

Student's Legal Name: \_\_\_\_\_ Gender: M/F  
Last First Middle

Grade: \_\_\_\_\_ S.S.# \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
City State Date

of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age today: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_  
Month Day Year

Pastor's Name: \_\_\_\_\_ Baptized: Yes/No If yes, date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Circle Month Day Year

Father's Information:  Married  Divorced  Separated  Never married I'm the  Legal Guardian  Natural  Step  Foster parent

Legal name: \_\_\_\_\_  
Last First Middle

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email Address: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

Home address: \_\_\_\_\_  
Street City State & Zip

Interest/Ways I would like to be involved at school: \_\_\_\_\_

Mother's Information:  Married  Divorced  Separated  Never married I'm the  Legal Guardian  Natural  Step  Foster parent

Legal name: \_\_\_\_\_  
Last First Middle

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email Address: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

Home address: \_\_\_\_\_  
Street City State & Zip

Interest/Ways I would like to be involved at school: \_\_\_\_\_

Emergency Information: In addition to parent contact information three (3) emergency contact persons and telephone numbers are required.

Contact Name:	Phone Number:	Relationship to Student:

Family Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Continuing Consent to Treatment and Authorization to Release Information in Cases of Emergency**

I, the undersigned parent or guardian of the above mentioned student, do hereby consent to any X-ray examination, anesthetics, medical or surgical diagnosis or treatment, and hospital service that may be rendered to said minor under the general or special instruction of the above named physician or any physician Blue Mountain SDA Elementary School may call, whether such diagnosis or treatment is rendered at the office of said physician or a licensed hospital. It is understood that reasonable effort will be made to contact the doctor listed before any other physician is called. **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 authorize Blue Mountain SDA Elementary School or the physician to exercise the best judgment as to the requirement of such diagnosis or treatment.** This consent shall remain in continuous effect until revoked in writing and delivered to the physician named above Blue Mountain SDA Elementary School. I hereby authorize any hospital, physician, or other person who has attended or examined the minor to furnish to the student accident insurance carrier or its representative any and all information with respect to any illness, medical history, consultation, X-ray, 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.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Health Records**

Physical and Dental Exams are required for the following grade level students. Please check the appropriate boxes.

	Updated Immunizations	Physical Exam	Dental Exam	Birth Certificate	Office use only. Updates & notes
All Students				<input type="checkbox"/> yes <input type="checkbox"/> no	
K & 1st time		<input type="checkbox"/> yes <input type="checkbox"/> no			
1st Grade			<input type="checkbox"/> yes <input type="checkbox"/> no		
3rd Grade			<input type="checkbox"/> yes <input type="checkbox"/> no		
6th Grade		<input type="checkbox"/> yes <input type="checkbox"/> no			
7th Grade	<input type="checkbox"/> yes <input type="checkbox"/> no				

6/30/2017

**Registration and Information Form, Part II**

**Photo Permission**

From time to time during the school year, the media may photograph our school, teachers, and students to visually explain the many varied types of programs and events which Blue Mountain SDA Elementary School has to offer. Those photographs or videotapes may be used in newspapers, magazines, on social media or on other school publications.

**I give permission for my child to be photographed for the purpose explained above.**  Yes  No Parent's Initials: \_\_\_\_\_

Also, Blue Mountain SDA Elementary School has opportunity to publish and/or display student work on bulletin boards, in school publications, conference and union publications and other venues.

**I give permission for my child to be published/displayed for the purpose explained above.**  Yes  No Parent's Initials: \_\_\_\_\_

**Textbook Rental Agreement**

*I agree to pay the replacement cost of any textbooks, library materials, computer software or hardware, or other learning materials assigned to my child, or any property belonging to the school, another student, teacher, or staff member that my child damages beyond normal wear and tear.*

Parents's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I will treat all school books and materials with care. (3rd grade and above only)*

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Due Process Statement**

*I have received and agree to abide by the procedures and policies as stated in the current Blue Mountain SDA Elementary School Handbook. I also understand that rules and policies announced by the administration during the school year will take precedence over statements previously printed in the Handbook.*

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I will abide by the school rules and policies. (3rd grade and above, only)*

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Transportation Authorization and School Bus Information**

*My child has permission to ride to and from school with the following individuals. I realize that a written notice must be sent to the school if other arrangements for transportation become necessary. Verbal authorization for transport is not valid.*

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Driver's Name	Phone	Relationship to Student

Will you be using the school district bus?  Yes  No If yes, in which school district do you reside? \_\_\_\_\_

**Prescription Authorization**

It is the policy of the Columbia Union, the Pennsylvania Conference, and this school to administer **prescription medication** during school hours only when absolutely necessary. To protect your child and other students, this permission and information form must be completed if your child must receive prescribed medication and/or non-prescribed medication during the school day. All medication must be sent to the school in a properly labeled container with your child's name on it. **Do not send unlabeled medication to school.** Any changes in type of dosage of medication must be reported to the school immediately. Thank you.

Name of medication	Time	Dosage	Physician

I give permission for the teacher or office staff to give the following prescribed medication and/or non-prescription medication to my child during school hours.  My child does not take prescription medication. Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Special Information**

Allergies: \_\_\_\_\_  
Other: \_\_\_\_\_

**Personal Information Release**

I agree to allow the following to be released to the Home and School Association for inclusion into the school directory and for contact use.  
Student's Initial: \_\_\_\_\_  Home Telephone  Home Address  Cell Phone  Email: \_\_\_\_\_  
Parent's Initial: \_\_\_\_\_  Home Telephone  Home Address  Cell Phone  Email: \_\_\_\_\_

**Notice of Nondiscrimination Blue Mountain SDA Elementary School is committed to equal educational opportunities for students, and does not discriminate on the basis of race, color, gender or national origin.**