

Registration Checklist

Sitka Adventist School

We are very pleased you have decided to enroll your child at Sitka Adventist School. We know God has plenty of rich blessings for all of us.

Please make sure the following items have been taken care of so your child's file is complete and current.

All students:

- _____ Student Enrollment Application
- _____ Financial Planning Worksheet
- _____ Pickup Consent
- _____ Photo Use Policy
- _____ Computer Use Agreement
- _____ Medication Info (RX Administration)
- _____ Parent/Student Pledges (last page of student handbook)

New students:

- _____ Copy of birth certificate
- _____ Copy of physical exam
- _____ Copy of immunization records
- _____ Student Records Request (if applicable)
- _____ Health Information Form

Returning Students:

- _____ Updated immunization/religious exemption records
- _____ Updated Physical Exam (if applicable)



First	Middle	Last
STUDENT'S FULL LEGAL NAME		

Student Enrollment Application for Alaska Conference Seventh-day Adventist Schools

STUDENT INFORMATION

Grade entering	Gender	Age as of August 20	Date of Birth	Baptized SDA?	Place of Birth	Social Security #	Ethnic Origin
	male female	___yrs ___mo	___/___/___ (mo / da / yr)	yes no If yes, which church?	city state		AK Native Asian Hispanic Afro-American Caucasian South Pacific Other: _____

FATHER / GUARDIAN (full legal name)	SDA Church Member?	Telephone	Occupation	Home Address
	yes no If yes, which church?	Home Work Cell		Physical address Mailing address

MOTHER / GUARDIAN (full legal name)	SDA Church Member?	Telephone	Occupation	Home Address
	yes no If yes, which church?	Home Work Cell		Physical address Mailing address

EMERGENCY CONTACT INFORMATION		LAST SCHOOL ATTENDED		Notice of Nondiscrimination
Neighbor/Local Relative	Telephone	Name	Phone	The Seventh-day Adventist Church in all of its church schools, admits students of any race to all the rights, privileges, programs, and activities generally accorded or made available to students at its schools, and makes no discrimination on the basis of race, color, ethnic background, country of origin or sex in administration of education policies, applications for admission, and extracurricular programs. NPUC 3004.88
Neighbor/Local Relative	Telephone	Address	() -	

- Registration Checklist**

 - Birth certificate
 - Current immunization record
 - Current TB test record
 - Physical (new and 1st graders)
 - Consent to Treatment
 - Financial Agreement
 - Registration Fee
 - First month's tuition

Commitment of Student and Parent

I understand and am in harmony with the rules and policies as stated in the current School Handbook. I recognize that rules adopted by the school administration and publicly announced will be as binding as those printed in the Handbook.

Student Signature
Date
Parent Signature
Date

Name of School Here



First	Middle	Last
STUDENT'S FULL LEGAL NAME		

Information for Emergency Medical Care

STUDENT INFORMATION

Date of Birth	Social Security #	Preferred Physician
____/____/____ (mo / da / yr)		Name _____ Phone _____

Medications taken on a regular basis	Allergies	Medical conditions—diabetes, seizures, heart condition. . .

Consent to Treatment and Authorization to Release Information

I, the undersigned parent or guardian of the above named student, a minor, do hereby consent to any x-ray examination, anesthetic, medical and/or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of the above named physician or any physician the school or organization may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. It is understood that reasonable effort will be made to contact the doctor listed above before the school or organization calls any other physician.

It is further understood that this consent is given in advance of any specific diagnosis or treatment, which might be required and is given to the Alaska Conference Seventh-day Adventist School or the physician to exercise their best judgment as to the requirements of such diagnosis or treatment.

This consent shall remain in continuous effect until revoked in writing and delivered to the physician named above or the school or organization entrusted with the custody of said minor.

I hereby authorize any hospital, physician, or other person who has attended or examined the minor to furnish to student accident insurance carrier, or its representative, any and all information with respect to any illness, medical history, consultation, x-ray, prescriptions or treatment, and copies of all hospital or medical records. A photo static copy of this authorization shall be considered as effective and valid as the original.

Date _____ Signed _____ Witness _____
 Relationship to student: mother—father—legal guardian

Name of School Here

Sitka Adventist School
Financial Worksheet and Agreement
School Year 2016 – 2017

(Please Complete One Form For Each Student)

Student: _____ Grade: _____
Please print

Parent or legal Guardian: _____
Please print

Mailing address: _____ City: _____, State: _____ Zip Code: _____

Telephone number: (____) _____ Email: _____
Optional

Work Number: (____) _____

Cell Number: (____) _____

Annual Tuition \$ 3,470.00

Credit for Sitka Seventh-day Adventist Church members \$300.00 \$ (____)

Total Base Tuition \$ _____

Discounts

Family Discount: 10% (base tuition only) on each addition child \$ (____)

*Full Payment Plan 5% (base tuition only) \$ (____)

A discount of 5% (base tuition only) will be given if tuition and registration fees are paid in full by the first day of school. If the tuition to date have been paid, the same 5% discount will be given if the remaining tuition is paid in full upon receiving the permanent fund check (payment must be received by November 1).

Total discounts \$ (____)

Adjusted Base Tuition \$ _____

Financial Aid

I am requesting financial aid from the Worthy Student Fund.
Financial Aid amount approved \$ _____

Final Tuition \$ _____

Payment Agreement

I understand and agree to pay the registration fee, tuition amount less any applicable discounts and credits and abide by the payment plan selected below, to Sitka Adventist School, for the student listed above. I agree to pay as follows:

- Full Payment Plan* **Date Paid** _____ \$ _____
- Monthly Payment Plan **Date Paid** _____
Required initial payment by the first day of school (1st months tuition) \$ _____
- 9 Monthly tuition payments \$ _____ x 9 Months = \$ _____

Registration Fee of \$200 due Now

Date Paid _____

Gymnastics Fee \$500

Date Paid _____

Parent/Guardian Signature

Date

School Official Signature

Financial Policy

Applicants must have paid in full any previous Sitka Adventist School bill.

Payments are due the 15th of the month. Balances unpaid within 30 days of the due date are considered delinquent unless prior arrangements have been made and approved by the School Board. If arrangements have not been made and approved before the balance becomes delinquent, the student(s) will not be permitted at school until satisfactory arrangements have been made. There will be a \$25 NSF charge on returned checks.

Where to send payments: Sitka Adventist School, 1613 Halibut Point Road, Sitka, AK 99835

Financial Assistance

Applicants needing financial assistance contact the Principal or School Board Chair regarding Worthy Student Fund.

Student Pickup Consent Form

Sitka Adventist School adopts and enforces the following guidelines to ensure the safety of your child:

1. No child will be allowed to leave the school grounds with an adult other than their parent/guardian without written permission from the parent/guardian.
2. No child will be allowed to walk or ride a bicycle home without prior written consent from their parent/guardian.

In accordance with the above, please list the name, address, and phone number of each adult (other than yourself) who has your permission to leave the school grounds with your child. Students will not be allowed to leave the school grounds with persons not appearing on this list without written consent from you. In the case of an emergency, a personal phone call or text message from you to the teacher is acceptable.

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Photo/Video Use Policy

Dear Parent/Guardian:

Sitka Adventist School produces printed ads, brochures, posters, and newsletters. We have a website and Facebook page. In the production and upkeep of these items, we like to include student work and photos/videos of the students who attend our school. The students also maintain blogs on kiddblogs.org.

If you are willing to allow us to use your child's work and/or photos/video with first name only (or pseudonym) please indicate that approval by completing the form below.

Please initial each of the following statements to which you agree:

I give permission to:

___ Publish a picture of my child in school-printed publication.

___ Post a picture of my child on the school website or Facebook page.

___ Publish class work created by my child in school-printed publications.

___ Post class work created by my child on Facebook and Kidblog

___ Post a video of my child on Facebook.

___ Use my child's first name in association with my child's work in printed publications.

___ Use my child's first name in association with my child's work on Facebook or on the website.

___ Use my child's first name in association with a printed picture of my child.

___ Use my child's first name in association with a digital picture of my child.

___ Use my child's first name in association with a video posted on Facebook or the website that includes my child.

Student Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Computer Use Policy
Sitka Adventist School

Dear Parent/Guardian:

Student use of the Internet is monitored. Students who abuse acceptable use will be subject to discipline and loss of privileges. Please work with us in helping your child understand and abide by these simple but important rules of appropriate use.

Acceptable Use Agreement

Dear Student:

Acceptable use means that, as a student at Sitka Adventist School, you will promise to use the computer and the Internet with respect, honesty, and privacy. Violation of these morals will result in this valuable learning tool being taken away.

Be Polite and Show Respect: When using the computer to write or communicate, always use kind and proper language. Keep in mind at all times that you are creating a digital "footprint." Treat equipment with respect, knowing it belongs to the school.

Be Honest and Obey the Rules: Do not do things on the computer that would be against the rules, the law or may be looked upon as dishonest.

Keep Personal things private: Students should not tell or show others any personal or family information over the Internet, such as full name, home address, phone numbers, email address, personal pictures, passwords, credit card information, bank account numbers, or social security numbers.

As the parent/legal guardian of _____, I have read and reviewed with my child the Acceptable Use Agreement. I recognize Sitka Adventist School (SAS) has initiated reasonable safeguards to filter and monitor inappropriate materials. I understand that while SAS has also taken steps to restrict student access to inappropriate information and sites, it is impossible to restrict access to all controversial material. I further understand that if my child does not abide by the rules of acceptable use, he/she may be disciplined. I will not hold SAS, its teachers or volunteers, or its school board responsible for materials my child may acquire on the Internet while at school.

Parent/Guardian signature: _____

Date: _____

Student Signature (you are signing that your parent/guardian read you the Acceptable Use Agreement above): _____

Sitka Adventist School

Health Services

REQUEST FOR ADMINISTRATION OF MEDICATION

School personnel may agree to honor parent requests for the administration of medication to students. Any medication sent to school without proper identification will not be given. Medication must be in the original container indicating the following information: student name, dosage, physician, pharmacy, date issued, and prescription number. This form or a written statement signed and dated by the health care provider supporting this request is required for all medication.

PARENT STATEMENT: School: _____

I hereby request that _____ medication be given to my child, _____. I understand that the school is not legally obligated to administer medication to my child, and in the absence of the school nurse, other school personnel will administer the medication. I agree to defend the school or teacher and hold them harmless from any liability for the results of the medication or the manner in which it was administered. I will notify the school immediately if the medication is changed.

Signature of Parent/Guardian: _____

Phone: _____

Emergency phone: _____

Date: _____

Any other medications your child is taking: _____

HEALTH CARE PROVIDER STATEMENT

_____ (name) must receive medication during school hours for the following conditions: _____

This medication must be given during school hours in order to maintain sufficient health and participation in the school program.

Name and duration of medication: _____

Prescribed daily dosage: _____

Time and dosage to be given in school: _____

Beginning date of medication: _____ End date: _____

Possible side effects: _____

Health Care provider's Signature: _____ Date: _____

Health Care provider's name (printed) _____ Phone: _____