



Dear Parents,

Now is the time to start planning for next school year! La Sierra Academy-Elementary is accepting applications for the 2017-2018 school year. Below, for your convenience, we have indicated some important information regarding next school year.

Early Bird Registration Fee - Turn in your student's application on or before April 28, 2017, and the application fee will be \$100. The application fee will increase starting on April 31, 2017.

Referral Incentive – Help us Grow! If you and your student have had a positive experience this year, the best compliment you can give us is a referral. If you know anyone interested in attending our school, please bring them by or have them contact us at (951) 351-1445 ext. 214. Should they register for the following school year, you and your friend will both receive a \$200 referral fee credited towards your tuition per student recruited.

Registration 2017-2018 – New and returning students will be required to attend a Registration Day that is specifically designed for them. Upon arrival, parents and students will be guided through a series of stations to complete the registration process. The LSA Business Office will be open from 8:00 a.m. until 1:00 p.m. during Registration Days.

- ◆ New Students: Wednesday, August 9, 2017 8:30am - 1:00pm
- ◆ Returning Student: Thursday, August 10, 2017 8:30 - 11:30am ; 1:00 - 4:00pm
- ◆ Late Registration: Thursday, August 17, 2017 8:30am - 12:00pm

Also, this is the time when parents can receive financial clearance for their student. Please know you do not need to wait until your Registration Day. You can avoid the long lines by paying earlier. Our LSA Business Office has scheduled summer office hours, Monday – Thursday, 8:00 a.m. to 12:00 p.m.

First Day of School – School will start on Wednesday, August 23, 2017 and will be a minimum day. Thursday, August 24, 2017 will be a normal day and not a minimum day. We are looking forward to a blessed year, knowing that God is faithful.

If you have any questions, please contact the elementary office at 951-351-1445 ext. 213/214 or you can email us at elementaryoffice@lsak12.com.

Shining for Jesus,
Spring D. Benfield
Mrs. Spring Benfield
LSAE Principal



LA SIERRA ACADEMY

TK-12 REGISTRATION APPLICATION

Learning, Serving & Achieving through Christ

SCHOOL YEAR : _____

STUDENT INFORMATION

Last Name	First Name	Middle Initial	Age	Date of Birth	Grade Entering
Student Cell Phone	Student E-mail address	Gender	Ethnicity	Baptized SDA? (mo/day/year)	Church of Membership

FAMILY / PARENT / GUARDIAN

PRIMARY RESIDENCE				SECONDARY RESIDENCE			
Parent Name (Last, First)		Parent Name (Last, First)		Parent Name (Last, First)		Parent Name (Last, First)	
Relationship		Relationship		Relationship		Relationship	
E-mail Address		E-mail Address		E-mail Address		Email Address	
Cell Phone	Work Phone	Cell Phone	Work Phone	Cell Phone	Work Phone	Cell Phone	Work Phone
Mailing Address				Mailing Address			
City	State	Zip Code	Home Phone	City	State	Zip Code	Home Phone
SDA Member <input type="checkbox"/> Yes <input type="checkbox"/> No	Church of Membership: (SDA or Other)	SDA Member <input type="checkbox"/> Yes <input type="checkbox"/> No	Church of Membership: (SDA or Other)	SDA Member <input type="checkbox"/> Yes <input type="checkbox"/> No	Church of Membership: (SDA or Other)	SDA Member <input type="checkbox"/> Yes <input type="checkbox"/> No	Church of Membership: (SDA or Other)
Occupation/ Employer		Occupation/ Employer		Occupation/ Employer		Occupation/ Employer	

SIBLINGS ATTENDING LA SIERRA ACADEMY

Name/Grade	Name/Grade	Name/Grade
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AUTHORIZED RELEASE / EMERGENCY CONTACT INFORMATION

Please list adults other than parent or guardian over 18 with whom your child may leave campus. ID may be required.

Name	Phone	<input type="checkbox"/> Authorized Release <input type="checkbox"/> Emergency Contact	Relationship
Name	Phone	<input type="checkbox"/> Authorized Release <input type="checkbox"/> Emergency Contact	Relationship
Name	Phone	<input type="checkbox"/> Authorized Release <input type="checkbox"/> Emergency Contact	Relationship

CONSENT TO TREATMENT AND MEDICAL INFORMATION

Medical Conditions & Allergies	Medication(s)	
Physician's Name	Physician's Phone Number	Hospital Preference

(I)(We), the undersigned, the parent(s)/legal guardian of the student applicant, a minor, do hereby authorize La Sierra Academy staff, adult leaders, and/or the licensed medical care provider, clinic, or hospital most accessible during the time of accident or illness, to act as an agent for the undersigned to consent to medical attention, treatment and/or testing which is deemed advisable by, and is rendered under the supervision of any general or specialized physician and surgeon licensed under the provisions of the Medicine Practice Act. 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 foresaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which to aforementioned physician in the exercise of his best judgement may be advisable. This authorization is given pursuant to the provisions of section 25.8 of civil code of California. This authorization shall remain effective for the duration of attendance at LSA, unless sooner revoked in writing to the school. (I)(We) agree to hold harmless and release LSA and its staff and volunteers from liability for an accident, injury, or illness that results from student's participation in school programs, classes, or activities.

Parent/Guardian Signature: _____ Date: _____

