



TILLAMOOK ADVENTIST SCHOOL

APPLICATION/REGISTRATION CHECKLIST

Checklist for (Student): _____ Grade: _____
(Student): _____ Grade: _____
(Student): _____ Grade: _____
(Student): _____ Grade: _____

Items REQUIRED for Application

- _____ Application Form
- _____ Student Information Form
- _____ Family Information Form (both sides)
- _____ Consent for Testing Form
- _____ Recommendations (3 per student K-8)
- _____ School Entry Health Form

- _____ Birth Certificate
- _____ Immunization Records
- (Documents Verified by) _____

Items REQUIRED for Registration (due prior to the 1st day of school)

- _____ Consent to Treatment Form (both sides)
- _____ Compliance Form (signed by student (s) and parent/guardian)
- _____ Acceptable Use Policy (signed by student (s) and parent/guardian)
- _____ Media Usage Consent Form
- _____ Record Release (K-8)

- _____ Meet with Treasurer to sign financial contract
- _____ (Treasurer sign-off)

Application: accepted denied Date: _____

Date letter sent: _____

Registered By: _____



TILLAMOOK ADVENTIST SCHOOL

APPLICATION (PRE-K STUDENTS)

PARENTS/GUARDIANS: Complete one application form per student, sign and return it to the school office.

Pre-K hours are M-Th 8-11:30am, Fri 8-12:00pm

STUDENT'S NAME: _____ PRE-K 3 Days/Wk
 PRE-K 5 Days/Wk

Who and/or what influenced you to turn in an application at Tillamook Adventist School?

Why do you want your student to enroll at TAS?

Has your student previously attended pre-school? Yes No

If "Yes," length of time attended: _____

Is your student: Right-Handed Left-Handed Both

Is your student fluent in English? Yes No Somewhat

How often is your student read to at home? _____

Describe your student's general nature (likes, dislikes, special interests and abilities): _____

Describe your student's general attitude about attending school: _____

Describe any concerns that you have regarding your student's readiness for school: _____

Does your student take any medication that may affect his performance at school?

If "Yes," describe: _____

I certify that the above information is true.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



TILLAMOOK ADVENTIST SCHOOL

STUDENT INFORMATION

PARENTS/GUARDIANS: Fill in the requested information as completely as possible. Please print clearly.

GENERAL INFORMATION FOR STUDENT #1

LEGAL LAST NAME: _____ SUFFIX (Circle One): Esq. II III Jr. Sr.
LEGAL FIRST NAME: _____ PREFERS TO BE CALLED (Nickname): _____
LEGAL MIDDLE NAME: _____ GENDER: Male Female
BIRTHDATE (MM/DD/YY): _____ GRADE STUDENT WILL BE ENTERING: _____
BIRTH COUNTRY: _____ BIRTH STATE: _____
ETHNICITY (Circle One): Hispanic or Latino, Not Hispanic or Latino
DATE BAPTIZED: _____ BAPTIZED SEVENTH-DAY ADVENTIST? Yes No _____
NAME OF SCHOOL MOST RECENTLY ATTENDED: _____
SHIRT SIZE: _____ (Children / Youth / Adult)

GENERAL INFORMATION FOR STUDENT #2

LEGAL LAST NAME: _____ SUFFIX (Circle One): Esq. II III Jr. Sr.
LEGAL FIRST NAME: _____ PREFERS TO BE CALLED (Nickname): _____
LEGAL MIDDLE NAME: _____ GENDER: Male Female
BIRTHDATE (MM/DD/YY): _____ GRADE STUDENT WILL BE ENTERING: _____
BIRTH COUNTRY: _____ BIRTH STATE: _____
ETHNICITY (Circle One): Hispanic or Latino, Not Hispanic or Latino
DATE BAPTIZED: _____ BAPTIZED SEVENTH-DAY ADVENTIST? Yes No _____
NAME OF SCHOOL MOST RECENTLY ATTENDED: _____
SHIRT SIZE: _____ (Children / Youth / Adult)

GENERAL INFORMATION FOR STUDENT #3

LEGAL LAST NAME: _____ SUFFIX (Circle One): Esq. II III Jr. Sr.
LEGAL FIRST NAME: _____ PREFERS TO BE CALLED (Nickname): _____
LEGAL MIDDLE NAME: _____ GENDER: Male Female
BIRTHDATE (MM/DD/YY): _____ GRADE STUDENT WILL BE ENTERING: _____
BIRTH COUNTRY: _____ BIRTH STATE: _____
ETHNICITY (Circle One): Hispanic or Latino, Not Hispanic or Latino
DATE BAPTIZED: _____ BAPTIZED SEVENTH-DAY ADVENTIST? Yes No _____
NAME OF SCHOOL MOST RECENTLY ATTENDED: _____
SHIRT SIZE: _____ (Children / Youth / Adult)

GENERAL INFORMATION FOR STUDENT #4

LEGAL LAST NAME: _____ SUFFIX (Circle One): Esq. II III Jr. Sr.
LEGAL FIRST NAME: _____ PREFERS TO BE CALLED (Nickname): _____
LEGAL MIDDLE NAME: _____ GENDER: Male Female
BIRTHDATE (MM/DD/YY): _____ GRADE STUDENT WILL BE ENTERING: _____
BIRTH COUNTRY: _____ BIRTH STATE: _____
ETHNICITY (Circle One): Hispanic or Latino, Not Hispanic or Latino
DATE BAPTIZED: _____ BAPTIZED SEVENTH-DAY ADVENTIST? Yes No _____
NAME OF SCHOOL MOST RECENTLY ATTENDED: _____
SHIRT SIZE: _____ (Children / Youth / Adult)



TILLAMOOK ADVENTIST SCHOOL
FAMILY INFORMATION

PARENTS/GUARDIANS: Fill in the requested information (front and back) as completely as possible. Please print clearly.

GENERAL INFORMATION

STUDENT(S) NAME(S): _____

PARENT / GUARDIAN #1

PARENT/GUARDIAN #2

RELATION TO STUDENT(S): _____

SALUTATION: (Circle One) Mr. Dr. Mrs. Miss Ms. Mr. Dr. Mrs. Miss Ms.

LEGAL FIRST NAME: _____

LEGAL LAST NAME: _____

SUFFIX: (Circle One) Esq. II III Jr. Sr. Esq. II III Jr. Sr.

HOME ADDRESS: _____

(IF DIFFERENT THAN PARENT #1):

MAIL: _____

STREET: (If Different) _____

CITY, STATE, ZIP: _____

E-MAIL: _____

HOME PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

OCCUPATION: _____

EMPLOYER: _____

CHURCH MEMBERSHIP AT: _____

BAPTIZED ADVENTIST? Yes No Yes No

MAY PICK-UP STUDENT(S)? Yes No Yes No

EMERGENCY CONTACT? Yes No Yes No

RECEIVE GRADES/SCHOOL INFORMATION? Yes No Yes No

RECEIVE TUITION BILLS? Yes No Yes No

PLEASE NOTE: Separated or divorced parents may wish to provide a copy of the court order indicating custodial parent along with any special instructions.

EMERGENCY CONTACT INFORMATION

Please list individuals we should contact in case of emergency when the parents/guardians listed previously cannot be reached.

	<u>CONTACT #1</u>	<u>CONTACT #2</u>
NAME:	_____	_____
RELATION TO STUDENT(S):	_____	_____
WORK PHONE:	_____	_____
HOME PHONE:	_____	_____
CELL PHONE:	_____	_____
MAY PICK UP STUDENT(S)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

PERMISSION TO PICK-UP STUDENTS

Please list individuals other than parents/guardians that have permission to pick your student(s) up from school.

	<u>NAME</u>	<u>RELATION TO STUDENT(S)</u>	<u>PHONE</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

A signed note is required if it is necessary for your student to go home with someone other than those persons on the above list.

A verbal authorization is allowable, to a member of the school staff, for my student(s) to leave with someone not on the above list. Yes No _____ (Initial)

PLEDGE AND PERMISSIONS

- I agree to join my child's teachers as a partner. This means I will do my best to support and encourage his/her teachers, maintain cordial two-way communication, attend school functions and participate in student-parent-teacher conferences.
- My student(s) will ride Tillamook County Transportation District / The Wave
- I give permission for my child to accompany his/her classmates and teacher on official class field trips.
- Per Oregon State law, I agree to keep immunization records for my student(s) up to date and on file at the school.

Signature: _____

Date: _____



TILLAMOOK ADVENTIST SCHOOL
CONSENT FOR TESTING

PARENTS/GUARDIANS: TAS tests all new students in order to assess each child's strengths and weaknesses and provide support in meeting the student's educational needs. Please complete this form (one per student) and submit it to the school office. We will have a conference with you after the results are available.

AUTHORIZATION

STUDENT NAME: _____

I grant consent for my student to undergo the following tests. I understand that I will be notified if further testing is required.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

FOLLOW-UP CONFERENCE

(To be completed after testing.)

FURTHER TESTING REQUIRED? Yes No

DATE OF CONFERENCE: _____

MODIFICATIONS RECOMMENDED: Yes No

DESCRIPTION: _____

COMMENTS: _____

I understand the results of my student's tests. I agree to the recommended modifications in the educational program, if any.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

TILLAMOOK ADVENTIST SCHOOL



SCHOOL ENTRY HEALTH FORM

To Parent/Guardian: Please complete and sign Part I – Child’s Medical History.

(Please Print)

Name of Child (Last, First, Middle)		Birth Date	Sex
Address (Street)		City and State	Zip
Home Telephone	Cell Phone	Parent/Guardian (Last, First, Middle)	

PART I – CHILD’S MEDICAL HISTORY

To Parent/Guardian: Please check answers to questions 1-7 below in the column on the left. Please explain any ‘Yes’ answers in the space provided below.

1. Yes No Any concerns about general health (eating and sleeping habits, weight, etc.)?
2. Yes No Any other specific illness or social/emotional or behavioral problems?
3. Yes No Any allergies (food, insects, medication, etc.)?
4. Yes No Any prescription medication (daily or occasionally)?
5. Yes No Any problems with vision, hearing, or speech (glasses, contacts, ear tubes, hearing aids)?
6. Yes No Any hospitalization, operation, or major illness (specify problem)?
7. Yes No Any significant injury or accident (specify problem)?

To Parent/Guardian: Please explain any ‘Yes’ answers from above.

I am the parent/guardian of the child named above. I give permission for the information on PARTS I and II of this form provided about my child to be reviewed and utilized only by the staff of this school for the limited purposes of meeting my child’s health and educational needs.

Signature of Parent/Guardian

Date

Partnership for School Readiness Recommendations for Prekindergarten and Kindergarten

To Parent/Guardian: Please obtain the services listed below in order to find any problems. Please work with your health care provider to correct or treat any problems that may reduce your child’s ability to learn in school. **(These services are recommended, but not required.)**

1. Vision Evaluation by optometry if suggested by primary care physician, or if you have concerns about your child’s eyes Date of Exam: _____ Results of Exam: _____ _____ Health Care Provider: _____ (check one) Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/>	Please describe any corrective action for any problems detected and any accommodations required.
2. Comprehensive Dental Examination & Cleaning Date of Exam: _____ Results of Exam: _____ _____ Dentist: _____	Please describe any corrective action for any problems detected and any accommodations required.

TILLAMOOK ADVENTIST SCHOOL



Name of Child (Last, First, Middle)	Birth Date
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Part II – MEDICAL EVALUATION

To be completed and signed by the Health Care Provider ONLY:

The child named above has had a complete history and physical exam on the following date: _____
(Exam must be within one year of enrollment) Month Day Year

Screen Results:
Height: _____ Weight: _____ Heart Rate: _____ BMI%: _____ O₂: _____

Vision – Without Glasses	Right 20/____	Left 20/____	Passed <input type="checkbox"/>	Hearing - Right	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>
			Failed <input type="checkbox"/>				
Vision – With Glasses	Right 20/____	Left 20/____	Referred <input type="checkbox"/>	Hearing - Left	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>
Hearing	Subjectively Normal: <input type="checkbox"/> Yes <input type="checkbox"/> No						

Gross dental (teeth and gums)	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	_____	Refer/Tx: _____
Head/scalp/skin	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	_____	Refer/Tx: _____
Eyes/Ears/Nose/Throat	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	_____	Refer/Tx: _____
Heart	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	_____	Refer/Tx: _____
Lungs	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	_____	Refer/Tx: _____
Abdomen	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	_____	Refer/Tx: _____
Musculo-skeletal	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	_____	Refer/Tx: _____

This child has the following problems that may impact the education experience:
 Vision Hearing Speech/Language Physical Social/Behavioral Cognitive
Specify: _____

This child has a health condition that may require emergency action at school, e.g. seizures, allergies. Specify below.

Recommendations (Attach additional sheet if necessary) _____

(Please Check One)
 This child may participate fully in school activities including physical education.
 This child may participate in school activities including physical education with the following restrictions/adaptations.
(Specify reason and restriction) _____

Immunizations: Up to date Not current Catch up schedule: _____

Signature/Title of Health Care Provider	Date ____ / ____ / ____	Address (Please print or stamp)
Name (Please print or stamp)		