



Jones Creek Adventist Academy

4363 Jones Creek Road • Baton Rouge, LA 70817
(225) 751-8219 • Fax (225) 250-5463

SCHOOL REGISTRATION CHECKLIST 2019/2020

Please help us make this paperwork process smooth and provide all the following documents for registration:

- _____ Student Application
- _____ Student Medical Records
- _____ Physician Examination (New students, and grades K, 1, and 5 returning students only)
- _____ Medication Administration Policy/Permission Slip
- _____ Consent to Treatment
- _____ Student Photo Release
- _____ Student Media Release Form
- _____ Designate Person Pick-up Form
- _____ Internet Acceptable Use Policy
- _____ Rules of Conduct
- _____ Receipt of Handbook
- _____ Birth Certificate (copy)
- _____ Immunization Record (copy)

Registration Fee:

_____	Registration Fee	
	Pre-K	\$200
	Grades K-8	
	New students	\$400
	Returning students, paid by May 1	\$300
	Returning students, paid by June 1	\$325
	Returning students, paid by July 1	\$350
	Returning students, paid after July 1	\$400

STUDENT APPLICATION

SOUTHWESTERN UNION CONFERENCE OF SEVENTH-DAY ADVENTISTS

Grade applying for _____ Date of Application _____ Social Security # _____ Sex _____

1. Full Legal Name of Student _____
Last First Middle Nickname

2. Date of Birth _____ Place of Birth _____ Age _____
Mo. Day Yr.

Check document submitted to verify birthday for child entering kindergarten or first grade:
 Birth Certificate Notarized statement Hospital statement Passport or Visa

Verified by _____
School Official

3. Student living with Father Mother Stepfather Stepmother Other _____
Specify

Home Street Address _____ PO Box _____
Telephone _____

_____ City _____ State _____ Zip _____

Parent or Guardian Email Address _____

(OFFICE USE ONLY)

NAME _____ GRADE _____

DATES DOCUMENTS RECEIVED: _____

IMMUNIZATION RECORDS _____

VERIFICATION OF BIRTHDATE _____

TRANSCRIPTS _____

4. _____

Legal Names of those checked in #3	Denom. affiliation	Church where membership held	Languages used at home	Occupation	Business phone

5. Is this student sponsored by an Adventist church member? Yes No
 Is this student a baptized member of the Adventist church? Yes No

If yes, indicate year baptized _____ Church where membership is held _____

If student has other church affiliation, specify _____

6. School last attended _____
Name of School Address Telephone

7.

Names of other children in family	Sex	Age	Check if living at home	School child is attending

8. Has this student been previously identified as qualifying for a gifted/talented education program? Yes No

If yes, what kind? _____ When? _____

Where? _____ By whom? _____

9. Has this student been previously identified as qualifying for a special education program? Yes No

If yes, what kind? _____ When? _____

Where? _____ By whom? _____

10. Does student have an unpaid account at another school? Yes No

If yes, where? _____

11. Name and address of person to whom financial statements are to be sent if different from that given in #3.

Name

Address

Telephone

Student Contract:

I agree to uphold the school's regulations. I pledge my cooperation with and loyalty to the school and its employees. I will live in harmony with the school's Christian principles.

Student's Signature

Date

Parent Contract:

I hereby agree to support school regulations and to help my child observe them, to accept all financial obligations for this student, and to supply physical examination reports for this student a) entering school for the first time, b) at grade five, and c) at other grades, when required by the Conference Board of Education.

Parent's/Guardian's Signature

Date

(Stamp school name and address)

STUDENT MEDICAL RECORD

Only designated staff, such as the school nurse or physician, will have access to the completed form.
This form will be stored in a locked file.

Name _____ Birth Date _____

Address _____

_____ Social Security Number _____

Name of Father _____ Name of Mother _____

History (Past illnesses and allergies. Please check those he/she has had.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Rheumatic Fever | Allergies:
<input type="checkbox"/> Asthma
<input type="checkbox"/> Hay Fever
<input type="checkbox"/> Insect Bites
<input type="checkbox"/> Penicillin
<input type="checkbox"/> Other Drugs |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Scarlet Fever | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Tuberculosis | |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Whooping Cough | |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Ear Infections | |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Measles | | |

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

Indicate physical problem by check: Hearing () Heart () Sight () Speech ()

Other _____
SPECIFY

IMMUNIZATIONS – An official record of immunizations must accompany this medical record for all students entering school for the first time 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.
- Physician's Record
- County Health Department Record
- Official Immunization Record from another state
- School Immunization Record

LABORATORY RECORD

TB SKIN TESTS	Type*	Dates Given	Given by	Date Read	Read by	Impression
	<input type="checkbox"/> PPD Mantoux	/ /			/ /	
<input type="checkbox"/> Other _____	/ /			/ /		<input type="checkbox"/> Neg
<input type="checkbox"/> PPD Mantoux	/ /			/ /		<input type="checkbox"/> Pos
<input type="checkbox"/> Other _____	/ /			/ /		<input type="checkbox"/> Neg
<input type="checkbox"/> PPD Mantoux	/ /			/ /		<input type="checkbox"/> Pos
<input type="checkbox"/> Other _____	/ /			/ /		<input type="checkbox"/> Neg

*If required by school entry, must be Mantoux unless exception granted by local health department

CHEST X-RAY Film date: ____/____/____ Impressing: Normal Abnormal

Person is free of communicable tuberculosis Yes No

Signature/Agency _____

PHYSICIAN'S EXAMINATION*

Height _____ Weight _____ Blood Pressure _____

	Normal	Abnormal	Not Examined	
Skin				Explain Abnormalities <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Eyes, vision, glasses				
Ears, hearing				
Nose and throat				
Mouth, teeth, speech				
Glands				
Chest, lungs				
Cardiovascular, heart				
Abdomen, enlargement				
tenderness				
hernia				
Spine, back				
Scoliosis				
Posture				
Extremities				
Genitourinary				
Nervous System, reflexes				

Nutritional Status and general appearance of the child _____

Recommendations for additional medical or dental care _____

This student may participate in a normal physical education program which includes such activities as running, jumping, tumbling.

Yes No

If student must be restricted from participating in activities such as are listed above, please indicate physical activities that may be permitted.

Date _____

Physician's Signature _____

Address _____

*To be completed by the family physician and kept on file at the school for all children, a) entering school for the first time, b) at age 11, c) at least once in grades nine through twelve, and d) at other grades, when required by the Conference Board of Education.



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Medication Administration Policy/Permission Slip 2019/2020

On occasion during the school year a child will need either a prescription medication such as an antibiotic, or an over-the-counter medication, such as Tylenol. The administration or faculty will not give medication to a student unless a permission slip and the appropriate medication for one days dosage are turned in at the school office by the parent or guardian on the day the medication is to be administered. A student taking medication that has not been pre-approved or administered by a faculty or authorized staff member may be subject to possible discipline.

Jones Creek Adventist Academy has permission to give _____,
over-the-counter, prescription medication, _____ as directed on
the label of the medication container, or as follows: _____.

Jones Creek Adventist Academy has permission to give _____,
over-the-counter medication, _____, as directed on the label of the
medication container, or as follows: _____.

Jones Creek Adventist Academy cannot be held responsible for adverse or allergic reaction in any medication taken by a student while on school property.

Parent's Signature

Date

Physician's Signature

Date

Southwestern Union Conference CONSENT TO TREATMENT

Only designated staff, such as the school nurse or physician, will have access to the completed form. This form will be stored in a locked file.

This form must be filled out at the beginning of each school year to cover the activities for the school year. A copy of each student's form must be taken on off-campus activities.

Student's Name _____

Age _____ Date of Birth _____ Social Security Number _____
Mo. Day Year

Address _____

Parent/Guardian's Name _____

Father/Guardian _____
Business Telephone Home Telephone Social Security Number

Mother/Guardian _____
Business Telephone Home Telephone Social Security Number

Please describe allergies to substances and medication. _____

If on regular medication, please specify _____ Date of last tetanus shot _____

Please give the name of your local family physician(s) to be called in case your son or daughter becomes ill or has an accident at school and you cannot be reached.

1. Family Physician _____ Office Telephone _____
Address _____

2. Family Physician _____ Office Telephone _____
Address _____

Hospital preference _____ 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 _____ Telephone _____
Address _____

2. Name _____ Telephone _____
Address _____

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: _____



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Student Photo Release 2019/2020

I, _____, a student at Jones Creek Adventist Academy (the "School"), and my parent or guardian if I am a minor, hereby give permission to the School to use, copy, exhibit, publish, or distribute my photograph, image, and/or audio recording in official School business media, including, but not limited to, newsletters, web sites, compact discs, and all other forms of media. It is agreed that the use of my photograph, image, and/or audio recording shall in no way be used in any forum other than for official School business and shall be used according to the applicable policies of the Education Office of the Arkansas-Louisiana Conference of Seventh-day Adventists.

I hereby grant to the School, its affiliates, successor and assigns, and those acting with its authority and permission, the irrevocable and unrestricted right and permission to copyright, in its own name or otherwise, and to use, re-use, publish, and re-publish photographs, images, and/or audio recordings of me, or in which I may be included, in whole, in part, in composite, or in distortion in character or form, without restriction as to changes or alterations, in conjunction with my own or a fictitious name, or reproduction thereof in color or otherwise, including without limitation, any claims for libel or invasion of privacy. I also consent to the use of any printed matter in conjunction therewith.

I hereby waive any right I may have to inspect or approve the finished product and the copy or other matter that may be used in connection therewith or the use to which it may be applied. I understand that I will receive no compensation for the use of my photograph, image, or audio recording.

I hereby release, acquit, and forever discharge the School, its affiliates, successors, and assigns, those acting with its authority and permission, from any and all demands, damages, causes of action, judgments, costs, and/or fees of whatsoever nature or character, past or future, known or unknown, whether in contract or in tort, whether for personal injuries or property damage arising in any way out of the use of my photograph, image, or audio recording for official School business.

This Student Photo Release contains the entire agreement between the parties regarding the subject matter herein, shall be interpreted under the laws of the States of Arkansas and Louisiana and shall be binding upon the inure to the benefit of the parties, successors, assigns, heirs, and representatives.

Executed on this _____ day of _____, 20_____.

A. I am at least eighteen (18) years of age.

Student Signature _____

--OR--

B. Students Name _____

I, the parent or guardian (circle one) of the above named student, hereby consent to the foregoing on his/her behalf.

Parent or Guardian Signature _____



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Student Media Release 2019/2020

Explanation to Parents: Media Release Form

There are several times during the school year when the news media or school personnel ask to interview and/or photograph many of our students.

Sometimes a television station will request a taping in a classroom or an interview with a student. A newspaper reporter, for example, may ask to interview an academic contest winner. If you are willing for this to occur, we request that you complete the form below and send it to your child's homeroom teacher. It will remain on file at the school. There will also be times when pictures and/or information about contest winners, student's work, as well as student life on campus will be posted on the school's website. This media release form will serve as permission to post such information as needed.

Jones Creek Adventist Academy Media Release Form

I hereby give permission to the school/news media to photograph/interview my child. It is my understanding that this photograph/interview or portions thereof will be used for public view.

I agree to participate in these projects without financial remuneration, and I understand that this releases the school/photographer/interviewer from any future claims, as well as from any liability, arising from the use of the said photograph/interview.

Name of Child: _____

Address: _____

City, State, ZIP: _____

Signature of parent or guardian: _____

Date: _____



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Designate Person Pick-Up 2019/2020

Throughout the course of the school year it may become necessary for you to have another individual pick up your child at school. For the safety of your child, we require a list of all persons who have permission to pick up your child. If any deviation is made from the list, you must call the school office before your child will be released to that individual. Any permanent changes that need to be made throughout the school year should be reported in writing to the school office and will be attached to the permission slip.

The following people have permission to pick up _____
Student's Name

	Name	Phone Number
1.		
2.		
3.		
4.		
5.		

You may contact me during the day at (phone number) _____.

Parent's Signature

Date

INTERNET ACCEPTABLE USE POLICY*
Arkansas-Louisiana Conference of SDA
Department of Education

Jones Creek Adventist Academy (the "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.

The Internet is a powerful resource for expanding the educational experience of each student. Access to e-mail and the Internet will enable students to explore thousands of libraries, data bases, 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 students 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. Examples of identifying information include 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
 - (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 Jones Creek Adventist Academy 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 Jones Creek Adventist Academy.

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: _____

Student’s Birthday: _____

Parental/Guardian Signature: _____ Date: _____

Street Address: _____

City, State, Zip: _____ Phone: _____

Staff Signature: _____ Date: _____

*Appreciation is expressed to the
Pacific Union Conference Educational Technology Advisory Committee,
and the “School Policy Legal Insider” for information used in this document.



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RULES OF CONDUCT 2019/2020

GOALS FOR STUDENTS:

1. All students will, with a kind spirit, be obedient to all teachers.
 - a. When asked to do something, students need to do it right away without questioning or talking back to the teacher.
 - b. When asked to be somewhere, students need to be there or go there right away without questioning or talking back to the teacher.
2. All students will be kind to each other with both words and actions.
 - a. Students need to keep their words to themselves if they can't say something nice to others.
 - b. Students will not touch items that belong to others.
 - c. Students will keep their hands to themselves at all times.
3. All students will, with a willing heart, participate with other students and teachers.
 - a. Students will speak to the teacher and other students with kind words.
 - b. When asked to participate, students will participate with positive and kind words.
 - c. When asked to participate, students will participate without questioning teacher as to why they have to participate.
 - d. When asked to participate, students will participate without pushing and shoving items or other students.
4. All students will complete all classwork and homework on a daily basis.
 - a. Students will complete their assignments while in class.
 - b. Students will stay in their seat while completing their assignments.
 - c. If the students have to take their classwork home because it was not completed during class, it will be collected the next day even if it isn't completed.

ACTION PLAN

1. When a student has repeated trouble attaining his/her goals, a meeting will be called with the student, parent(s), teacher and principal.
2. If the trouble continues, the student will be sent home for the remainder of the day.
3. If the student keeps struggling with reaching his/her goals, he/she will be suspended for one full day of school.
4. If this pattern of behavior continues, the student will be suspended for three full days of school.
5. If the student has not improved by this point, the student and the parent(s) must meet with the School Board.

Let it be known that the explanations under the goals are included but not limited to those examples and that they are subject to the teacher's discretion. It is the intention of BWM to make the learning environment in the classroom a pleasant and happy place where all students can learn and feel safe. By signing this contract all parties agree to the stipulations in the document and will follow accordingly.

Student Signature _____ Date _____

Parent Signature _____ Date _____



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August 1, 2019

Dear Parent/Guardian:

Students and parents share, with the administration and staff, the responsibility of developing and maintaining a climate in the school that promotes wholesome learning and living.

I hereby acknowledge that I have received a copy of the Jones Creek Adventist Academy Handbook. I understand that we will be held responsible for the rules, regulations and guidelines that are contained in the Handbook.

I have read and discussed the Jones Creek Adventist Academy Handbook with my child. **Please sign and return to school by Monday, August 19, 2019.**

Thank you for your understanding and cooperation.

Student Signature (Grades PK-8) _____

Parent/Guardian Signature

Date _____