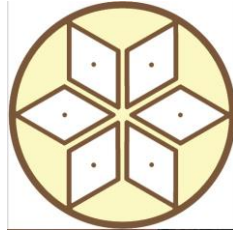


# SUNRISE MIDDLE SCHOOL

## ENROLLMENT/REGISTRATION PACKET



*The mission of Sunrise Middle School is to provide a holistic, meaningful and stimulating alternative to mainstream education for sixth through eighth graders. We maintain high expectations for each of our students while offering experiential, investigative and interdisciplinary learning that is relevant to their lives, that facilitates the exploration of prevailing thought, that sharpens their ability to fruitfully challenge the status quo, and that require them to take responsibility for their actions. We prepare our students to succeed in high school, college and life.*

In order to enroll your child, in addition to this enrollment packet, we will need the following documents:

- Immunization records, including new California State required whooping cough test and TDAP for incoming 7<sup>th</sup> graders
- Copy of birth certificate
- Latest IEP or 504 Plan, if applicable

Thank you,  
Sunrise Middle School Staff

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Has the student been enrolled in a school in the U.S. for less than three years?

Yes  No

Student lives with:  Mother Only  Father Only  Both Mother and Father  
 Father/Stepmother  Mother/Stepfather  Group Home/Temporary Care  
 Other, please specify: \_\_\_\_\_

Primary Language Spoken at Home by Student:  English  Spanish  Other-\_\_\_\_\_

Student First Learned:  English  Spanish  Other-\_\_\_\_\_

Student Uses Most Often at Home:  English  Spanish  Other-\_\_\_\_\_

Parents Most Often Speak:  English  Spanish  Other-\_\_\_\_\_

Most Often Spoken by Adults at Home:  English  Spanish  Other-\_\_\_\_\_

Has your student ever taken the California English Language Development Test (CELDT)?

Yes  No  Don't Know

## PARENTS INFORMATION

Legal guardian#1: \_\_\_\_\_

Last Name

First Name

Relationship to the student: \_\_\_\_\_

Phone during school hours :(\_\_\_\_\_) \_\_\_\_\_

Work Phone:(\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_.com

Legal guardian #2: \_\_\_\_\_

Last Name

First Name

Relationship to the student: \_\_\_\_\_

Phone during school hours :(\_\_\_\_\_) \_\_\_\_\_

Work Phone:(\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_.com

**Mother's Highest Educational Level:**

- Did not graduate from high school       Graduated from high school
- Some college (AA Degree)
- Graduated from a 4-year university       Post-Graduate Degree

**Father's Highest Educational Level:**

- Did not graduate from high school       Graduated from high school
- Some college (AA Degree)
- Graduated from a 4-year university       Post-Graduate Degree

## CUSTODY/GUARDIAN

Do you have a "Caregiver Affidavit". Form completed?

If there is an agreement of legal custody regarding the student, please select:

- Joint custody                       Individual custody                       Guardian

If student is not to be released to both parents, a copy of the custody papers must be on file at the school.

## EMERGENCY CONTACTS

Please list three (3) emergency contacts:

Emergency contact #1

Full Name: \_\_\_\_\_ Phone# \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency contact #2

Full Name: \_\_\_\_\_ Phone# \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency contact #3

Full Name: \_\_\_\_\_ Phone# \_\_\_\_\_ Relationship \_\_\_\_\_

# MEDICAL INFORMATION

Medical Insurance Name: \_\_\_\_\_ Group/Id# \_\_\_\_\_

Doctor Full Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist Full Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Does your student have any allergies?  Yes  No  
If yes, please provide the type of allergy that your student has and provide the specific actions that need to be taken if your student suffers an allergic reaction:

Allergy	Action
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Does your student have any other health problems of which the school should be aware of?  
 Yes  No If yes, please describe:

Does your student wear glasses or contacts?  
 Yes  No Only in the classroom or all day?  Classroom Only  All Day

If activities should be limited in any way, please explain:  
\_\_\_\_\_

- Please indicate if your child has had any of the following conditions:
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Meningitis     | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Chicken Pox    |
| <input type="checkbox"/> Polio          | <input type="checkbox"/> Scarlet Fever   | <input type="checkbox"/> Measles        |
| <input type="checkbox"/> Hepatitis      | <input type="checkbox"/> Whooping Cough  | <input type="checkbox"/> German Measles |
| <input type="checkbox"/> Diabetes       | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Sore Throats   |
| <input type="checkbox"/> Joint Pains    | <input type="checkbox"/> Epilepsy        | <input type="checkbox"/> Headaches      |
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Tires Easily    | <input type="checkbox"/> Convulsions    |
| <input type="checkbox"/> Asthma         | <input type="checkbox"/> Frequent Colds  | <input type="checkbox"/> Nightmares     |
| <input type="checkbox"/> Heart Disease  | <input type="checkbox"/> Eczema          | <input type="checkbox"/> Nosebleeds     |
| <input type="checkbox"/> Sleepwalking   | <input type="checkbox"/> Mumps           |   |

Is your child on a medication regimen?  Yes  No If YES and medication needs to be administered during schools hours, then Sunrise Middle School will require a doctor's note.

Condition: \_\_\_\_\_

Dosage: \_\_\_\_\_ Medication is: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone:(\_\_\_\_\_) \_\_\_\_\_

Is your student allergic to any medications? \_\_\_\_\_ If yes, please list medicine(s) and type of reaction: \_\_\_\_\_

Does your student take any medication (either over-the-counter or prescription) on a regular basis?

YES/NO

If yes, please list:

\_\_\_\_\_

VERIFICATION AND CONSENT: I verify that the information supplied on this form is accurate, to the best of my knowledge.

MEDICAL RELEASE: I also agree that, if deemed necessary by the school authorities, my son/daughter will be taken by ambulance at parents' expense to the nearest emergency facility. In case of serious illness, I authorize any licensed physician, surgeon, or dentist to administer necessary treatment to my son/daughter. The hospital physician may disclose any or all information to the school.

Parent/Guardian Printed Name: \_\_\_\_\_

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

New forms must be completed every year.

School Year: \_\_\_\_\_

## PARENT PERMISSION TO GIVE “OCCASIONAL” OVER-THE-COUNTER MEDICATION

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Over-the-counter (OTC) medications are drugs that do not require a prescription and are purchased “over-the-counter.” This form is required before over-the-counter medications can be administered at school. Exceptions to this are homeopathic/herbal medications and aspirin, which require completing the form “Permission to Give Prescription/Homeopathic Medication at School.” **The school is not able to supply medication for frequent or daily use.** Medications usually given: Topical:

\_\_\_\_\_ I approve all medications listed below.

\_\_\_\_\_ I do not want any OTC meds given to my student

Antibiotic cream (i.e. Bacitracin Cream, Polysporin) Hydrocortisone cream (i.e. Cortaid Sunscreen, Ibuprofen (i.e. Advil, Motrin, Nuprin), Acetaminophen (i.e. Tylenol), Cough syrup or cough drops (dextromethorphan, plain or medicated cough drops

OTC medications will be given at the manufacturer’s recommended dosage.

When sending OTC medications to school, they must be in the original manufacturer’s container with the label intact or the medication will not be accepted. For safety reasons, parents are requested to bring the medication directly to the office staff. The medication should be sealed in an envelope in the original manufacturer’s container.

Parent/Guardian Printed Name: \_\_\_\_\_

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

# PERMISSION FORMS

Student Name, please print clearly: \_\_\_\_\_

## 1. PARENT CONSENT FOR SCHOOL FIELD TRIPS AND WAIVER OF RESPONSIBILITY

I give my child permission to participate in school field trips. I understand and acknowledge that my child's participation in these trips is not required by Sunrise Middle School and is completely voluntary. I further understand and acknowledge that pursuant to Education Code §35330, my child is deemed to have waived any and all claims against Sunrise Middle School, the Sunrise Middle School Board of Directors, and any and all officers, employees, and agents of Sunrise Middle School, San Jose Unified School District, the Santa Clara County Office of Education, or the State of California for "injury, accident, illness or death occurring during or by reason of the study trip or excursion."

I, as parent/guardian in granting my child permission to participate in school related field trips, hereby release and hold harmless from any demands, losses, claims, actions, suits, or any liability of any nature or kind whatsoever, Sunrise Middle School, the Sunrise Middle School Board of Directors, and any and all officers, employees, and agents of Sunrise Middle School, San Jose Unified School District, the Santa Clara County Office of Education, or the State of California for any and all illness, accidents, injuries, or death which may occur during such time that my (our) child is transported to, from, or during school functions, excursions or study trips. Should it be necessary to incur additional expenses and/or medical treatment during the trip, I give the teachers permission to use their best judgment in such matters and will reimburse them for any reasonable expenses. I, as parent/guardian, have decided (with or without medical assistance) that my child is physically able to participate and I acknowledge that any accident insurance I consider necessary will be my responsibility to locate and purchase.

Yes  No  Initials: \_\_\_\_\_

## 2. SCHOOL INTERVIEW / MEDIA RELEASE

On occasion, representatives from the media, Sunrise Middle School, San Jose Unified School District, the Santa Clara County Office of Education, the State of California, or other education-related groups wish to photograph and/or interview students in connection with school programs or events. In order to release student photos and comments, we need written permission from you.

I hereby give permission for my child to be photographed, videotaped, and/or interviewed by representatives from the media, Sunrise Middle School, San Jose Unified School District, the Santa Clara County Office of Education, the State of California, or other education-related groups for the purpose of publicizing school programs, development of educational materials, or reporting on events of community interest. I fully relinquish right of interest in any film, tape, or photograph which may be used for any legitimate purpose.

Yes  No  Initials: \_\_\_\_\_

## 3. PARENT ACCESS TO STUDENT RECORDS

Provisions of the California Education Code have authorized that parents or legal guardians, in consultation with school personnel, have the right to inspect and review the school records of their children. If, at any time, you wish to inspect the school records of your child(ren), please notify the school administrator at your child(ren)'s school site and schedule an appointment. In accordance with Section 49069 of the California of the California Education Code, your request for access to pupil records will be granted no later than five (5) school days following the date of the request. If, after review, you feel that any information contained in the records is inaccurate, misleading, or otherwise inappropriate as defined by federal and state law, you will be given an opportunity to file a written request to have the objectionable material removed. You also have the right to include, as part of the records, a statement of your objections to information in the records or to any record of disciplinary action taken by the school.

Yes  No  Initials: \_\_\_\_\_

## 4. PARENT CONSENT FOR FAMILY LIFE INSTRUCTION

The Education Code requires that parents/guardians be notified in advance of any course(s) covering family values, anatomy and physiology regarding sex, birth control, venereal disease\*, abortion, parenting, sex roles, education\*, and



how drugs effect pregnancy\*. (\*Mandated by the State Department of Education.) I give permission for my child to take courses which contain the above contents while in attendance at Sunrise Middle School.

Yes  No  Initials: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

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



A school district may permit access to pupil records to any person for whom the parent of the pupil has given written consent specifying the party or class of parties to whom the records may be released. The recipient must be notified that the transmission of the information to others without the written consent of the parent is prohibited. The consent notice shall be permanently kept with the record file.

*California State Education Code, Section 49075*

Previous School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

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

*I, the parent/guardian, request that all confidential information related to my student be sent or shared with the requesting staff of Sunrise Middle School, a Santa Clara County Office of Education Charter School.*

*I authorized the exchange of information between the previous school//office and Sunrise Middle School regarding:*

Date: \_\_\_\_\_ Student ID: \_\_\_\_\_

Student's Last Name: \_\_\_\_\_

Student's First Name: \_\_\_\_\_

Student's Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

**The above confidential information has been requested by:**

Arlene Zarou-Cooperman, Operations Manager  
[arlene@sunrisemiddle.org](mailto:arlene@sunrisemiddle.org)

Mailing Address:  
Sunrise Middle School  
1149 East Julian Street  
San Jose, California 95116  
[www.sunrisemiddle.org](http://www.sunrisemiddle.org)-Website

**Information to be included:**

- Official Transcript
- Copy of Birth Certificate
- Test Scores
- Official Withdrawal Form
- Grades to Date of Withdrawal
- Immunization Records/Health Records
- Hearing and Vision Screening Results
- All Special Education Records:  
IEPs, 504 Plans, Psychological/Speech Reports or information regarding the type of Special Day Classes, RSP, or any other special education services the student listed above was receiving when enrolled.

# LUNCH PROGRAM

Your child may be eligible for educational services through the McKinney-Vento Act. Eligibility is based on the current primary nighttime residence and can be determined by completing this questionnaire. School district name: Sunrise

1. Presently, are you and/or your family in any of the following situations? *Check one box.*

Staying in shelter

Sharing the housing of others due to loss of housing, economic hardship, similar reason; doubled-up.

Living in a car, park, campground, public space, abandoned building, substandard housing or similar.

Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason.

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2. Unaccompanied Youth: not in the physical custody of a parent or guardian *Check one box.*

Student is in the physical custody of a parent or guardian

Student is not in the physical custody of a parent or guardian (unaccompanied youth)

**3. Section 1 does not apply. STOP: If you checked this box, you do not need to complete the remainder of this form. Submit this form to school personnel.**

Student Name						
First	Middle	Last	M/F	D.O.B.	Grade	School Name

The undersigned certifies that according to information provided above, the students listed meet the definition of "Homeless" as stated in the McKinney-Vento Act (Subtitle B, Sect. 725) of July 1, 2002

Print Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number: \_\_\_\_\_ Street Address : \_\_\_\_\_

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

**School Use Only**

- Copy of this form was sent to the District's Homeless Education Liaison. (Insert name and contact information for the District Liaison)
- Upon approval by the District's Homeless Education Liaison, a copy of this form was sent to Food and Nutrition Services for immediate access to free school meals.

School Advocate or Administrator: Based on the above information and a brief interview with this family, I attest that to the best of my knowledge they are eligible for benefits under the McKinney-Vento Act:

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Print Advocate or School Administrator Name *(required)*      Title      Signature *(required)*      Date

District Homeless Education Liaison:

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Print District Liaison Name *(required)*

# SPECIAL EDUCATION INQUIRY FORM

Does your child have an IEP (Individualized Education Program)?  Yes  No

Does your child have a 504 Plan?  Yes  No

Does your child have a Psychological Report?  Yes  No

Does your child have a Speech Report?  Yes  No

Has your child been enrolled in Special Day Class?  Yes  No

Has your child been enrolled in a Resource Specialist Program (RSP)?  Yes  No

Has your child been identified as needing any other special education services not listed above?   
Yes  No

If yes, please  
explain: \_\_\_\_\_

If you answered YES to any of the questions listed above, please provide the name of the school and your student's grade when your student receive his/her most recent IEP, 504 Plan, Psychological Report, or Speech Report, or the name of the most recent school where your student was enrolled in Special Day Class, RSP, or any other special education services.

Name of Former School: \_\_\_\_\_ Grade: \_\_\_\_\_

Former School Address: \_\_\_\_\_  
Street City State Zip Code

Former School Phone: :(\_\_\_\_\_) \_\_\_\_\_ Former School Fax: :(\_\_\_\_\_) \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last Name First Name Month/Day/Year

The parent or guardian who has signed below has requested that the student referred above requests a copy of the student's most recent IEP, 504 Plan, Psychological Report, or Speech Report or the most recent information regarding the type of Special Day Class, RSP, or any other special education services the student listed above was receiving when enrolled.

Parent/Guardian Printed Name: \_\_\_\_\_

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

# INTERNET AND SCHOOL COMPUTER CONTRACT

Instructions to Student: Initial the line by each item to indicate that you have read it. Then sign at the bottom of the contract form. Your parent/guardian must also sign at the bottom of the form.

Student Initials: \_\_\_\_\_ I will use the Internet and school computer system only for educational purposes. I will not use the school's systems for commercial, political, or personal purposes.

Student Initials: \_\_\_\_\_ I will be considerate. I will not send messages which are abusive or threatening or contain offensive language; destroy data through uploading or creating computer viruses; or read, copy, or modify another user's mail.

Student Initials: \_\_\_\_\_ I will only use the files, accounts, or passwords that are assigned to me. I will respect the privacy and confidentiality of others.

Student Initials: \_\_\_\_\_ I will be careful. I will not reveal my home address or personal phone number or the home addresses and phone numbers of others on the Internet or school network systems.

Student Initials: \_\_\_\_\_ I will not hold Sunrise Middle School responsible for damages or inaccuracies on the systems. I understand the following: Sunrise Middle School makes no warranties for the services it is providing; that Sunrise Middle School will not be responsible for any damages suffered while on the systems, and that Sunrise Middle School does not have responsibility for the accuracy of information obtained through its services.

Student Initials: \_\_\_\_\_ I will not access harmful matter and misuse the systems. I understand that "harmful matter" means that which shows or describes sexual conduct in an offensive way and which has no literary, artistic, political or scientific value for minors. I understand that "misuse the systems" means sending or receiving data which is discriminatory or which promotes illegal or unethical activities.

Student Initials: \_\_\_\_\_ I may lose access to the systems if I do not follow the rules. I understand that the use of the systems is a privilege and not a right. Inappropriate use may result in cancellation of this privilege.

I understand that any violations of the above provisions may result in disciplinary or legal action. I agree to report any access to harmful matter and misuse of the systems to the principal or designee.

Student Printed Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructions to Parents/Guardians: Signatures from a parent/guardian is required so that the student may access the school's computer systems.

As the parent/guardian, I understand that it is impossible for Sunrise Middle School to restrict access to all controversial material, and I will not hold Sunrise Middle School responsible for materials acquired on the systems. I agree to report any access to harmful matter and misuse of the systems to the executive director or principal.

Parent/Guardian Printed Name: \_\_\_\_\_

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

# CELL PHONE AND USE OF ELECTRONICS CONTRACT

**Instructions to Student and Parent:** Initial the line by each item to indicate that you have read it. Then sign at the bottom of the contract. Parent/guardian must also sign at the bottom of the form.

We recognize the prevalent use of cell phones and other electronics by our students and respect it as an important means of communication for modern families. Students often have obligations before and after classes and the cell phone and other electronics allow families to communicate regarding their plans. The use of cell phones and other electronics consists in making or receiving calls, sending a text, taking photos, listen to music, and etc.

Therefore, Sunrise Middle School allows cell phone and other electronics use before and after school. At any other time, the cell and other electronics must be turned OFF and remain in the student's backpack, purse, or bag. The student is responsible for its care. The use of a cell phone and other electronics during class, between classes, during breaks, in the bathroom, especially in school reception area is NOT allowed.

***If a student is caught using a cell phone or other electronics during class, between classes, during breaks, in the bathroom, and/or school reception area he/she will be asked to turn in his/her cell phone to a teacher or a staff member.***

**Student Initials: \_\_\_\_\_ Parent Initials: \_\_\_\_\_ 1<sup>st</sup> offense** – Student will receive one warning. The cell phone or other electronics will be confiscated by the staff or faculty member who caught the student using their cell phone or other electronics. The cell phone or other electronics will be turned into the office by the staff or faculty member who caught the student using their cell phone or other electronics. Then, the student will be allowed to pick up their cell phone or other electronics at the end of the school day from the office.

**Student Initials: \_\_\_\_\_ Parent Initials: \_\_\_\_\_ 2<sup>nd</sup> offense** – Student will receive a second warning. The cell phone or other electronics will be confiscated by the staff or faculty member who caught the student using their cell phone or other electronics. The cell phone or other electronics will be turned into the office by the staff or faculty member who caught the student using their cell phone or other electronics. Then, the parent will be allowed to pick up their student's cell phone or other electronics from the Executive Director at the end of the school day.

**Student Initials: \_\_\_\_\_ Parent Initials: \_\_\_\_\_ 3<sup>rd</sup> offense** – The cell phone or the other electronics will be confiscated by the staff or faculty member who caught the student using their cell phone or other electronics. The cell phone or electronics will be turned into the office by the staff or faculty member who caught the student using their cell phone or other electronics. The student will be sent to the Executive Director's office to sign a contract. The contract will acknowledge that the student has repeatedly violated the "Cell Phone and Use of Electronics" contract that was signed at registration. The contract will state that the student will need to turn in their cell phone or electronics to the office every day at the beginning of school. The student will be allowed to pick up their cell phone or electronics from the office at the end of the school day. In addition, a parent/teacher/student/Executive Director meeting will be scheduled to discuss the repeated cell phone and/or electronics violations and the consequences.

**Student Initials: \_\_\_\_\_ Parent Initials: \_\_\_\_\_** If there is a family emergency, parents should **NOT** call students on their cell phones. All calls regarding students should be directed to school office. If appropriate, students will be contacted by the office and allowed to use the office phone.

Thank you for understanding and respecting the need to regulate cell phone and electronics use during school hours. Please sign below to confirm that you have read and fully understand these rules.

Student Printed Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

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

# SCHOOL UNIFORM/DRESS CODE POLICY

Sunrise Middle School requires that each student report to school in uniform. Our uniform policy was created for security reasons – so that our faculty, staff, and visitors can easily identify our students.

PLEASE NOTE: No gang-related attire such as red or blue, rosary beads, “godfather” shoes, etc. **NOT EVEN A LITTLE BIT OF RED OR BLUE WILL BE ALLOWED ON ANY CLOTHING.**

## Students will wear the following colors ONLY:

PANTS/SHORTS/SKIRTS: Khaki, black, white, gray, yellow and or purple.  
(Skirts and shorts must come to just above the knees or longer.)

SHIRT with COLLAR ONLY: Khaki, black, white, gray, yellow and or purple.  
collared shirt.

SWEATER/JACKET: Khaki, black, white, gray, yellow and or purple.

(NO IMPRINTS ALLOWED; ie: no logos, company names, team names, etc.)

SHOES: Closed toe shoes, no sandals.

BELTS: Black or brown belt if needed.  
(No large buckles or sagging pants.)

P.E. CLOTHING: Shorts or sweats and a T-shirt of any color except red or blue.

BACKPACKS: Any color except red or blue.

**Violators of this dress code will be required to trade in their clothes for pants or a collared shirt that is marked “loaner.” They will be given their clothes back at the end of the day when the loaned items are returned. Student can not request to parents to bring clothes.**

If you have any questions regarding the dress code, please ask. If you are wondering if a specific item is acceptable, please check before wearing it to school.

Student Printed Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

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

## **IMPORTANT ADDITIONAL INFORMATION FOR PARENTS !!**

**SUNRISE GROUP TEXT MESSAGE:** If you would like to enable your phone to receive text messages from Sunrise School about events, calendar, academic and other reminders, please do the following: Send a text message to the number 22300 AND WRITE THE WORD ALERT.

**INFORMATION NIGHT REQUIRED:** Back to School Night, **Tuesday, August 7, 2018 at 6 p.m.** It is a requirement for all families. On this night you will be asked to fill in additional information that is available in the fall. It is also the night when you can enroll your student for the optional after school program and fill out the application for the free or reduced meal program

You can buy the t-shirts for your student here at Sunrise \$ 10 each. Ask at our office