



ANCHORAGE JUNIOR ACADEMY

Committed To Christian Education

First	Middle	Last
STUDENT'S FULL LEGAL NAME		

Anchorage Junior Academy

5511 O'Malley Road Anchorage, AK 99507 phone:907.346.2164
email: ajaak@gci.net web: ajaak.com fax: 907.346.1332



STUDENT INFORMATION

Grade	Gender	Age as of August 20	Date of Birth	Baptized Adventist?	Place of Birth	Social Security #	Ethnic Origin
	<input type="radio"/> male <input type="radio"/> female	___yrs ___mo		<input type="radio"/> yes <input type="radio"/> no <small>If yes, which church?</small>	city _____ state _____		

FATHER / GUARDIAN (full legal name)	Adventist Church Member?	Telephone	Occupation	Home Address
	<input type="radio"/> yes <input type="radio"/> no <small>If yes, which church?</small>	Home _____ Work _____ Cell _____		Physical Address—Street _____ City _____ State _____ Zip _____ Mailing address—Street _____ City _____ State _____ Zip _____
Email: _____				

MOTHER / GUARDIAN (full legal name)	Adventist Church Member?	Telephone	Occupation	Home Address
	<input type="radio"/> yes <input type="radio"/> no <small>If yes, which church?</small>	Home _____ Work _____ Cell _____		Physical Address—Street _____ City _____ State _____ Zip _____ Mailing address—Street _____ City _____ State _____ Zip _____
Email: _____				

EMERGENCY CONTACT INFORMATION	LAST SCHOOL ATTENDED	Notice of Nondiscrimination
Neighbor/Local Relative	Telephone _____ Name _____ Phone _____	The Seventh-day Adventist Church in all of its church schools, admits students of any race to all the rights, privileges, programs, and activities generally accorded or made available to students at its schools, and makes no discrimination on the basis of race, color, ethnic background, country of origin or sex in administration of education policies, applications for admission, and extracurricular programs.
Neighbor/Local Relative	Telephone _____ Address of last school _____	

Acceptable Use Agreement	Photo & Information Release	Financial Agreement	Commitment of Student and Parent
I hereby give consent for my child to access information via the Internet using the AJA acceptable use agreement as outlined in the School Handbook. I accept responsibility to work with the school in guidance of use, setting and conveying standards for my child to follow when selecting, sharing, or exploring information and media. _____ Parent/Guardian Initial	I hereby give consent for my child to be included in AJA publications and presentations including, but not limited to the school directory, school website, social media, brochures, news articles, etc. for the purpose of highlighting accomplishments and communicating the goals of AJA. _____ Parent/Guardian Initial	I accept financial responsibility for this applicant. I agree to pay the required fees and tuition each month—maintaining a current account so this applicant has the privilege of attending AJA. _____ Parent/Guardian Initial	I understand and am in harmony with the rules and policies as stated in the current School Handbook. I recognize that rules adopted by the school administration and publicly announced will be as binding as those printed in the Handbook. I desire to contribute a positive and cooperative spirit to AJA. _____ Parent/Guardian Signature Date _____ _____ Student Signature



First	Middle	Last
STUDENT'S FULL LEGAL NAME		

Information for Emergency Medical Care

STUDENT INFORMATION

Date of Birth	Social Security #	Preferred Physician	
		Name	Phone

Medications taken on a regular basis	Allergies	Medical conditions—diabetes, seizures, heart condition. . .

Consent to Treatment and Authorization to Release Information

I, the undersigned parent or guardian of the above named student, a minor, do hereby consent to any x-ray examination, anesthetic, medical and/or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of the above named physician 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 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, which might be required and is given to the Alaska Conference Seventh-day Adventist 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 the school or organization entrusted with the custody of said minor.

I hereby authorize any hospital, physician, or other person who has attended or examined the minor to furnish to student accident insurance carrier, or its representative, any and all information with respect to any illness, medical history, consultation, x-ray, prescriptions or treatment, and copies of all hospital or medical records. A photo static copy of this authorization shall be considered as effective and valid as the original.

Date _____ Signed _____ Witness _____
 Relationship to student (mother—father—legal guardian) _____



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