Health Problems (frequent cold, allergies, etc.) _____
Previous Illnesses _____

Indicate any special precautions for diet, medication, or activity _____

Tylenol/Ibuprofen if needed? _____ Yes _____ No

Child's Physician _____ Address _____ Phone _____
Hospital Preference _____

If a medical emergency occurs and I cannot be reached, I hereby authorize the person in charge at Cornerstone School to transport this child to the nearest medical clinic and/or call my family physician.

FOR EMERGENCY USE AT HOSPITAL:

I hereby give permission for medical treatment for my child if requested by Cornerstone School.

FOR CHILD'S DOCTOR:

I hereby give permission for emergency treatment for my child if requested by Cornerstone School.

We will not hold Cornerstone School or its personnel responsible in case of accident.

I hereby give permission for my child to participate in normal Cornerstone School activities and field trips. I release Cornerstone Ministries, Inc. and any other chaperoning adults for all claims of damage, demands, actions whatsoever in any manner arising or growing out of my child's participation. I have full knowledge of any risks involved.

I hereby authorize all of the above for my child _____
Last First M.I.

Date _____ Signature of Parent or Guardian _____
Mo. Day Year

RELEASE OF RECORDS

The student below has enrolled or plans to enroll in Cornerstone School. Please forward an official transcript and any applicable records to:

**Cornerstone School
PO Box 89020
Sioux Falls, SD 57109
Attn: Adam Brucklacher**

OR

Email: school.cmi@midconetwork.com

Student's Name: _____

Date of Birth: _____

Name of Previous School: _____

I give my permission for this record transfer.

Parent's signature: _____

Date: _____

Cornerstone Family Quick-Info Sheet

(This form is filed separately from the other forms.)

Parent Name(s) _____

Children Names and Ages _____

Mailing Address _____

Home Phone _____ Cell Phone(s) _____

Parent E-mail(s) _____

Father's Employment _____ Phone Number _____

Mother's Employment _____ Phone Number _____

Name of Church _____ Pastor's Name: _____

Emergency Contacts (Names/Phone Numbers; Circle or underline persons you approve to pick up your child from school)

Parent Preferences & Additional Information: Use additional writing space as desired.

1) My child may use the microwave: Yes No _____

2) My child may drink pop during lunch: Yes No ... Caffeinated Yes No _____

3) My child may listen to Christian or classical music while completing schoolwork:
 Yes No _____

4) A picture of my child may be used for promoting the school:
 Yes No _____

5) My child may have ibuprofen or Tylenol if desired: Yes No _____

6) My child has a cell phone: Yes No If yes, what color, make, etc.? _____

7) My child has food or other allergies? Yes No If yes, what allergies? _____

8) The school has my permission to give out contact information to other families within Cornerstone School? Yes No Prospective Families? Yes No

9) Please use this space to provide us with any additional information you would like the school to know:

I verify that the above information is filled out to the best of my knowledge.

Parent Signature _____ **Date** _____

