

GENERAL INFORMATION LETTER FOR ALL NEW AND/OR RE-ENROLLING STUDENTS

We have enjoyed a great year at S.B.C.A. As we are closing this year out, there are some important events and dates that you will want to note. These dates, especially deadlines regarding uniforms & fees, etc. are very important. Please note: Dates with asterisks beside them have not yet been determined. You will be notified as soon as they are scheduled.

Summer Office Hours: *Email and Voicemail is continuously monitored.*

May 18th: RE-ENROLLMENT PACKETS AVAILABLE. Packets are being emailed to currently enrolled families. They will also be available in the Office.

May 18th – June 3rd: Re-enrollment applications and fees must be turned in during this time period.

June 3rd: **DEADLINE FOR ALL RE-ENROLLMENT FORMS & FEES.**
(\$50.00 Late Fee per student will result if either forms or fees are late.)

May 26th: Last day of school

May 28th: Awards Assembly – at 4:00 p.m.

May 29th: Graduation Exercises at 4 p.m.

June **: Parent/Teacher conferences.

June 13th –
July 21rd: S.B.C.A. Summer School session. (4th – 12th grades) (if available)

July 5th: Special uniform orders need to be placed by this date.
Old uniforms must be brought to school office for approval.

July **: Reading Readiness Testing for all new Kindergarten students. (Call for appt)

August **: Reading Readiness Re-Testing as necessary.

August 1st: ALL FACULTY RETURNS TO PREPARE THE FACILITIES.

August **: Staff Training & Diagnostic testing of all new students. (Monday, 8am)

September 6th: **First day of school 2022/23 (1/2 days for the first week: 8:00-12:00p.m.)**

NOW!! **Get Prospective Packet for new enrollment information. (Available in the school office or on our website – www.SBCAeagles.com)**

ANYTIME!! **New Enrollment Applications for 2022/2023 accepted.**

Please note these dates and deadlines. They are devised to help us best serve you!
Call the school office for more information, (619) 585-0600 ext. 30

UNIFORM SPECIFICATIONS

2022-2023

The following items **MUST** be purchased **ONLY** (no exceptions) at:

THE UNIFORM STORE
8160 La Mesa Blvd.
La Mesa, CA 91942
(619) 461-4112
www.myschoolsuniform.com

FRENCH TOAST UNIFORMS
(online only)
www.frenchtoast.com

BOYS:

- Pants Navy, Gray or Khaki twill pants (plain, straight leg style) must be purchased at the above-mentioned uniform shops. Kindergarten through elementary no khaki pants, navy or gray only.
- Shirts: **JR & SR. HIGH:** Long white or blue sleeve Oxford dress shirt with school logo, for Chapel days or special events.
Long or short sleeved polo shirt, **with school logo for non-chapel days.**

KINDERGARTEN THROUGH ELEMENTARY (K-6th grade): Same, but may be either long or short sleeved dress shirt. Polo: long or short sleeved shirts with school logo for non- chapel days.
Dress shirts must be worn on Chapel days with school tie.
- Belt: Solid black, or navy blue.
- Shoes: Can be a combination of any of the following colors white, navy blue, black, gray and red.
If in doubt, check with school office.
- Socks: Solid black, navy blue, white or white w/stripes are ok. (Must be at least 2" inches above the ankle) No sport type socks.
- Ties: Solid navy blue. Must be purchased at the above-mentioned uniform shops.
NO EXCEPTIONS!
- Sweater/Jacket: **See Footnote.

BOYS' P.E. UNIFORM:

Applies only to Elementary through Secondary. There is no P.E. uniform requirement for Kindergarten & Primary grades.

- Pants: Solid navy-blue sweat pants. Must be new for the 2020-2021 school year.
- Shirt: Gray long-sleeved T-shirt. Item may be purchased on French Toast or The Uniform Store, school logo is required.

BE SURE IT DOESN'T FIT TOO TIGHTLY.

- Socks: White Athletic or white w/stripe: red, blue or red/blue combination.
- Shoes: Tennis; Solid white, solid navy, solid black, or a white/navy or black combination.
- Sweatshirt: Red or Blue with school logo. This is not a mandatory item, but is optional.

GIRLS:

KINDERGARTEN THROUGH ELEMENTARY (K-6th)

- Jumpers: Plaid, Navy Blue or Gray Jumpers are to be purchased from the above-mentioned uniform shops. Must be at least 2" inches below the bottom of the knee, at all times.
- Blouses: Long or short sleeved, Peter Pan blouse. Must be purchased at the uniform shop listed.
- Socks: Solid black, navy & white, **NO OTHER COLORS!**
Socks must be at least 2" inches above the ankle.
- Leggings: Solid black, navy, white & red, **NO OTHER COLORS** or **PATTERNS.**
- Shoes: Can be a combination of navy blue, black, gray and red, closed heel and toe. Boots are ok. No rivets, studs, etc....plain boots only. No cloth or jelly type shoes.

GIRLS:

JR. & SR. HIGH

- Skirts: Plaid, Navy Blue or Khaki long skirt, must be purchased from Stores listed.
ALL SKIRTS MUST BE AT LEAST 2" INCHES BELOW THE BOTTOM OF THE KNEES, AT ALL TIMES! (THIS INCLUDES WHEN SITTING)
Must be ordered no less than 30 days before the start of school.
- Blouses: Long-sleeved, Oxford white collar dress shirt with school logo. On all other days Long or short-sleeved Red polo with school logo may be worn. Blouses and Polos must be purchased from French Toast or The Uniform Store. **White shirts must be worn on chapel days.**
- Socks: Solid black, navy or white. NO OTHER COLORS Must be at least 2" inches above the ankle.
- Leggings: Solid black, navy, white & red, NO OTHER COLORS or PATTERNS.
- Shoes: Can be a combination of navy blue, black, gray and red, closed heel and toe. Boots are ok. No rivets, studs, etc...plain boots only. No cloth or jelly type shoes.

GIRLS P.E.:

Applies only to Elementary through Secondary. There is no P.E. uniform requirement for Kindergarten & Primary classes.

- Athletic Skirt: Black Skirt with leggings. Must be purchased from Amazon or Snoga Athletics and must be at least 2' inches below the bottom of the knees, at all times.
- Shirts: Gray shirt with school logo. Same as Boys, see Boys' requirements.
(PLEASE, BE CAREFUL THAT YOUR SHIRT IS NOT TIGHT.)
- Shoes: Same as Boys' P.E. requirements.
- Socks: Same as Boys' P.E. requirements.
- Sweatshirts: Same as Boys' Optional P.E. requirements.

SWEATER/CARDIGANS/JACKETS

For **ALL STUDENTS**, K-12th grade:

Navy Blue or Red Cardigans.

Navy Blue or Red V-neck pull-over, or vest.

Navy Hooded Microfiber Jacket

All items must be purchased through our uniform providers.

****NOTE CONCERNING SWEATERS/JACKETS:** An outer covering is not mandatory; however, if an outer garment is to be worn, it must be S.B.C.A. Uniform. Other outer coverings will be allowed on campus, but not in the Learning Centers or in Chapel. Only the S.B.C.A. Uniform Garment can be worn in the Learning Centers and in Chapel. Please, don't let it get cold on your student without having secured their APPROVED GARMENT!!!

*****PLEASE NOTE: UNIFORMS THAT ARE TOO OLD OR FADED WILL NOT BE ACCEPTED FOR SCHOOL USE. ALSO, UNIFORMS SHOULD FIT PROPERLY (NOT TOO BIG OR TOO SMALL).**

**Students will not
be admitted unless
an immunization
record
is presented and
immunizations are
up-to-date. ***

***If immunizations are against your religious or personal beliefs, please contact our
school office staff.**

Attention!!!

Hepatitis B Immunization
is required by law for
children entering preschool, kindergarten
and child care facilities
beginning August, 1997.

Hepatitis B is a series of 3 immunizations
available through many
health plans and in public clinics to all children
born since 11/21/97

DHS IZes (8/96)

County of San Diego Department of Health Services
P.O. Box 85222, San Diego, CA 92186-5222

Student Record Release

To Releasing School Counselor:

Date

School Name

Address

City

State

Zip

Dear Counselor;

My child/ren have been withdrawn from your school. Please release their academic and health records to the following church-school.

Thank you

ACCEPTING CHURCH-SCHOOL

South Bay Christian Academy

395 D St.

Chula Vista, CA 91910

Atten: Office (619) 585-0600 ext.30

Student's Names
(last name first)

Age

Grade level at
time of withdrawal

Student's Names (last name first)	Age	Grade level at time of withdrawal
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Requesting Parent/Guardian

Signature of Receiving Principal

PHYSICIAN'S REPORT (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A - PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

_____, born _____ is being
(NAME OF CHILD) (BIRTH DATE)

studied for readiness to enter _____ . This School,
(NAME OF SCHOOL)

provides a program which extends from _____ : _____ am/pm to _____ : _____ am/pm,
_____ days a week.

Please provide a report on above named child using the form below. I hereby authorize release of medical information contained in this report to the above named.

(Signature of parent, guardian, or other responsible party) (Today's Date)

PART B - PHYSICIANS REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware: _____

Hearing: _____ Allergies:medicine: _____

Vision: _____ Insect Stings: _____

Developmental: _____ Food: _____

Language/Speech _____ Asthma: _____

Other (include behavioral concerns): _____

Comments/Explanations: _____

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: _____

****Please see reverse side for required immunization information**

PHYSICIAN'S REPORT (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

IMMUNIZATION HISTORY:

(Fill out or enclose California Immunization Record, PM-298)

DATE EACH DOSE WAS GIVEN (Month And Year At A Minimum)

VACCINE	1st	2nd	3rd	4th	5th
Polio					
DTP/DT/Td(Circle)					
Measles					
Mumps					
Rubella					
Hib					
TB Test (Latest)					

TB Test: Negative Positive Treatment if Positive: _____

I have reviewed the above information with the parent/guardian. Yes No

Physician: _____ Date of Physical Exam: _____

Address: _____ Date This Form Completed: _____

Telephone: _____

Signature: _____

Physician Physician's Asst. Nurse Practitioner

AUTHORIZATION FOR CONSENT TO TREATMENT OF MINOR

I (We), the undersigned, parent(s)/Guardian(s) of _____ a minor, do hereby authorize, _____ as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. I (We) hereby authorize any hospital which has provided treatment to the above-named minor pursuant to the provisions of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to my (our) above-named agents(s) under the completion of treatment. This authorization is given pursuant to Section 1283 of Health and Safety Code of California. These authorizations shall remain effective until June, unless sooner revoked in writing delivered to said agents(s).

 Parent/Guardian's Printed Name Signature

 Address City State Zip

 Home Telephone Work Telephone

 Minor's Physician Family Physician

 Physician's Telephone Family Physician's Telephone

Children's Names	Date of Birth	Last DPT	Routine Medications?	Any allergies?
1.				
2.				
3.				
4.				

It is helpful to have the following information in order to expedite paperwork necessary for treatment.

Insurance Carrier: _____

Subscriber's Name: _____

Policy Number: _____

Subscriber's Social Security Number: _____

FIELD TRIP PERMISSION SLIP

SCHOOL YEAR 2022-2023

Dear Parents,

We are experiencing a great year of academic achievement at South Bay Christian Academy. One of the learning experiences offered is Field Trips to different points of interest in the San Diego area.

For your child(ren)'s safety and ours, we request that you sign the following agreement:

"I hereby agree that my child(ren) has permission to attend the Educational and Recreational Field Trips planned by South Bay Christian Academy in the above school year."

Student's Name

Father's Signature

Mother's Signature

Thank you so much for your cooperation in this phase of your child's learning experience. We at S.B.C.A desire that your child have a full scope of learning experiences.

Sincerely,

Rev. Amado Huizar
SBCA Principal

STUDENT CONVENTION

SCHOOL YEAR 2022-2023

Dear Parents:

Each spring, S.B.C.A. students have the opportunity to participate in a Student Convention. The categories of the convention are open to students from 8 to 18 years of age. This event lasts two to four days and is an important part of our training program. Most of the costs will be covered by S.B.C.A. Parents need to cover food and entertainment expenses.

ATTENDANCE AND PARTICIPATION IN THIS CONVENTION IS MANDATORY OR A STUDENT MAY NOT BE ALLOWED TO RE-ENROLL IN S.B.C.A.

Student's Name

Father's Signature

Mother's Signature

Thank you for the opportunity to help with the education of your child. We at S.B.C.A. desire that your child have a full scope of learning experiences.

Sincerely,

Rev. Amado Huizar

Principal, S.B.C.A.

IDENTIFICATION AND EMERGENCY INFORMATION SOUTH BAY CHRISTIAN ACADEMY

To Be Completed by Parent or Guardian

Child's Name	Last	Middle	First	Sex	Telephone ()
Address	Number	Street	City	State	Zip Birthdate
Father's Name	Last	Middle	First	Business Number	Cell Number
Father's Email Address	Mother's Email Address () ()				
Home Address	Number	Street	City	State	Zip Home Number
Mother's Name	Last	Middle	First	Business Number	Cell Number
Home Address	Number	Street	City	State	Zip Home Number
Person Responsible For Child	Last Name	Middle	First	Home Number	Cell Number
				()	()

Additional Contacts in Case of Emergency

Name	Address	Telephone	Relationship

Physician and Dentist

Physician	Address	Medical Plan and Number	Telephone ()
Dentist	Address	Medical Plan and Number	Telephone ()

If Physician cannot be reached what action should be taken?
 Call Emergency Hospital Other

Authorized Persons Permitted to Take Child from Premises

(Child will not be permitted to leave the premises with any other person without prior authorization from parent or guardian)

Name	Relationship

Parent/Guardian Signature

Date

CORPORAL CORRECTION RELEASE (Optional)

Dear Parent,

SBCA is honored that you have asked our staff to assist you in training your child for Christian leadership. Our total program is designed to develop the spiritual and academic qualities that characterize your child. We appreciate your confidence in our program. To carry out your wishes for total character development, we believe it is necessary to follow Scriptural admonition to correct a child when his/her behavior is in violation of proper or reasonable rules and procedures. When warranted, corporal correction will be exercised under the following guidelines:

1. The offense will be clearly discussed with your child.
2. A staff member will discuss Spiritual applications and will pray with your child.
3. A reasonable number of firm strokes, **not** to exceed 2, will be administered by a staff member of the same gender as your child, using a simple, flat paddle.
4. A staff witness of the same sex as your child will be present, whenever possible.
5. Your child will not be physically restrained. (If he or she refuses to submit to a paddling, you will be asked to come discuss the matter; and if it is believed to be in the best interest of the school, the child will be withdrawn from the school.)
6. After administering of the strokes, the staff member will pray with your child, assuring him/her of their love.
7. A written report will be made of the date, offense, number of strokes, and name of correcting staff member and witness. A copy will be sent to you.

I, _____, have read the above and agree to
Name of Father and Mother

support the school in its policy of corporal correction without reservation and personally pledge my support to the Scriptural approach to discipline.

Date

Signature of Father

Date

Signature of Mother

SAT 10 Testing Student Information

Student's Name: _____

Student's Date of Birth: _____

Please indicate the student's race and/or ethnicity (Please select all that apply.):

Asian

Black or African American

Hispanic

Native American

Native Hawaiian or Other Pacific Islander

White

Other

General Policy:

Students are expected to abide by this standard of conduct throughout their enrollment whether at home, school, or elsewhere. Students found to be out of harmony with this school’s ideals of work and life may be invited to withdraw whenever the administration determines that it is necessary.

Pledge:

As a student of this Christian school, I pledge to uphold the school’s standards against cheating, swearing, smoking, gambling, dancing, drinking alcoholic beverages, using narcotics or indecent language, or talking favorably about the above and will act in a very orderly and respectful manner. I will maintain Christian standards in courtesy, kindness, morality, and honesty. I will strive to be of unquestionable character in dress, conduct, and other areas of life.

I agree to abide by the above standards of conduct and other regulations expected of each student enrolled in this Christian school while I am a student attending the school, and will not give the impression to student, parents, or faculty that I am not in harmony with the goal, aims, and standards of this Christian school.

Student Signature

Date

Father’s Signature

Mother’s Signature



South Bay Christian Academy
395 D Street s Chula Vista, CA 91910
(619)585-0600

RECOMMENDATION FOR STUDENT ENROLLMENT
 IN SOUTH BAY CHRISTIAN ACACEMY
 A MINISTRY OF SOUTH BAY PENTECOSTAL CHURCH
 PASTOR ARTHUR E. HODGES III

Dear Pastor,

The below named family has applied for enrollment in South Bay Christian Academy. Since we strongly feel that our Christian Academy is a partnership effort between the home and Academy, and that the pastor-member relationship is paramount, would you please assist us in trying to prayerfully determine whether or not enrollment for this family would truly be in the best interests of both the family and the Academy? Thank you. All information will be kept strictly confidential.

For your basic information concerning our policy, let me quote from our Handbook: "Participation in this school ministry is a privilege and not a right. The goal of this ministry is not to reform presently wayward youth, but to train Christian youth, of every ability, in the highest principle of Christian leadership, self-discipline, individual responsibility, personal integrity, and good citizenship."

FAMILY NAME: _____
 STUDENT'S NAME: _____ AGE: _____ GRADE: _____
 CHURCH AFFILIATION: _____
 CHURCH ADDRESS: _____
 PASTOR'S NAME: _____
 PASTOR'S PHONE: _____
 FATHER – MEMBER? YES ___ NO ___ HOW LONG? _____
 MOTHER – MEMBER? YES ___ NO ___ HOW LONG? _____
 Student Applicant – Made a profession of faith in Christ? YES ___ NO ___
 Have you counseled with this family regarding their enrollment? YES ___ NO ___

Have you read the Handbook so that you might emphasize to them their obligations? (Our standards, doctrines, etc., may differ in some manner from what you have taught them, and we would in no wise wish to be a source of confusion to this home.) YES ___ NO ___

Do you feel this family will be able to meet their commitments to S.B.C.A?
 Financially? YES ___ NO ___
 Morally? YES ___ NO ___
 Dress Standard? YES ___

___ I do recommend this family be accepted in South Bay Christian Academy.
 ___ I do not feel that at this time I could wholeheartedly recommend enrollment.

 Pastor's Signature

As the Pastor of this family, your insight and comments are extremely valuable to us. Please share any additional comments that you would feel to be pertinent.

