

Ozark Adventist School List of Registration documents needed for 2020-2021 School Year:



New student

Registration Form along with \$295 non-refundable registration fee

Consent to Treatment Form

Physical (within last 12 months)

Internet Acceptable Use Policy

Birth Certificate (State copy)

Student Permissions Form

Recent Achievement Test Results

Report Card from previous year (indicates promotion)

Volunteer/Home & School Form

Reference Form (K-6 two, 7-8 three)

Immunization records

OAS Monthly Financial Plan Form (**PK-2nd \$35 supply fee**)

Returning student

Registration Form along with \$295 non-refundable registration fee

Consent to Treatment Form

Physical (within last 12 months)

Internet Acceptable Use Policy

Student Permissions Form

Volunteer/Home & School Form

OAS Monthly Financial Plan Form (**PK-2nd \$35 supply fee**)

OZARK ADVENTIST SCHOOL

21150 Dawn Hill E. Rd. • Gentry, Arkansas • 72734 • T: 479-279-8700 • F: 479-279-8701 • E: Registrar.oas@gmail.com

Date Submitted: _____

Student Application

Non-refundable registration fee of \$295 must be submitted with application and packet. -SH PG 19

STUDENT/PARENT (GUARDIAN) INFORMATION

Student Last Name		Student First Name		Student Middle Name		Birthdate	Gender	Grade Entering
Student Address				City	State	Zip	Main Contact Phone	
Student Mobile Phone Number		Student Email Address		Student Social Security Number		Student Recommended for Special Education? Explain.		
Previous School Attended if NOT OAS		Previous School Street Address			Previous School City, State, Zip		Previous School Telephone	
Prominent Ethnic Background: (For Statistical Purposes) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____								
Student Living With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother Other, Explain _____								
Father Married? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Divorced <input type="checkbox"/> Separated						Father Email		
Other/Explain _____								
Father's Last Name		Father's First Name		Address Check here if same as above _____		City	State	Zip
Father Home Phone Number		Father Mobile Phone Number		Father Place of Employment		Father Occupation		Father Work Phone Number
Mother Married? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Divorced <input type="checkbox"/> Separated						Mother Email		
Other/Explain _____								
Mother's Last Name		Mother's First Name		Address Check here if same as above _____		City	State	Zip
Mother Home Phone Number		Mother Mobile Phone Number		Mother Place of Employment		Mother Occupation		Mother Work Phone Number
Guardian Relationship to Student _____						Guardian Email		
Guardian's Last Name		Guardian's First Name		Address Check here if same as above _____		City	State	Zip
Guardian Home Phone Number		Guardian Mobile Phone Number		Guardian Place of Employment		Guardian Occupation		Guardian Work Phone Number

CHURCH AFFILIATION

Church Denomination (Student)		Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date of Baptism _____		Church Where Membership Is Held	
Church Denomination (Father)		Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No		Church Where Membership Is Held	
Church Denomination (Mother)		Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No		Church Where Membership Is Held	

GENERAL & FINANCIAL INFORMATION

1	Name Of Other Children Attending OAS	Grade	3	Name Of Other Children Attending OAS	Grade
2	Name Of Other Children Attending OAS	Grade	4	Name Of Other Children Attending OAS	Grade
Do You Have An Unpaid Account At Another SDA School? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Give Name And Address Of School _____					
Who Is Financially Responsible For This Student's Account? <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both <input type="checkbox"/> Other, Please Explain _____					

We, the undersigned, pledge to uphold the policies and principles as outlined in the current Ozark Adventist School student handbook and to accept 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.

Father/Guardian Signature Mother/Guardian Signature Financial Payer Other Than Parent Signature

Father/Guardian Print Name Mother/Guardian Print Name Financial Payer Other Than Parent Print Name

OZARK ADVENTIST SCHOOL

ACKNOWLEDGMENT AND CONSENT TO TREATMENT FORM

FULL STUDENT NAME: _____ GRADE ENTERING _____

PARENT CONTRACT:

I hereby agree to support school regulations stated in the Handbook and to help my child observe them. I agree to supply all necessary forms, documents and to **accept all financial educational obligations** for my child while attending Ozark Adventist School.

I give the following people permission to pick up my child/children either during school hours for appointments or after school is dismissed.

Name: _____ Phone # _____

Name: _____ Phone # _____

Name: _____ Phone # _____

Name: _____ Phone # _____

Name: _____ Phone # _____

STUDENT MEDICAL INFORMATION

Please describe allergies to substances and medication: _____

If on regular medication, please specify: _____

In the event that your child has to take prescribed medication or frequent doses of over-the-counter drugs, please bring the medication in the original container, plainly marked with dispensing directions and your child's name to the office. Please check permissions below to dispense over-the-counter drugs.

Tylenol: Yes No **Ibuprofen: Yes No** **Tums: Yes No**

Physician's Name: _____ Office Telephone # _____

Dentist's Name: _____ Telephone # _____

Please give the names of two relatives or friends who have consented to assume the responsibility of your son or daughter in case of illness or accident until you can be reached. In case of any changes in the named persons, notify the school in writing.

1. Name _____ Phone #: _____

2. Name _____ Phone #: _____

If emergency service involving medical action or treatment is required and neither the parent nor the family physician can be reached for consent, the parents hereby consent to the rendering of such emergency medical service for the above named student as shall be necessary in the medical opinion of the doctor rendering the service. This authorization is given pursuant to the local state Civil Code.

Signature of Parent or Guardian: _____ Date: _____

OSARK ADVENTIST SCHOOL
PHYSICAL ASSESSMENT
 To Be Completed By Physician

Student's Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Height: _____ Weight: _____ Blood Pressure: _____

History (Please check those he/she has had)

Past Illnesses: ___Cancer ___Chicken Pox ___Diabetes ___Diphtheria ___Epilepsy ___Heart Disease
 ___Measles ___Rheumatic Fever ___Scarlet Fever ___Tuberculosis ___Whooping Cough ___Mumps

	Normal	Abnormal	Not Examined	Explain Abnormalities/Comments
Skin: Color, Rash Swelling, Hair, Nails				
Eyes: Vision, Glasses				
Ears: Hearing				
Nose:				
Mouth: Tongue, Teeth, Oral, Tonsils, Pharynx				
Neck: Thyroid, Range Of Motion				
Nodes: Cervical, Auxiliary Inguinal, Other				
Heart: Rate, Rhythm, Murmur				
Lungs: Rate, Percussion				
Abdomen: Enlargement, Tenderness, Hernia				
Genito-Urinary: Female External, Male Parts, Hernia				
Musculoskeletal: Range of Motion, Tenderness, Spine				
Neurological: Cerebellar Function, Motor System, Cranial Nerves				
Development: Gross Motor				
Fine Motor				
Social				
Speech/Lang.				

Continued on Back Side

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

Medications: _____

Allergies: _____

Recommendations for additional medical or dental care: _____

This student may participate in normal physical education program which includes such activities as running, jumping, and tumbling. (please circle) Yes No (Please Explain)_____

Physician Signature

Date

IMMUNIZATIONS: An official record of immunizations must accompany this medical record for all students entering school 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
- County Health Department Record
- Official Immunization Record from another state

To be completed by a physician and kept on file at the school for all:

- a) Students entering school for the first time
- b) Students entering the 5th grade (this should include the scoliosis examination).

INTERNET ACCEPTABLE USE POLICY

Arkansas-Louisiana Conference of SDA

Department of Education

Ozark Adventist School is pleased to offer its students and staff access to a computer network for electronic mail and the Internet. To gain access to e-mail and the Internet, **both parent/guardian and student must sign and return this form to the school office.**

The Internet is a powerful resource for expanding the educational experience of each student. Access to e-mail and Internet will enable students to explore thousands of libraries, databases, and bulletin boards throughout the world. Unfortunately, it is true that some material accessible via the Internet contain items that are illegal, defamatory, inaccurate, and offensive. Many educators believe, however, that the benefits to students in the form of information resources and opportunities for collaboration, exceed the disadvantages and therefore this school has chosen to make the Internet available to its students. Ultimately parents/guardians are responsible for setting and conveying standards that their children should follow when using media and information sources. We respect each family's right to decide whether or not to apply for their child's Internet access.

Since the Internet is provided for students and staff to conduct research and communicate with others, access is given to students and staff who agree to act in a responsible manner. Access is a privilege – not a right. Access requires responsibility. Access requires parental permission. Access requires compliance with the following policies:

1. The student and staff should have no expectation of privacy or confidentiality in the content of electronic communications or other computer files sent and received on the school computer network or stored in his/her directory. The school computer system operator or other school employees may review the subject, content, and appropriateness of electronic communications or other computer files and remove them if warranted, reporting any violation of rules to the school administrator or law enforcement officials.
2. When sending electronic messages, students and staff shall not include information that could identify themselves or other students and staff. An example of identifying information includes last names, addresses, and phone numbers. Students and staff shall identify themselves by first names. Your Internet ID and password are provided only for your personal use. *Do not share your password!* If you suspect someone has discovered your password, change it immediately. Students and staff shall not intentionally seek information on, obtain copies of, or modify files, other data, or passwords belonging to other users.
3. Students and staff shall not:
 - a) Copy and forward,
 - b) Copy and download, OR
 - c) Copy and upload to the network or Internet server any copyrighted material, without approval by the computer system operator, a teacher, or a school administrator. Copyrighted material is anything written by someone else. It could be an e-mail message, a game, a story, an encyclopedia entry, or software.
4. All sites containing sexually explicit materials – materials showing male or female nudity – are off-limits to students and staff.
5. Students who violate the Internet use rules set forth in this policy will be subject to the discipline outlined by the school administration and staff. Staff members who violate the

Internet use rules set forth in this policy will be subject to serious discipline and possible loss of employment.

6. Students and staff shall not infiltrate, or “hack”, outside computing systems or networks. Examples: the release of viruses, worms, or other programs that damage or otherwise harm an outside computing system or network. Students and staff shall not disrupt a system or interfere with another’s ability to use that system (e.g. by sending “e-mail bombs” that cause a disk to fill up, a network to bog down, or a software application to crash). Nor shall students or staff do any of these things to the Ozark Adventist School computer system.
7. Students and staff shall not use the school district’s computer network to solicit sales or conduct business (i.e. by posting or advertisement to a news group). Students and staff shall not set up web pages to advertise or sell a service. Students and staff will adhere to Christian principles when using the computers at Ozark Adventist School.

As a user of the school’s computer network, I agree to comply with the above stated rules and policies, acting in a reliable fashion while honoring all relevant laws and restrictions.

Student’s Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

OZARK ADVENTIST SCHOOL STUDENT PERMISSIONS FORM

PHOTO & VIDEO PERMISSION:

I give permission for my child _____ to be photographed/videotaped
(Print Student's Name)
for the purpose of promoting students/programs of the school.

STUDENT TRANSPORTATION

(Please circle Y or N)

Y N CONSENT TO WALK / RIDE A BICYCLE to and from school and realize that the school cannot be responsible for the safety of the student after leaving the school or before arriving at the school. All students are expected to follow the student transportation guidelines in the OAS handbook.

Y N FIELD TRIP CONSENT: I understand that all reasonable precautions will be taken to assure my child's safety and adequate supervision will be provided. I further understand that I will be notified in advance of the nature and destination of trips involving my child, and that I may revoke this permission with written notice to the school.

I give the above permissions and agree to the policies as stated above.

Parent/Guardian Signature

Date

CELL PHONE POLICY:

Having cell phones at school is discouraged. Ozark Adventist School is not responsible for lost, damaged, or stolen phones.

Cell phone use is not allowed during school hours unless permission is given by a teacher. Phones will be allowed only for contacting parents to arrange transportation while on school property before and after school. Cell phones should be turned off and kept in the student's backpack (not in pockets, purses, desks or other places in the school).

Students or parents who need to make contact during school hours must call through the school office. **Students who violate this policy will lose their phone for one week.** Repeat offenders will not be allowed to have cell phones at school.

I agree to the cell phone policy as stated above and give my child permission to have a cell phone at Ozark Adventist School.

I agree to the cell phone policy as stated above _____ . My cell phone
Student's Signature
number is: _____ .

Parent/Guardian Signature

Date



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P: 479-279-8700
F: 479-279-8701
OzarkAdventistSchool.Org

Ismael Lopez, Registrar/Treasurer
E: Registrar.oas@gmail.com

Dear Parents,

Thank you for choosing OAS for your child's Christian education. Our goals are to make this school year a success for our children and our school. Children love to see their parents actively participating in all aspects of their education.

If you would like to be involved, check any of the following choices, fill in your name and phone number and return this form to the office.

- Be a Homeroom Mother/Father
- Help with class parties
- Send supplies for class activities/parties
- Drive/chaperone for field trips
- Help with fundraising efforts
- Hot Lunch on Wednesdays
- Fun Run 5K Event
- Help with outreach programs
- Fall Festival
- Help with special events (ie: Donuts with Dad, Muffins with Mom, Parent Appreciation Day)

Parent's Name _____ Phone: _____

Child's Name _____ Grade: _____

Child's Name _____ Grade: _____

Child's Name _____ Grade: _____

"To Educate for Eternity"

OZARK ADVENTIST SCHOOL - MONTHLY FINANCIAL PLAN 2020 - 2021

Parents/Guardian Name _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

REGISTRATION FEES (MUST BE PAID IN FULL AT REGISTRATION, NO PAYMENT PLANS AVAILABLE):

Pre K – 8th Grade Students @ \$295.00 _____ = _____

Pre K – 2nd \$35.00 Supplies Fee _____ = _____ (must be paid at registration)

5th – 8th Outdoor School Down Payment \$60 _____ = _____ (must be paid at registration)

Total Registration Fees: \$ _____

TUITION AND FEES:

Pre K \$450.00 \$ _____

1st Child (K-8) \$400.00 \$ _____

2nd Child (K-8) \$395.00 \$ _____

3rd Child (K-8) \$390.00 \$ _____

Outdoor School Fee \$10.00 \$ _____

Computer Fee (3rd-8th) \$4.00 \$ _____

Total Tuition & Fees: \$ _____

DISCOUNTS:

ARKLA Conference Subsidy (Teachers & Pastors) \$ _____

Principal's Scholarship Fund \$ _____ X _____ \$ _____

_____ Church Subsidy \$ _____ X _____ \$ _____

_____ Church SFA \$ _____ X _____ \$ _____

_____ Other \$ _____ X _____ \$ _____

TOTAL DISCOUNTS \$ _____

TUITION & FEES – DISCOUNTS = MONTHLY TUITION PAYMENT: \$ _____

AMOUNT OWED AT REGISTRATION (TOTAL REGISTRATION FEES + 1ST MONTH TUITION PAYMENT): \$ _____

_____ I/We agree to pay all Tuition and Fees Monthly according to the policy in the OAS Handbook.

Signature of Responsible Party

Date

Phone #

McKEE EMPLOYEE OPTIONAL PAYMENT PLAN - **MUST BE APPROVED BY SCHOOL TREASURER

_____ I/We request to postpone payment of full year's tuition in advance until September 30, 2019.

(If the payment is being made from McKee profit-share check and the check is insufficient to cover the entire year's tuition, I agree to pay Registration Fee, August, and September's Tuition by September 30, 2019 and it is understood that the account will be kept current after that date according to the policy in the OAS Handbook.)

Signature of Responsible Party

Date

Phone #