

# A SHEPHERD'S HEART CHRISTIAN SCHOOL

**THE SCHOOL THAT CARES ABOUT THE HEART OF YOUR CHILD AND THE MIND!**

**Physical Address:** 19835 Lake Chabot Road, Castro Valley, CA 94546

**Mailing Address:** PMB # 287, 31121 Mission Bl, Hayward, CA 94544

Phone #: 510-581-8086...Fax #: 510-581-8019

**Keith A. Erickson: Founder    Don Moschella: Co-Founder**

## 09-10 ENROLLMENT APPLICATION 09-10

### STUDENT INFORMATION (FOR RE ENROLLMENT PUT NAME AND ANY CHANGES)

STUDENT'S NAME: \_\_\_\_\_ (LAST), \_\_\_\_\_ (FIRST)

GRADE ENTERING: \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

GENDER \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ BIRTH PLACE \_\_\_\_\_ AGE \_\_\_\_\_

### PARENT'(S) INFORMATION:

LEGAL GUARDIAN \_\_\_\_\_

FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_

CELL PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

**Tuition and registration fees: all parents are expected to be on a 12-month pay schedule unless prior arrangements have been made with Mr. Erickson. Re-enrollment fees are \$110 per student. New student registration fees are 4225 per child. There is also a once per year book fee of \$195.**

**Annual tuition fees: 1<sup>st</sup> Child: \$ 7188, 2<sup>nd</sup> Child: \$10,360, 3<sup>rd</sup> Child: \$13,560**

**12 month pay plan (July – June): single child: \$599, two children: \$865 three children: \$1,130**

**Advanced lump sum one-time payment: March 25<sup>th</sup> – 4% discount April 15<sup>th</sup> – 3% discount May 15<sup>th</sup> – 2% discount**

# **Parent's Consent to Standards**

**I / We agree to abide by the standards and policies of A Shepherd's Heart Christian School.**

**I / We agree to pay tuition and all required payments on or before the effective due date.**

**I / We give permission for my (our) enrolled child to go on all field trips with A She[herd's Heart Christian School. I / We understand that teachers, staff, and other adults will supervise these activities.**

**I / We give permission for treatment to be administered to my child in case of emergency by the physician selected by the school staff in charge. My child has the following medical issues that may be of concern in a medical emergency:**

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**I / We understand A Shepherd's Heart Christian School does not guarantee admission into any college or university. Admission to college must be earned on the part of the student. Note that our College Preparation program is patterned after the admission requirements for the U.C. campuses.**

**I / We understand A Shepherd's heart Christian School does not guarantee the transfer of K – 12 units to any public or private school. In the state of California, schools have the discretion to allow or disallow transfer credits. We are training students to be prepared to attend college, as well as post-high school programs.**

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**Guardian's Signature**

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**Date**

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**Guardian's Signature**

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**Date**