

# 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: \_\_\_\_\_

