

CALDWELL ADVENTIST ELEMENTARY SCHOOL

Application for Admission 2018/2019

ALL APPLICATIONS ARE SUBJECT TO
SCHOOL BOARD APPROVAL

Full Student Name: _____
Address: _____
City, State, ZIP: _____
Phone: (____) _____
Grade Student Entering: _____

ID#: (Office Use Only) _____
Male/Female: Male Female
Birthdate: _____ Age _____
Birth Country or State: _____
Race/Ethnicity: _____
Baptism Date: _____

Parent/Guardian #1: _____
Relationship: _____
Address: _____
City, ST ZIP: _____

Day Phone: (____) _____
Email: _____
Employer: _____
Occupation: _____

Parent/Guardian #2: _____
Relationship: _____
Address: _____
City, ST ZIP: _____

Day Phone: (____) _____
Email: _____
Employer: _____
Occupation: _____

Doctor Name: _____
Doctor Phone: _____

Emergency Contact: _____
Emergency Contact Phone: _____

List all persons authorized to pick up your child: (Additional Names on Back)

Father Adventist? Yes No
Mother Adventist? Yes No

Health: _____
Allergies: _____ Blood Type: _____
Medications: _____
Medical Conditions: _____

Current Church Membership: _____
Include Family Address/Phone/Email info in the School Directory? YES NO

FIELD TRIPS

"I give permission for my child to participate in all planned field trips during the school year. I understand that notification will be given in advance of field trips regarding place, date, time, purpose, and cost (if any)."

Signature: _____

PHOTOS & VIDEOS

"I give permission for my child to be included in any school projects using photographs and audio/video recordings for print, school display, video, audio, and/or school website and school Facebook page uses."

Signature: _____

CONTINUING CONSENT TO TREATMENT AND AUTHORIZATION TO RELEASE INFORMATION

"I, the undersigned parent or guardian of _____, a minor, do hereby consent to any X-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of _____, M.D., 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 reasonable effort will be made to contact the doctor listed above before any other physician is called by the school or organization.

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 Caldwell Adventist Elementary School or the physician to exercise their best judgment regarding 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 or to the school or organization entrusted with custody of said minor.

I hereby authorize any hospital, physician, or other person who has attended or examined the minor to furnish to General Conference Insurance Service, or its representative, any and all information with respect to any illness, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records. A photocopy of this authorization shall be considered as effective and valid as the original."

Parent/Guardian Signature: _____ Date: _____

This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d and 45 CFR 160 through 164.

PARENTAL AGREEMENT

"I agree to read and abide by the policies outlined in the Statement of Faith and the School Handbook if my child is accepted for enrollment."

Parent/Guardian Signature: _____ Date: _____

