

**SOL Remote Learning Center**

6701 Rudderow Avenue  
Pennsauken, NJ 08109  
(609) 922-9765

**ENROLLMENT AGREEMENT FOR THE 2020-2021 SCHOOL YEAR**

PLEASE COMPLETE THE ENTIRE ENROLLMENT APPLICATION AND HEALTH ASSESSMENT

This application must be completed, signed and dated or it will not be accepted. **Please PRINT clearly.**

\_\_\_\_\_  
Student's First Name      Last Name      Gender      Sex

Street Address \_\_\_\_\_ Apartment # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The School of Light Remote Learning Center requires ethnicity and other data regarding the demographic profile of all public and private schools. Also, demographic information may be provided to funding entities.

(Please check one):

African American    Asian    Caucasian    Hispanic    Native American

Other (please list) \_\_\_\_\_

My child currently attends \_\_\_\_\_ Current Grade \_\_\_\_\_

My child is new student: \_\_\_\_\_

\_\_\_\_\_  
Current School \_\_\_\_\_

Current Grade \_\_\_\_\_ Teacher/Advisor \_\_\_\_\_

Please list first and last names of siblings who currently attend SOL:

\_\_\_\_\_

Please list first and last names and of siblings who have attended SOL in the past:

\_\_\_\_\_

Mother/Guardian

\_\_\_\_\_

First Name / Last Name

\_\_\_\_\_

Street Address (if different from student's)

\_\_\_\_\_ City  
State Zip Code

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Phone Cell Phone

Profession \_\_\_\_\_ Employer \_\_\_\_\_  
Working Hours \_\_\_\_\_ Business Phone \_\_\_\_\_  
Ext. \_\_\_\_\_ E-mail address \_\_\_\_\_

Father/Guardian

\_\_\_\_\_

First Name / Last Name

\_\_\_\_\_

Street Address (if different from student's)

\_\_\_\_\_ City State Zip Code

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Phone Cell Phone

Profession \_\_\_\_\_ Employer \_\_\_\_\_  
Working Hours \_\_\_\_\_ Business Phone \_\_\_\_\_  
Ext. \_\_\_\_\_ Email address \_\_\_\_\_

Parent/Guardian Contact Information

Emergency Contact 1

\_\_\_\_\_ Relationship to Child \_\_\_\_\_  
First Name / Last Name

\_\_\_\_\_ Street Address

\_\_\_\_\_ City  
State Zip Code

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ Home Phone  
Cell Phone

\_\_\_\_\_ Profession  
Employer E-mail Address (\_\_\_\_\_) \_\_\_\_\_  
Business Phone Ext. Working Hours

Emergency Contact 2

\_\_\_\_\_ Relationship to Child \_\_\_\_\_  
First Name / Last Name

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Phone Cell Phone

\_\_\_\_\_ Profession  
 Employer E-mail Address (\_\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_ Business Phone Ext. Working Hours

**HEALTH AND IMMUNIZATION FORMS**  The State of New Jersey requires that each student have an updated physician's physical, complete up-to-date immunization record, and an updated student health assessment form on file at the school that they currently attend, prior to being admitted to class. Students will not be permitted to start school without all required medical documents.  SOL requires documentation of immunization and physicals of all students entering 6th grade to be submitted with your deposit for enrollment  Parents must complete the student health assessment form on the back of this application.  SOL reserve the right to refuse admission to any student whose medical records are not current and on file at the school. **OTHER DOCUMENTS NEEDED FOR ENROLLMENT**  Parents of new students entering 1st to 12th grade must submit a copy of their child's most recent report card, birth certificate, and confidential reports (i.e. Special Learning Plans, Probation Orders, Restraint Orders, etc.).  Parents will be informed of the tuition for their child(ren) in writing once the required financial information is provided.  Once an offer of acceptance has been extended to a child, parents can register their child with a payment of tuition. Once accepted, students register on a first-come, first-serve basis.

**STUDENT HEALTH ASSESSMENT—To be Completed by Parent/Guardian**

\_\_\_\_\_  
 Student's First Name Middle Name Last Name  
 \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date of Birth Age Gender  
 Student's Pediatrician/Physician \_\_\_\_\_  
 Date of Last Physical Examination \_\_\_\_\_ Name of Doctor or Practice \_\_\_\_\_  
 \_\_\_\_\_ Address \_\_\_\_\_ Office \_\_\_\_\_  
 Telephone (\_\_\_\_) \_\_\_\_\_ Student's Dentist \_\_\_\_\_ Date  
 of Last Dental \_\_\_\_\_ Examination \_\_\_\_\_  
 Name of Dentist or Practice \_\_\_\_\_  
 Address \_\_\_\_\_

Office Telephone (\_\_\_\_\_) \_\_\_\_\_

Where do you take your child for emergency care?

Insured \_\_\_\_\_ Insurance Provider \_\_\_\_\_ Policy/card# \_\_\_\_\_

SOL policy is that no medication will routinely be administered to students for temporary or acute illness remediation. In order to administer medication for a chronic medical condition, a physician's form and parental consent form must be on file at the school. No medications will be given unless the proper forms are completed and returned to the school for approval by the school nurse. If your child has a medical condition that requires medication, SOL Professional Staff must obtain it and secure it at the school and when your child participates in trips. Such medication must be given to the school's Main Office before your child begins school and/or before he/she departs on a trip. **THIS IS NOT OPTIONAL!** All medications must be in its original container with the label in intact!

What medication is your child taking? \_\_\_\_\_

When? Or **How** Often? What is it for? \_\_\_\_\_

Commented [GU1]: Updated

If you wish to discuss anything about your child's health with the school nurse, wellness director, or counselor, please indicate your concern.

My Child Is Allergic to \_\_\_\_\_

My Child Has:

\_\_\_\_ Anemia \_\_\_\_ Asthma \_\_\_\_ Behavioral / Emotional \_\_\_\_ Cancer \_\_\_\_ Diabetes  
\_\_\_\_ Eczema \_\_\_\_ Hearing Difficulty \_\_\_\_ Heart Condition \_\_\_\_ High Blood Pressure \_\_\_\_

Hospitalized for \_\_\_\_\_

\_\_\_\_ Learning Disability \_\_\_\_ Lead Poisoning \_\_\_\_ Lung Disease  
\_\_\_\_ Mental Disability/Retardation \_\_\_\_ Muscle, Bone or Joint Problem

\_\_\_\_ Nervous Condition \_\_\_\_ Overweight \_\_\_\_ Physical Handicap \_\_\_\_ Seizures  
\_\_\_\_ Speech Difficulty \_\_\_\_ Tuberculosis \_\_\_\_ Vision Difficulty \_\_\_\_ Urination/Kidney  
Difficulty

Check any contagious diseases that your child has had and the age when he/she had the disease and identify at what Age:

Chicken Pox \_\_\_\_\_

Diphtheria \_\_\_\_\_

German Measles \_\_\_\_\_

Measles \_\_\_\_\_

Meningitis \_\_\_\_\_

Mumps \_\_\_\_\_

Pneumonia \_\_\_\_\_

Poliomyelitis \_\_\_\_\_

Rheumatic Fever \_\_\_\_\_

Scarlet Fever \_\_\_\_\_

Typhoid Fever \_\_\_\_\_

Whooping Cough \_\_\_\_\_

Is your child in good health? \_\_\_\_\_ yes \_\_\_\_\_ no.  
If not, what health issue(s) are you most concerned about? \_\_\_\_\_

When was the last time your child had a tuberculin test?

Date \_\_\_\_\_ Results \_\_\_\_\_

If Positive, Dates of Treatment \_\_\_\_\_

#### Terms of Enrollment & Fee and Tuition Agreement Academic & Social Standards

Acceptance into SOL constitutes a contract between the school, the student, and the student's family. The family and the student agree to abide by the standards of SOL as outlined in the student handbook. The school, student, and family have the responsibility to adhere to these standards.

SOL reserve the right to expel any student who fails to adhere to the required academic and/or behavior standards of the school. In the event of any withdrawal from the school, there will be no refund of any fees and tuition for any reason after the first day of school and throughout the remainder of the school year. Financial Matters  I agree to enroll my child for the entire academic year and will assume responsibility for the full tuition for the entire school year.

Parents whose checks are returned due to insufficient funds will incur a \$25.00 service charge. After one returned check to SOL, all other payments must be made by cash, money order, certified check, or debit card.

For SOL students, it is the parents' responsibility to make arrangements for their child to be picked up before the schools closing time. Parents will be charged \$5 for every 15 minutes if they fail to pick up their child prior to closing time on a regular school day or before 12:15 pm on a day that the SOL closes early, either scheduled or due to an emergency.

In the event that a weather emergency develops during the school day, parents are responsible for finding out if SOL will close early on that day. SOL closes early due to a weather emergency; it is the parent's responsibility to make arrangements for their child to be picked up in a timely manner.

CONTRACT AGREEMENT I accept the terms of SOL enrollment agreement and the program of the school. I hereby grant permission to School of Light to use my/our child's photographs in printed and/or audio media. I understand that various mediums will be used for various school and ministry related activities, which will be used for publication, promotional, marketing or fund-raising purposes, such as television, slides, videos, etc. I understand and am aware that my signature waives and forfeits my rights to deny permission to SOL for use of my child's photographs. I also understand that SOL will only release my child's records to me, unless I provide a written request of information release to SOL

I, \_\_\_\_\_ accept and agree to adhere to the terms of enrollment as stated above. My signature below indicates that I agree to adhere to the terms of the enrollment as stated in the stated agreement.

Signature of Parent/Guardian \_\_\_\_\_

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Waiver & Release of Liability In the case of ordinary illness, parents/guardians will be notified by phone. In cases of serious injury, or any emergency, parents/guardians of the students will be notified by phone. When such communication should fail, or in any case when a delay in treatment will cause serious danger to the student or others, SOL Professional Staff shall have the authority to authorize emergency medical or surgical procedures, and the use of anesthesia. SOL is not responsible for any medical costs that will be incurred in such instances. I agree to the statement above:

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_