

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 _____

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

Home Street Address _____ PO Box _____
City State Zip Telephone _____

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

Known Allergies: _____

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
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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

Bentonville Seventh-day Adventist School
2522 SE 14th Street, Bentonville, AR 72712
Phone: 479.271.8887 Fax: 479-254-7871

Website: www.bentonvilleadventistschool.com
Email: bsas2522@att.net

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 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 and transportation 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: _____

STUDENT MEDICAL RECORD

Parents please fill out the top half of this page. A medical professional must fill out the rest. 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"/> 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

	Type*	Dates Given	Given by	Date Read	Read by	Impression
TB SKIN TESTS	<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
	<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 _____



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Child's Name _____

Transportation Consent

Please list those people who will be transporting your child back and forth to school:

Parents/Guardians: _____

Grandparents: _____

Other: _____

Special Instructions or Schedule: _____

Cellphone Usage

Students are not permitted to possess a cell phone for any reason on school grounds. Any student caught violating this policy will have their cell phone confiscated.

-First Violation: The cell phone will be confiscated and given back only when the parent comes to pick it up.

-Second Violation: Forfeiture of the cell phone until the end of the last day of school.

If your child will need a cell phone after they have left school, an adult must bring the phone to the office and make arrangements with the principal. It will be the child's responsibility to get it at the end of the day.

Parent Signature _____ Student Signature _____

Consent to Dispense Over-the-Counter Drugs

We are unable to dispense any medication to you unless you authorize us. If you desire school staff to dispense Tylenol, Ibuprofen, cough drops, or antacids, please sign below. In the event that your child has to take prescribed medication or frequent doses of OTC drugs, please inform the office and bring the medication in the original container, plainly marked with dispensing instructions and your child's name.

Acetaminophen (Tylenol) Yes ___ No ___ Dosage _____ Frequency _____

Ibuprofen (Advil) Yes ___ No ___ Dosage _____ Frequency _____

Cough Drops Yes ___ No ___ Dosage _____ Frequency _____

Antacids (Tums) Yes ___ No ___ Dosage _____ Frequency _____

Parent/Guardian Signature _____

Date _____



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Child's Name: _____

Media Release Agreement:

I recognize that school activities are often photographed and/or videotaped.

I hereby grant permission to Bentonville Seventh-day Adventist School to photograph, interview or video tape my child and/or display my child's work.

I understand that photographs, interviews, video tapes, student work or portions thereof may be used for public viewing, including but not exclusive to a school yearbook, website, open house, or promotional activities.

I give permission for my child's work, and/or photograph to be used for such purposes at the discretion of the school.

I agree to my child's participation without financial compensation, and I understand that this releases Bentonville Seventh-day Adventist School from any future claims, as well as any liability arising from the use of said photograph, interview, videotape, student work or portions thereof.

Parent/Guardian Signature _____ Date: _____

Field Trip Consent:

I consent for my child to participate in school-sponsored field trips during the school year. 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.

Parent/Guardian Signature _____ Date: _____

Yard Play Consent (PreK Students Only):

I consent for my child to participate in activities that take place on the school grounds, outside of the state-inspected PreK playground. My child will not play on the large playground, but will be able to play in the designated field area with proper supervision. These activities will take place at various times throughout the year at the school's and teacher's discretion.

Parent/Guardian Signature _____ Date: _____

Licensing Form Availability (PreK Students Only):

I am aware that licensing compliance forms (DCC-521) are available upon request for my review.

Parent/Guardian Signature _____ Date: _____



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INTERNET ACCEPTABLE USE POLICY*

Arkansas-Louisiana Conference of SDA Department of Education

Bentonville Seventh-day 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.

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 Bentonville Seventh-day 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 Bentonville Seventh-day 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 (Grades 1-8): _____ 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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Student's Name: _____

Fundamental Beliefs

The signing of this statement confirms that I understand my child will be exposed to the beliefs of the Seventh-day Adventist Church. These beliefs are infiltrated throughout the day in conversation and in all subjects.

For more information:

<http://www.adventist.org/beliefs/fundamental/index.html>

During our worship time each day, we learn about God the Father, God the Son, and God the Holy Spirit. We learn how to worship God through prayer, singing, and Bible study. We learn what the Bible says about the birth of Jesus, death, and resurrection. We learn about heaven. We learn that there is a conflict going on for our lives, and that Jesus is our Savior.

From PreK and Kindergarten classes, we do not study or make exceptions for other religious beliefs. We only uplift and emphasize the teachings of the Seventh-day Adventist Church as shown in the Bible.

In addition, students are not allowed to wear any form of jewelry (rings, earrings, necklaces) or show any visible tattoos, permanent or temporary.

We do not serve any pork products on campus and students are not allowed to include these products in their lunches (ham, pepperoni, bacon).

By signing this, I confirm my understanding of these fundamental principles of our school.

Parent/Guardian Signature: _____

Date: _____



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Child's Name: _____

Cooperative Acknowledgement

I have read, and agree to abide by, the guidelines set forth in the Bentonville Seventh-day Adventist School Handbook. I understand that I and my child are responsible for ensuring that all policies and guidelines in the handbook are followed. If the school observes an area of non-compliance, I will immediately take all required steps to correct the oversight. Examples include but are not limited to those listed below.

Please initial each item to signify agreement:

_____ Attendance: I agree to have my child to school BEFORE 8am each day to avoid being tardy. I understand that serious legal or financial repercussions may follow excessive tardies.

_____ Dress: I understand what the uniforms consist of, and what clothing is appropriate on days where uniforms are not required.

_____ Jewelry: I understand that jewelry of any kind (including skin markings, earrings, the bindi, and colored nail polish) is not allowed. Any violation of this policy must be corrected immediately.

_____ Diet: I agree that I will not include any unclean meats in food sent to school. This includes all pork (pepperoni, sausage, ham, etc), and most seafoods (shrimp, lobster, crab, etc).

_____ Sweets: I agree not to send extremely sweet foods or large quantities of sweet foods to school. This includes candybars, candies, brownies, etc. If it is brought, my child may be asked to eat it later at home.

_____ I agree that if questions or concerns arise, I will address those first with my child's teacher.

Parent/Guardian Signature: _____ Date: _____

I agree to abide by the school rules follow the directions given by the teachers.

Student's Signature (Grades 1-8): _____ Date: _____

This form was discussed with the above parties and questions, if any, were answered.

Teacher/Administrator's Signature: _____ Date: _____



Financial Registration Form 2019-2020

(Please fill out top portion prior to registration)

Parent/Guardian: _____

Mailing Address: _____

Optional Email: _____

Date: _____

Phone Number: _____

Student: _____ Grade _____

Student: _____ Grade _____

Student: _____ Grade _____

Student: _____ Grade _____

Financial Details

Previous Balance (Deposit & Prepaid Amounts) Amount Paid/Owed: \$ _____

Enrollment Fees- \$375 July, \$400 on or before school starts, \$425 after Amount Due: \$ _____

Pre-K and Kindergarten Tuition- \$535 (includes \$15 snack fee) Amount Due: \$ _____

Grades 1-8 Tuition- \$450 Amount Due: \$ _____

Miscellaneous Fees:

Supply Fee: Grades PreK-8th - \$50 Amount Due: \$ _____

Science Lab Fee: Grades K-8- \$40 Amount Due: \$ _____

Total Due..... \$ _____

Discounts and Deductions; (If current)

\$60 per month SDA Church Subsidy \$ _____

2.50% If pay ½ year- 2 payment (Beginning of each semester) \$ _____

5% if pay full year in 1 payment (1st and 2nd semester) \$ _____

\$10 per student if 2 attending at same time \$ _____

Total Discounts Allowed..... \$ _____

Money Collected

Check Number _____ Amount \$ _____

Cash _____ Amount \$ _____

Money Collected \$ _____

Balance Owed \$ _____

Monthly Payments due on the 1st of each month \$ _____



After School Care

2019-2020

The After School Program is a fee-based program for students in Pre K through grade 8. We provide a safe and caring environment for your child/children to interact and participate in enrichment activities. Homework assistance, arts, crafts, math/science, free play, and a snack are some of the activities offered daily. The program operates on regular school days, and parents will be notified of all exceptions to this well in advance. Students must be signed out of after school care by parent, or approved adult (approved by the office and listed on student documentation).

Hours of Operation

Monday- Thursday: Dismissal- 6:00 pm

Fridays- Dismissal- 4:00 pm

Fees

Prepaid Accounts: \$216/month (*If you paid for a day and do not use it, your account will not receive a credit*)

Weekly Accounts \$6.50 for any portion of an hour

Late Pick Up Fee \$1/minute after 6 pm on Monday-Thursday and \$1/minute after 4 pm on Fridays

Payments

Prepaid Accounts: Payments are due on the 1st of each month. Fees for August are due on school Registration Day. Payments can be made online at Adventist School Pay. This site can be reached through our school website, as well. Payments can also be made by cash or check in the school office. If paying by check, include child's first and last name in the check memo area with "Afterschool Care".

Late payment fee: \$10 a month.

Weekly Accounts: Bills will be generated weekly and payments are due the Friday after you receive the bill.

Late payment fee: \$10 a week.



Dismissal Procedure Plan

Student Name _____ Grade _____

Please provide us with information regarding your REGULAR SCHEDULE for your child after school. You may either pick them up (choose CAR option), or After School Care (choose ASC option).

Please note that from the end of the school day, you have a 15 minutes grade period in which to pick up your child. After the 15 minutes, they will be signed into after school care and you will need to come in the school and sign them out of ASC. After school care charges will be accessed anytime a student is signed into ASC. (Please see handbook for ASC charges and details.)

We understand that your regular schedule will change from time to time, and there will be exceptions that occur as well. Please let the office and your child’s teacher know in writing when those changes occur.

Regular Schedule (Circle one for each day):

Monday	CAR	ASC (approximate pick up time: _____)
Tuesday	CAR	ASC (approximate pick up time: _____)
Wednesday	CAR	ASC (approximate pick up time: _____)
Thursday	CAR	ASC (approximate pick up time: _____)
Friday	CAR	ASC (approximate pick up time: _____)

_____ Other: My child has a schedule that will vary from week to week or month to month. I will provide the office with a weekly schedule EACH MONDAY for that current week.

Parent Signature: _____ Date: _____