



# SAN GABRIEL ACADEMY STUDENT APPLICATION

8827 E. Broadway. San Gabriel, CA 91776 (626) 292-1156 www.sangabrielacademy.org

*Incomplete applications will not be accepted.*

Date:     /     /

## STUDENT INFORMATION

Last Name	First	Middle	Name Used
Address (Street and PO Box)		City	State     Zip
Birthdate (MM/DD/YYYY)	Birthplace	Citizenship	<input type="checkbox"/> Male <input type="checkbox"/> Female     Grade Entering
Prominent ethnic background: (For statistical purposes only)	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Caucasian (Not of hispanic origin)	<input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Hispanic <input type="checkbox"/> Other
Student Email	Home Telephone	Student Cellular	
Has the student ever been recommended for special education? <input type="checkbox"/> No <input type="checkbox"/> Yes   If yes, please explain:			
Previous School Attended			
School Address	Telephone	Grade Level Last Year	
<input type="checkbox"/> SDA   Church Where Membership is Held:		<input type="checkbox"/> Christian	<input type="checkbox"/> Other:
Name of other children attending San Gabriel Academy (If applicable)			Grade
Name of other children attending San Gabriel Academy			Grade
Name of other children attending San Gabriel Academy			Grade

### OFFICE USE ONLY

The following document was used for birth verification:    Birth Certificate    Passport

Birth verification with has been confirmed by the following two school employees:

_____	_____	____/____/____
Print Name	Signature	Date
_____	_____	____/____/____
Print Name	Signature	Date



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## LEGAL GUARDIAN INFORMATION

Student living with (First and Last Name)

Relationship

If living with guardian, please explain reason:

### MOTHER

Last Name

First

Relationship

Address (Street and PO Box)

City

State

Zip

Email

Home Telephone

Cellular

Occupation

Employer

Work Telephone

 SDA Church Where Membership is Held: Christian Other:

### FATHER

Last Name

First

Relationship

Address (Street and PO Box)

City

State

Zip

Email

Home Telephone

Cellular

Occupation

Employer

Work Telephone

 SDA Church Where Membership is Held: Christian Other:

### GUARDIAN OTHER THAN MOTHER OR FATHER

Last Name

First

Relationship

Address (Street and PO Box)

City

State

Zip

Email

Home Telephone

Cellular

Occupation

Employer

Work Telephone

 SDA Church Where Membership is Held: Christian Other:

We, the undersigned, have received and read a current copy of the San Gabriel Academy Student Handbook. We are responsible for adhering to all of the principles, policies, and procedures and pledge to uphold them. We understand that the violation of these will result in the appropriate consequences. We accept full financial responsibility according to the published financial policies and contract. To the best of our knowledge the questions on this application are answered completely and truthfully.

\_\_\_\_\_  
Student Signature\_\_\_\_\_  
Parent Signature\_\_\_\_\_  
Guardian Signature



# SAN GABRIEL ACADEMY MEDICAL CONSENT TO TREATMENT

8827 E. Broadway, San Gabriel, CA 91776 (626) 292-1156 www.sangabrielacademy.org

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## STUDENT INFORMATION

Last Name	First	Middle	Name Used	
Address (Street and PO Box)		City	State	Zip
Birthdate (MM/DD/YYYY)		Age		

## PARENT / GUARDIAN INFORMATION

Last Name	First	Relationship		
Home Telephone		Work Telephone	Cellular	

## STUDENT'S HEALTH INFORMATION

List Any Medical Conditions (e.g. Asthma, Diabetes)
List Any Allergies (e.g. Medication, Food)
Prescription Medication(s)
Date of Last Tetanus Shot

## STUDENT'S MEDICAL CARE INFORMATION

Physician Full Name	Telephone			
Address (Street and PO Box)		City	State	Zip
Hospital Preference				
Medical Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Policy Number		
Insurance Company		Phone Number		

## STUDENT'S CONTACT OTHER THAN A PARENT/GUARDIAN

Full Name		Relationship		
Home Telephone		Work Telephone	Cellular	

If emergency medical or dental care and treatment is required and neither parent or guardian can be reached, I give the sponsor/agents from San Gabriel Academy School permission to act in our behalf to obtain required diagnosis, treatment, and/or hospitalization that is recommended by the physician/dentist. Consent is hereby given to physicians and dentists to perform required emergency diagnoses and treatment, including administering medications and surgical procedures deemed necessary.

\_\_\_\_\_  
Legal Guardian Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date





# SAN GABRIEL ACADEMY UNIFORM POLICY AND AGREEMENT

The following information is to assist you in making sure your child is in compliance with the designated uniform policy and ready to learn. Uniforms that meet the school dress code can be purchased at the campus uniform store before or after school.

## STUDENT DRESS CODE

Students are expected to wear their school uniform clean, modest, appropriate, and in good repair. Personal grooming should reflect school pride and respect. Hats, caps, and headscarves are not to be worn at any time. Shoes are to be worn at all times. For health and safety, flip-flops, open-toed, and backless shoes/sandals, tattoos and jewelry such as rings, bracelets, necklaces, chains, earrings, and studs are not permitted at school or at any school sponsored events. When a Free Dress Day is granted, any garments which bear inappropriate words, pictures or logo are prohibited. Skirt and short length are subject to the same requirements listed below. No tight-fitting clothing allowed either. All extremes in dress, hair color or hairstyle are to be avoided. If worn, makeup and/or nail polish need to look natural.

Only the designated school uniform shirt with logo, and lower grade white blouse are allowed. When a student decides to wear a sweater or sweatshirt, only the school sweater or sweatshirt is allowed. If the student needs a warmer outer coat/jacket, the student may wear an outer thicker jacket only when outdoors. Approved school sponsored t-shirts may be worn ONLY on Fridays. Please plan now to purchase and have the required uniform for your child.

## UNIFORM SPECIFICATIONS

The school reserves the right to make the final determination of uniform compliance

	TK/K	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	4 <sup>TH</sup>	5 <sup>TH</sup>	6 <sup>TH</sup>	7 <sup>TH</sup>	8 <sup>TH</sup>	9 <sup>TH</sup>	10 <sup>TH</sup>	11 <sup>TH</sup>	12 <sup>TH</sup>
Polo Shirts with Logo (White, Navy, [Red while available])	•	•	•	•	•	•	•	•	•	•	•	•	•
Blouse Peter Pan Collar (White)	•	•	•	•	•	•							
Jumper Drop waist (Plaid Blue, Gray, and Yellow)	•	•	•	•	•	•							
Skort Pleated (Plaid Blude, Gray, & Yellow – max of 2” above knee)	•	•	•	•	•	•							
* Shorts (Navy and Khaki – max of 3” above the knee)	•	•	•	•	•	•							
* Slacks (Navy and Khaki)	•	•	•	•	•	•	•	•	•	•	•	•	•
* Skirt (Plaid Blue, Gray, and Yellow – max of 2” above knee)	•	•	•	•	•	•	•	•	•	•	•	•	•
Socks, stockings, leggings (Solid Black, Navy, or White)	•	•	•	•	•	•	•	•	•	•	•	•	•

\*No Jean Material, Cargo-Style, or Tight Fitting clothing.

## FAILURE TO COMPLY

If a student is not in uniform compliance, s/he will be given a detention and parents will be notified. After the second incident, students will wait in the office while a parent is notified to either bring appropriate clothing for the student to change into or take the student home to change. Any work missed during this time will need to be made up, but will not be credited for a grade.

As always, we realize unforeseen circumstances may occur. Please send a note informing us of the problem. We are always happy to work with your family if we know of the situation. Thank you for assisting us in making sure your child is ready for school.

Student Full Name	Grade
Student Full Name	Grade
Student Full Name	Grade

**Parent or Guardian:** I have read and understand the attached uniform policy. I have also discussed it with my child(ren) to make sure my child(ren) understand(s) these rules. (Please sign and return.)

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

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date



# SAN GABRIEL ACADEMY

## TECHNOLOGY/INTERNET USE POLICY AND AGREEMENT

In order to use the Computer Network and Internet, I need to understand and agree to obey the following rules. If I do to use the Internet/hand-held device in the right way, my teacher may take away my privilege of Internet/device use.

### USE RULES

- Time online/device is only for assigned work and approved activities.
- Comply with all classroom/school rules.
- Go only to the websites assigned/approved by your teacher.
- Treat people with respect—the way you would like to be treated.
- Never download programs, apps, or files without your teacher’s permission.
- Never install any programs on the computer unless you are asked to by the school staff.
- Use only email services provided for or approved for school use.
- Never bring disks from home and put them in the school computers.
- Never open any email from someone you don’t know.
- Never print anything unless you have followed the teacher’s directions or asked for permission.
- Never share your password with anyone.
- Always treat the equipment with care and respect. Student/Family will be responsible for any damages incurred due to carelessness or neglect whether intentional or accidental.
- Maintain a search history of Internet use. Private browsing or deleted search history may result in the loss of your computer privileges.

### SAFETY RULES

- Never give out personal information about:
 

Your name	Your address	Your telephone number
Your personal email address	The name or address of your school	
- Never give out personal information about someone else.
- Always tell your teacher when someone asks you for personal information.
- Do not put a picture of yourself on the Internet without your parents’ permission.
- Never meet people in person that you have contacted on the Internet, without your parents’ permission.
- Always tell your teacher if you come across information or messages that are dangerous, mean, embarrassing, or that make you feel uncomfortable. Exit the site, then tell the teacher.
- Refrain from viewing or participating in anything that is illegal, offensive or opposed to the Christian values, principles and guidelines of SGA.

### LEGAL INFORMATION

1. Teachers and staff may review documents and log files to ensure you are using the system responsibly.
2. You will not copy information from the Internet or local network and give it to your teacher as your own work. You cannot use the words or pictures from an Internet site without giving credit to the person who owns the site.
3. Observe copyright laws.
4. You are not to open other students’ folders, files, or devices.
5. Chat rooms are “off limits” unless the teacher has entered with you or provided a monitored site.
6. Never look at, send, or try to find any pictures or words that you would not want your parents or the teachers to see.

Student Signature	Grade
Student Signature	Grade
Student Signature	Grade

My child understands the rules that he/she is to follow in using the internet and devices at school. I have talked with him/her to make sure those rules are understood. I understand that employees of the school will make every reasonable effort to restrict access to inappropriate material on the Internet, but I will not hold them responsible for materials my child acquires or sees because of the use of the Internet from the school facilities. I give my permission for my child to use the Internet/devices while at school.

Print Last Name of Students

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

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date



# SAN GABRIEL ACADEMY AND SOUTHERN CALIFORNIA CONFERENCE PHOTOGRAPHIC MODEL RELEASE

## STUDENT

Last Name	First	Middle	Graduation Year

The undersigned hereby declares that he/she understands that the Southern California Conference and San Gabriel Academy have taken, or will take his/her photograph(s) and/or video(s) during the course of his/her enrollment at San Gabriel Academy. The photograph(s) and/or video(s) will be used by the conference and school for its own educational and public relations purposes, including but not limited to its internet website and additional promotional brochures and materials.

The Southern California Conference and San Gabriel Academy shall retain the negative(s), positive(s), digital image(s), video(s), or any other format of said photographs(s) and/or video(s) as its own property.

Furthermore, the undersigned consents to the use of said photograph(s) and/or video(s) and any format of them at any time.

If the undersigned is under the age of eighteen (18), his/her parent or legal guardian has read and understands the foregoing and consents to all the terms herein.

\_\_\_\_\_

Student Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

The student/model is under the age of eighteen (18) and the undersigned is his/her parent or legal guardian and approves and consents to all of the foregoing.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date



# SAN GABRIEL ACADEMY

## STUDENT MEDICAL RECORD

Only designated staff, such as the school nurse or physician, will have access to the completed form.  
This form will be stored in a locked file.

STUDENT				
Last Name	First	Middle	Name Used	
Address (Street and PO Box)		City	State	Zip
Birthdate (MM/DD/YYYY)		Social Security Number		
Father: Last Name	First	Mother: Last Name	First	

History (Past illness and allergies. Please check those he/she has had.)

- |   |   |  |  |                                       |
|---|---|--|--|---------------------------------------|
| <input type="checkbox"/> Cancer         | <input type="checkbox"/> Chicken Pox    | <input type="checkbox"/> Diabetes        | <input type="checkbox"/> Diphtheria    | <input type="checkbox"/> Epilepsy     |
| <input type="checkbox"/> Heart Disease  | <input type="checkbox"/> Measles        | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Other: _____    |  |                                       |

Allergies:  Asthma     Hay Fever     Insect Bites     Penicillin     Other Drugs: \_\_\_\_\_

Explain briefly factors such as surgeries, serious accidents or injuries, congenital defects, which may affect the child's school experience.

Indicate physical problem by check:     Hearing     Heart     Sight     Speech  
 Other: \_\_\_\_\_

### IMMUNIZATIONS

An official record of immunizations must accompany this medical record for all students entering school for the first time in the United States regardless of grade level. Records considered official are:

- State Immunization Record
- Health Provider Record – must have signature, stamp, or initials next to each date.
  - Physician's Record
  - County Health Department Record
- Official Immunization Record from another state
- School Immunization Record

### LABORATORY RECORD

TB SKIN TEST

TYPE*	DATES GIVEN	GIVEN BY	DATE READ	READY BY	DATES GIVEN
<input type="checkbox"/> PPD Mantoux	/ /		/ /		<input type="checkbox"/> Positive
<input type="checkbox"/> Other: _____	/ /		/ /		<input type="checkbox"/> Negative
<input type="checkbox"/> PPD Mantoux	/ /		/ /		<input type="checkbox"/> Positive
<input type="checkbox"/> Other: _____	/ /		/ /		<input type="checkbox"/> Negative
<input type="checkbox"/> PPD Mantoux	/ /		/ /		<input type="checkbox"/> Positive
<input type="checkbox"/> Other: _____	/ /		/ /		<input type="checkbox"/> Negative

CHEST X-RAY

Film Date	/ /	Impressing:	<input type="checkbox"/> normal	<input type="checkbox"/> abnormal
Person is free is communicable tuberculosis		<input type="checkbox"/> yes	<input type="checkbox"/> no	
Signature/Agency				





# SAN GABRIEL ACADEMY STUDENT MEDICAL RECORD

Only designated staff, such as the school nurse or physician, will have access to the completed form.  
This form will be stored in a locked file.

\*To be completed by the family physician and kept on file at the school for all children, a) entering school for the first time, b) at grade seven (this should include the scoliosis examination), c) at least once in grades nine through twelve, and d) at other grades, when required by the Conference Board of Education.

PHYSICIAN'S EXAMINATION*				
Height	Weight		Blood Pressure	
Skin	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Not Examined	Explain Abnormalities:
Eyes / Vision / Glasses	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Not Examined	Explain Abnormalities:
Ears / Hearing	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Not Examined	Explain Abnormalities:
Nose and throat	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Not Examined	Explain Abnormalities:
Mouth / Teeth / Speech	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Not Examined	Explain Abnormalities:
Glands	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Not Examined	Explain Abnormalities:
Chest / Lungs	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Not Examined	Explain Abnormalities:
Cardiovascular / Heart	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Not Examined	Explain Abnormalities:
Abdomen / Enlargement	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Not Examined	Explain Abnormalities:
Tenderness	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Not Examined	Explain Abnormalities:
Hernia	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Not Examined	Explain Abnormalities:
Spine / Back	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Not Examined	Explain Abnormalities:
Scoliosis for Grade 7	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Not Examined	Explain Abnormalities:
Posture	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Not Examined	Explain Abnormalities:
Extremities	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Not Examined	Explain Abnormalities:
Genitourinary	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Not Examined	Explain Abnormalities:
Nervous System / Reflexes	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Not Examined	Explain Abnormalities:
Nutritional Status and general appearance of the child:				
Recommendations for additional medical or dental care:				
This student may participate in a normal physical education program which includes running, jumping, tumbling.			<input type="checkbox"/> yes <input type="checkbox"/> no	
If student must be restricted from participating in activities such as are listed above, please indicate physical activities that may be permitted:				
Physician's Address	City	State	Zip	

\_\_\_\_\_  
Physician's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date



# SAN GABRIEL ACADEMY

## HOW TO APPLY FOR SEVIS ONLINE

### STEP 1

To apply directly online, go to

[www.fmjfee.com](http://www.fmjfee.com) or [www.ice.gov/graphics/sevis/i901/index.htm](http://www.ice.gov/graphics/sevis/i901/index.htm)

To complete the I-901 form, you will need your I-20 form and your SEVIS I.D. Number. (This can be found on your I-20 form on the top right hand corner of the first page. It will be under the words "Student's Copy" and above the barcode). In the middle of the screen on the [www.fmjfee.com](http://www.fmjfee.com) website, CLICK on the middle box, "PROCEED TO I-901 FORM AND PAYMENT."

- a. Print out a receipt before you log off the website.
- b. Allow two weeks from the time of filing and payment.

### STEP 2

When you go to the U.S. Consulate take four documents with you:

- a. Your Passport
- b. Your letter of acceptance from San Gabriel Academy
- c. The I-20 federal form issued by San Gabriel Academy
- d. Receipt or proof that you have filed the SEVIS I-901 fee.

### STEP 3

At the U.S. Consulate's office you will receive a BOOKING Appointment number with a specific date and time to interview with U.S. officials and request your Student VISA approval.

### STEP 4

At the appointment date and time set by the U.S. Consulate, the student should present themselves for the interview at least 30 minutes early.

### STEP 5

If the Student VISA is denied, RE-Apply and request another interview. Often the U.S. Government wants to know the seriousness, positive intent, and determination of the student and parents and their interest to pursue their education. Keep the Registrar of San Gabriel Academy informed of this second interview date and time, as well as, the outcome of your interview with the U.S. Consulate.



# SAN GABRIEL ACADEMY

## AUTHORIZATION FOR ADULT TO ACT AS CUSTODIAL PARENT

8827 E. Broadway. San Gabriel, CA 91776 (626) 292-1156 www.sangabrielacademy.org

*To be used when student will reside with someone other than parents.*

**MUST BE NOTARIZED.**

I/we \_\_\_\_\_ and \_\_\_\_\_,  
Name of Father Name of Mother

residing at \_\_\_\_\_  
Address City State Zip

do hereby state that I am/we are the natural parent(s) of \_\_\_\_\_  
Name of Student

whose birthdate is \_\_\_\_\_ . I/we authorize \_\_\_\_\_  
mm / dd / yyyy Name of Custodial Adult

and/or \_\_\_\_\_, residing at \_\_\_\_\_  
Name of Custodial Adult Address

\_\_\_\_\_ and with the following phone number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_,  
City State Zip

to act on my/our behalf in all school matters such as, but not limited to, signing absence verifications, approving field trips, acknowledging school notifications, and signing other authorizations, including, but not limited to, medical decisions and or treatment while attending school or participating in school related activities. I/we give San Gabriel Academy permission to act on our behalf if emergency medical or dental care and treatment is required during school activities. I/we also understand that it is my/our responsibility to inform the school of any changes to custody or guardianship of my child within a 72 hour period.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Signature

Witnessed by: \_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date



# SAN GABRIEL ACADEMY FINANCIAL INFORMATION

8827 E. Broadway. San Gabriel, CA 91776  
(626) 292-1156 [www.sangabrielacademy.org](http://www.sangabrielacademy.org)

## TUITION RATES

	TK	K – 5	6 – 8	9 – 12
Seventh-day Adventist	\$5,650	\$4,650	\$4,860	\$7,100
Other Affiliation	\$8,260	\$7,260	\$7,610	\$9,820
International (I-20) SDA	\$11,000	\$10,000	\$12,000	\$16,000
International (I-20) Non-SDA	\$17,000	\$16,000	\$18,000	\$23,000

Tuition is based on a yearly fee divided into 10 equal payments (August – May).  
The first payment is due at the time of registration and the other nine payments are due on the 25th of each month.

## APPLICATION FEE

\$25 one-time non-refundable fee for new 7th-12th grade students; \$150 for international students.

## REGISTRATION FEE

\$350 non-refundable yearly fee for all students.

## CLASS DUES AND TECHNOLOGY FEES

These non-refundable dues are charged to each student at the beginning of the school year, starting at the 6th grade, and are credited to the student's class account to be used by the class for a variety of activities including class outings. Socials, and ultimately graduation

6th Grade	\$30	7th Grade	\$50	8th Grade	\$85	Tech Fees 6th - 8th Grades	\$50
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## COMPREHENSIVE FEES

9th Grade	\$350	10th Grade	\$400	11th Grade	\$400	12th Grade	\$350
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## GRADUATION CAP AND GOWN FEES

\$35 for Kindergarten, 8th grade and 12th grade students.

## OTHER FEES

There are other charges that may occur during the school year. These may include, but are not limited to, lab fees, field trips, overnight trips, tours, banquets, and other extra-curricular activities. Varsity fees are as follows:

Varsity	\$350 per sport	Junior Varsity	\$300 per sport	Jr High Varsity	\$300 per sport
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## FINANCIAL CONTRACT

The financial contract needs to be filled out and signed—one per family. Registration is not complete until this is submitted.

## DISCOUNTS

5% discount for two siblings, 10% for three siblings; 15% for four or more siblings enrolled at SGA. Siblings discounts are applied only when the full monthly payment is received on or before the end of each month. No discounts are given to international students.

## TEXTBOOKS

Textbooks are included in the tuition fee for grades K-5. Grades 6-12 textbooks can be purchased used or new only at [www.sangabrielacademy.bkstr.com](http://www.sangabrielacademy.bkstr.com). The list of ISBN numbers can be requested at the business office.



# SAN GABRIEL ACADEMY

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### DAYCARE

Morning daycare begins at 6:30 A.M. All K-8 students on campus for more than half an hour before school starts and more than half an hour after school is over in the afternoon will be charged for daycare.

A.M. Daycare Flat Rate \$7

P.M. Daycare \$4 per hour and \$1 per minute applies after 6 P.M.

### MEALS

TK - 2nd \$6.00

3rd - 12th \$7.00

### UNIFORMS

All students in grades K-12 must wear SGA Uniforms available at the campus store.  
Students need to be in uniform by the first day of school.

### WIRING MONEY INSTRUCTIONS

Wire money to:

Bank of America  
9545 East Las Tunas Drive  
Temple City, CA 91780

Account Number 09428-01432  
"Swift" Code: BofAUS3N  
Routing Number: 122000661

Important Note: Please do not forget to write the students name. If possible, so that the money can be properly credited to the student, please send a copy of the receipt by email to: [lvillanueva@sangabrielacademy.org](mailto:lvillanueva@sangabrielacademy.org)

### LATE FEES

A late fee of 1% of the balance due is applied if the tuition payment is not received by the 5th day of the following month.

### RETURNED CHECKS CHARGES

A returned check fee of \$25 is assessed for every check returned unpaid by the bank.  
After two (2) returned checks, only cash, cashier's checks, or credit cards will be accepted.

### EARLY BIRD DISCOUNTS

\$200 discount if re-registration forms are turned in with registration fees and first month's tuition paid by May 31, 2019.  
This discount applies to current international students as well.

### NEW STUDENTS

\$100 new student rebate.

### INTERNATIONAL STUDENTS

SGA is authorized to process international students. It is the responsibility of the international student to secure the proper visa documentation to attend school in the United States. Students requesting to be registered on the SEVIS program are registered to pay the year's tuition, registration, and other fees, in full before the registration process will be completed. Students should bring a copy of their I-94 form once it is received.

No discounts are given to international students.

Should a student elect not to attend SGA or be denied visa status prior to the start date of school, the student will be dropped from SEVIS and the tuition, minus the application and registrations fees, will be refunded. However, a student withdrawing from school any time during the year will not be refunded any funds paid. Should a student receive a green card or a change of status during the school year, tuition rates will not be adjusted for the current year. A student with excessive absences (more than 15% of the quarter) will be dropped from school and The Immigration Custom Enforcement (ICE) will be notified via the SEVIS program when the student is no longer attending San Gabriel Academy for any reason.

If a student is expelled from SGA because of academic and/or attendance problems, citizenship probations, or any other violations at any time during the year, tuition and other funds paid will not be refunded.



# SAN GABRIEL ACADEMY

## SCHOOL YEAR FINANCIAL AGREEMENT

8827 E. Broadway. San Gabriel, CA 91776 (626) 292-1156 [www.sangabrielacademy.org](http://www.sangabrielacademy.org)

STUDENT INFORMATION		
Last Name	First	Grade
<input type="checkbox"/> SDA Church Where Membership is Held: <span style="margin-left: 150px;"><input type="checkbox"/> Christian</span> <span style="margin-left: 50px;"><input type="checkbox"/> Other:</span>		

PERSON RESPONSIBLE FOR SCHOOL BILL			
Last Name	First	Relationship	
Address (Street and PO Box)	City	State	Zip
Email	Home Telephone	Cellular	
Occupation	Employer	Work Telephone	
Do you owe a school bill at any other school? <input type="checkbox"/> Yes <input type="checkbox"/> No			

TUITION	OTHER FEES	DISCOUNTS
SDA	Application Fee \$ 25.00	Year in Advance 5%
TK \$ 5,650.00	Registration Fee \$ 350.00	2 Children Attendance 5%
K - 5 \$ 4,650.00	Class Dues: 6th Grade \$ 30.00 7th Grade \$ 50.00 8th Grade \$ 85.00 Comprehensive Fees: 9th Grade \$ 350.00 10th Grade \$ 400.00 11th Grade \$ 400.00 12th Grade \$ 350.00	3 Children Attendance 10%
6 - 8 \$ 4,860.00		4+ Children Attendance 15%
9 - 12 \$ 7,100.00		*Early Bird \$ 200.00
NON - SDA		New Student \$ 100.00
TK \$ 8,260.00		Sports: Varsity \$ 350.00 / sport Jr Varsity \$ 300.00 / sport Jr. High Varsity \$ 300.00 / sport
K - 5 \$ 7,260.00	Daycare: A.M. \$ 7.00 P.M. \$ 4.00 / hour After 6 P.M. \$ 1.00 / minute	
6 - 8 \$ 7,610.00	Meals: TK - 2nd \$ 6.00 3rd - 12th \$ 7.00	
9 - 12 \$ 9,820.00		

**TERMS OF FINANCIAL AGREEMENT:** The total tuition cost for the year is divided into ten (10) monthly payments. The first payment is due on or before REGISTRATION DAY; the other nine (9) are due on the 25th of each month, September through May. A statement itemizing all the charges and payments will be sent on a monthly basis. Discounts will be applied only if payment is made in full and received in the SGA business office on or before the end of each month. No discount will be given to foreign students. They are required to pay a year's tuition in advance in order to receive the documents needed to attend school in the United States. If a payment has not been made by the end of the month, a late fee of 1% of the unpaid balance will be charged. **ALL ACCOUNTS MUST BE CLEARED BEFORE FINAL EXAMS EACH SEMESTER.** A penalty of \$25.00 is charged for checks returned to SGA unpaid by the bank. San Gabriel Academy does not assume any responsibility for the collection of tuition assistance. It is ultimately the responsibility of the person responsible for the school bill to see that the tuition assistance is paid.

\$ \_\_\_\_\_ + \$ \_\_\_\_\_ - \$ \_\_\_\_\_ = \$ \_\_\_\_\_  

TUITION TOTAL
TOTAL FEES
TOTAL DISCOUNTS
TOTAL

**AGREEMENT:** I clearly understand my financial obligation and will abide by it as set forth by this form. Amount PAID \$ \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Balance Due for 2019 - 2020 \$ \_\_\_\_\_  
 Signature Date



2019-2020

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### CREDIT CARD AUTHORIZATION

Card Type:  Visa  Master Card  Discover  AMEX  Other:

Card Number

Expiration Date Verification Code House Number Zip Code

Amount  or Complete Balance

How often would you like your card to be charged?

\_\_\_\_\_  
Initials

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

### CONSTITUENT CHURCH TUITION VOUCHER

Student Last Name First Grade

I hereby verify the membership/regular attendance to my Church of the student named above. Please credit the student's account in the amount of \$100.00 to be posted at the end of each semester for the current school year.

I understand that for the student to get this credit, our Church's subsidy payments need to be current.

\_\_\_\_\_  
Pastor/Church Clerk Printed Name

\_\_\_\_\_  
Pastor/Church Clerk Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

### BUSINESS OFFICE USE ONLY

Date Received \_\_\_\_\_

Family ID Number \_\_\_\_\_

Date Credit Applied \_\_\_\_\_

Signature \_\_\_\_\_