

**Prescott Seventh-day Adventist School  
Registration Form 2018-2019**

(Please complete a separate registration form for each child applying for admission)

Student's Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Birthplace: \_\_\_\_\_

SS #: \_\_\_\_\_ Grade Completed: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

Legal Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Address: \_\_\_\_\_

Legal Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Address: \_\_\_\_\_

**\* School information and reminders will be sent by text and email to the above. \***

Church Membership: \_\_\_\_\_ Other: \_\_\_\_\_

Occupations: \_\_\_\_\_

Names of other children in the home:

1. \_\_\_\_\_ DOB: \_\_\_\_\_ 2. \_\_\_\_\_ DOB: \_\_\_\_\_

3. \_\_\_\_\_ DOB: \_\_\_\_\_ 4. \_\_\_\_\_ DOB: \_\_\_\_\_

I understand the grade placement of my child will not be final until the school has received all student files from his/her previous school. All new students will be placed on a conditional status for the first three months of school. Final placement will be made by the school board, subject to the recommendation of the child's teacher.

**Registration Commitment**

This written commitment agreement is prepared to assist both the parent/guardian and Prescott Seventh-day Adventist Elementary School in working to achieve mutually held goals for each student. A student's success in achieving satisfactory educational performance is dependent upon compliance with the rules of conduct set forth in the student handbook. Realizing the serious responsibility, not only for success in this life, but eternal destiny as well, as parent/guardian, I commit to take a responsible role in assisting the school by:

1. Regularly attending and assisting with Home and School functions.
2. Upholding school standards as defined in the handbook.
3. Communicating regularly with teachers about my student's progress.
4. Demonstrating that Christian education is important by having my child at school by 8:00 A.M., and remitting monthly fees on time.

I have read the Student Handbook and agree to be bound by and to comply with all rules, policies, and procedures of the Prescott Seventh-day Adventist Elementary School. I know that it is my responsibility to pick my child up promptly from school at 4:00 P.M. I agree with the School's policy on "No Cell Phones" at school and will pay the \$25 fee if my child does not abide by the Handbook stipulations.

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

**Consent to Treatment**

We, the undersigned parents or guardians of \_\_\_\_\_ a minor, do hereby consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital services that may be rendered to said minor under the general or specific instructions of:

First choice: \_\_\_\_\_ MD, DO, NP \_\_\_\_\_  
Name of Doctor Phone Number

Second choice: \_\_\_\_\_ MD, DO, NP \_\_\_\_\_  
Name of Doctor Phone Number

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 every effort will be made to contact the parents and 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 that might be required and is given to authorize **Prescott Seventh-day Adventist Elementary 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 to the school or organization entrusted with the custody of said minor.

**Insurance Information**

\_\_\_\_\_ Policy No. \_\_\_\_\_  
Present Health Insurance Company

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

Additional Emergency Contact information not listed above:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Child Release Authorization**

Please list all those that are authorized to pick up your student from school, school activities, etc. and their relationship to your student.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

By signing this child release authorization list, you are giving the above listed persons permission to pick your student up from school and school functions.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Birth Certificate supplied

Immunization Record supplied