

# Lehigh Valley Seventh-day Adventist School

3950 Mechanicsville Rd, Whitehall, PA 18052 Phone: 610.799.2341

## Registration Application 2017/2018

<b>STUDENT NAME:</b> Legal Last Name		Legal First Name	Legal Middle Name	Also known as:	
<b>STUDENT ADDRESS:</b>					
<b>BIRTHDATE:</b> (Month/Day/Year)  (Please attach a copy of birth certificate) Verified <input type="checkbox"/> (Office Use Only)		<b>GENDER</b>  <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>BIRTHPLACE:</b> City, State, Country		<b>Registering for Grade:</b>
<b>RESIDENT SCHOOL DISTRICT:</b>		<b>PREVIOUS SCHOOL ATTENDED LAST YEAR:</b> (If applicable) Name: _____  Address: _____ Phone: _____			
<b>Primary Language Spoken at HOME:</b>  (Circle) English Spanish French Other: _____			<b>Student's Native Language</b> (First language spoken by student)  (Circle) English Spanish French Other: _____		
<b>What race(s) do you consider your child?(please check all that apply)</b>					
<input type="checkbox"/> Asian <input type="checkbox"/> African American/Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other _____					
<b>FAMILY INFORMATION:</b>					
	<b>Father</b>	<b>Mother</b>	<b>Guardian</b>		
Full Name					
US Citizen (Circle one)	YES NO	YES NO	YES NO		
Marital Status					
Religious Affiliation					
Occupation					
Employer					
Employer Address					
Home Address (If different than student)					
Home Phone Number					
Cell Phone Number					
E-mail Address					
<b>Student Lives With:</b> <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian					
<b>Other Children Living in Household (List oldest to youngest)</b>					
<b>Name:</b>	<b>Age/Birthdate (Month/Day/Year)</b>		<b>Gender: Male/Female</b>		

<b>CHURCH INFORMATION:</b>		
<b>FAMILY CHURCH:</b>	<b>DENOMINATION:</b>	Is student baptized? <input type="checkbox"/> NO <input type="checkbox"/> YES (Date _____)
<b>ACADEMIC INFORMATION:</b>		
Grade last completed:	Has child repeated any grade? <input type="checkbox"/> NO <input type="checkbox"/> YES (which grade/s _____)	
Has this student ever been dismissed, suspended, or disciplined in any school? <input type="checkbox"/> NO <input type="checkbox"/> YES (Please explain: _____)		
Has this student been tested for any of the following? <input type="checkbox"/> math difficulty <input type="checkbox"/> reading difficulty <input type="checkbox"/> learning disability <input type="checkbox"/> high academic ability <input type="checkbox"/> behavioral problems <input type="checkbox"/> other _____		
Has this student been placed in any of the following programs? <input type="checkbox"/> math remediation <input type="checkbox"/> reading remediation <input type="checkbox"/> speech therapy <input type="checkbox"/> learning disability <input type="checkbox"/> gifted program <input type="checkbox"/> other _____		
<b>EMERGENCY INFORMATION:</b>		
Emergency contacts if parent is not available:	Relationship to student:	Phone number:
1.		
2.		
3.		
<b>FAMILY PHYSICIAN:</b>	<b>FAMILY DENTIST:</b>	<b>INSURANCE INFORMATION:</b>
<b>PHONE:</b>	<b>PHONE:</b>	Provider/Group/Policy
<b>PICK-UP LIST: (These individuals have permission to take my child from the school premises)</b>		
Name:	Relationship	Phone number:
<b>****MEDICAL RELEASE STATEMENT:</b> In case of accident or serious illness, if the school is unable to contact me, I hereby authorize the school to take my child for medical attention. I understand my preferred physician may not be the facility available for immediate care of my child. Consent is hereby given for a licensed physician, EMS personnel, and/or hospital emergency personnel to transport and treat my child as deemed necessary by their professional judgment. The school may deliver my child to the emergency contact list I have provided to them.  Signed: _____ Date: _____		

**\*\*By turning in this registration application for my child to attend Lehigh Valley Seventh-day Adventist School, I understand that:**

1. My child will go on scheduled field trips and participate in other school activities.
2. The school reserves the right to dismiss any student who does not respect its spiritual standards or cooperates in the educational program.
3. I certify that all information on this application is true.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(Distribute To Parents Of All Students Needing Transportation)**

Dear Parent,

According to Pennsylvania Law, non-public school children are entitled to transportation to non-public schools as follows:

1. A district which provides transportation for resident public school students must also make identical provisions for the transportation of resident non-public school students.
2. Transportation for non-public school students must be provided to and from the non-public school in which the student is enrolled, even if the non-public school is located outside the district so long as the distance is not more than 10 miles beyond the district boundaries. (Note this distance may be in excess of 10 miles from student's home.)
3. A district may transport children who live along hazardous routes even though the children live within walking distance of the school.

If you think you are eligible for transportation and desire it for next term, please complete the Request Form below and return it to school immediately.

Signed (Principal) \_\_\_\_\_

**Request For Transportation Under Act 372**

(Complete a separate form for each child needing bus transportation next school year and return it to the school.)

1. Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Male or Female \_\_\_\_\_ Grade Entering \_\_\_\_\_

2. Address (if rural address, indicate specific location) \_\_\_\_\_

3. Name of Non-public School attending \_\_\_\_\_

4. Name of Public School District (in which child resides) \_\_\_\_\_

5. Please indicate (A or B):

A. Student will drive or will be parent transport to and from school, therefore will only require transportation in an emergency situation

B. Transportation is required (please circle one): AM only PM only AM & PM

Indicate which day(s) transportation is required:

Monday  Tuesday  Wednesday  Thursday  Friday

**Mother's Information**

**Father's Information**

Name (please print): \_\_\_\_\_

\_\_\_\_\_

home phone#: \_\_\_\_\_

\_\_\_\_\_

cell phone#: \_\_\_\_\_

\_\_\_\_\_

work phone#: \_\_\_\_\_

\_\_\_\_\_

**Local Emergency Contact Names & Phone Numbers: (OTHER THAN PARENTS)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**S E C T I O N I** COMPLETE FOR ALL REPORTING

TRANSACTION: (E/W/C): \_\_\_\_\_

School Code: \_\_\_\_\_ School Name: \_\_\_\_\_

**S E C T I O N II**

Student Name: \_\_\_\_\_  
*First Middle Last*

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_ Race/Code: \_\_\_\_\_ Hispanic: \_\_\_\_\_  
*mo day year (Check if Hispanic)*

**S E C T I O N III**

Entry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_  
*mo day year*

House No.: \_\_\_\_\_ Direction: \_\_\_\_\_

Street Name: \_\_\_\_\_ Apartment: \_\_\_\_\_

State: PA \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parents: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Emergency Phone: (\_\_\_\_) \_\_\_\_\_

**S E C T I O N IV** WITHDRAWAL SECTION Date of Withdrawal: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*mo day year*

Reason: \_\_\_\_\_

**S E C T I O N V**

\_\_\_\_\_ *Authorized Signature* \_\_\_\_\_ *Date*

<b>Transaction Code (Section I)</b> E - Add a New Student W - Withdrawal C - Student Data Change  <b>Sex (Section II)</b> M - Male F - Female  <b>Race/Codes (Section II)</b> 1 - American Indian/Alaskan Native 3 - Black or African American 5 - White 9 - Asian 10 - Native Hawaiian or other Pacific Islander	<b>Grade Codes (Section III)</b> Kindergarten - Full Day - K Kindergarten - A.M. - KA Kindergarten - P.M. - KP First - 01 Second - 02 Third - 03 Fourth - 04 Fifth - 05 Sixth - 06 Seventh - 07 Eighth - 08 Ninth - 09 Tenth - 10 Eleventh - 11 Twelfth - 12 Secondary Ungraded - SUG	<b>Municipal Resident Codes (Section III)</b> 1 - Bethlehem City 2 - Bethlehem Township 3 - Hanover Township 4 - Freemansburg 5 - Fountain Hill  Obtain through "BASD Geo Plan Area Catalog Listing" formerly referred to as the Grid Book
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**BETHLEHEM AREA SCHOOL DISTRICT**  
**Bethlehem, Pennsylvania**

**NONPUBLIC SCHOOL INSTRUCTIONS AND PROCEDURES FOR COMPLETING  
THE NONPUBLIC STUDENT ACCOUNTING FORM (CA-NP)**

There are three basic reporting "transactions" using the "Nonpublic Student Accounting Form" (CA-NP). They are:

<u>Transaction Code</u>	<u>Type of Transaction</u>
E	Add a new student
W	Withdraw a student
C	Student data change

Procedures for the completion of the CA-NP form for each type of transaction are as follows:

**Add a New Student - Transaction "E":**

1. Complete sections I, II, III and V.
  - a. Section I - List the transaction code "E" and your school code number and name.  
(1) School code numbers are listed on a separate code sheet provided.
  - b. Section II - Record the student's name, date of birth, sex, and race and ethnicity.
  - c. Section III - List all data as requested using the appropriate code numbers/alpha characters as listed on the lower portion of the CA-NP.
  - d. Section V - Sign and date the form.
  - e. **Please report all BASD students, not just students receiving transportation.**

Fax form to Child Accounting Office, 610-807-5561 or mail to 1516 Sycamore Street, Bethlehem, Pennsylvania 18017.

**Withdrawing a Student - Transaction "W":**

1. **Complete sections I, II, IV and V.** You do **not** need to complete section III.
2. Fax form to the Child Accounting Office, 610-807-5561 or mail to the Child Accounting Office, 1516 Sycamore Street, Bethlehem, Pennsylvania 18017.
  - a. **Please note**, any student who leaves your building to transfer to another school (public or nonpublic) is to be reported as a withdrawal. The school or reason for which the student is withdrawing is to be listed on the "reason" line in Section IV.

**Student Data Change - Transaction "C":**

1. Complete sections I and II. **\*\*\*Important to include Date of Birth.**
2. Section III - List only the information that is being changed, using the appropriate "codes" where necessary.
3. Section V - Sign and date the form. Fax form to the Child Accounting Office, 610-807-551 or mail to the Child Accounting Office, 1516 Sycamore Street, Bethlehem, Pennsylvania 18017.

If you have any questions, please do not hesitate to contact our office at 610-861-0500, extensions 60273, 60274 or 60279.

**BETHLEHEM AREA SCHOOL DISTRICT**  
**Bethlehem, Pennsylvania**  
**NONPUBLIC/CHARTER SCHOOL CODE SHEET**  
**SCHOOLS**

Allentown Central Catholic High School	581	MALV Islamic Academy	599
The Arts Academy Charter School (K-5)	713	Medical Academy Charter School ***Closed 15/16	708
The Arts Academy Charter School (5-8)	709	Mercy Special Learning Center	584
Bethlehem Catholic High School	575	Moravian Academy Lower School	573
Bethlehem Christian Elementary School	557	Moravian Academy Middle School	576
Bethlehem Christian Middle School	558	Moravian Academy Upper School	574
Cambridge Day School (Kindergarten)	512	New Hope Academy	533
Chesterbrook Academy (Kindergarten)	553	Notre Dame Elementary School	562
Circle of Seasons Charter School	711	Notre Dame High School	577
Creative Kids Club	554	Our Lady Help of Christians School	516
Computer Aid, Inc Learning Academy (CAI)	535	Our Lady of Perpetual Help School	563
Concordia Lutheran Academy ***Closed	520	Phillipsburg Christian Academy	595
Covenant Christian Academy of the LV	592	Rock Christian Academy	501
Datzyk Montessori School	522	Sacred Heart School ***Closed 10/11 SY	565
Emmaus Baptist Academy	564	Sacred Heart School, Bath	585
Executive Education Academy Charter School	712	Sacred Heart Regional School	517
Gateway School ***Closed 10/11 SY	579	Saint Elizabeth Regional School	523
Goddard School	521	St. Anne School	567
Good Shepherd	515	St. Francis of Assissi School ***Closed 09/10 SY	519
Grace Montessori School (Kindergarten)	569	St. Jane Frances de Chantal School	583
Grace Montessori School (Grades 1-3)	550	St. Joseph the Worker School	514
Hillside School, Macungie	568	St. Michael the Archangel School – Primary	593
Holy Family School	503	St. Michael the Archangel School – Middle	506
Holy Infancy School	561	St. Paul School, Allentown	591
Holy Spirit School ***Closed 09/10 SY	589	St. Philip & James School	518
Innovative Arts Charter School	714	St. Theresa School, Hellertown	586
Jewish Day School	587	St. Thomas More Church & School	530
Jewish Community Center, Allentown	598	St. Stephen's School	531
Dr. Robert Ketterer Charter School	710	St. John Vianney Regional School	532
Lehigh Centennial School	580	Salem Christian School	555
Lehigh Christian Academy	594	Seton Academy (formerly SS Simon & Jude, Holy Child,	571
Lehigh Learning Academy	600	(formerly SS Simon & Jude, Holy Child, ***Closed End of 12/13 SY	
Lehigh University Transition & Assessment Serv.	578	Seven Generations Charter School	706
Lehigh Valley Academy Charter School	701	The Swain School	588
Lehigh Valley Christian High School	596	Valley View Baptist Academy	502
Lehigh Valley Dual Language Charter School	707	Vanguard School	534
Lehigh Valley Lutheran School***Closed 10/11 SY	560	Vitalistic Charter School ***Closed 1/25/13	702
Lehigh Valley 7 <sup>th</sup> Day Adventist School	566		
Life Academy (formerly Kings Way Academy)	507		
LVPA Charter High School	703		
Lincoln Leadership Academy Charter School	705		
The Lutheran Academy (is now Concordia Lutheran Acd.) ***Closed	510		

**BETHLEHEM AREA SCHOOL DISTRICT**  
**Bethlehem, Pennsylvania**  
**NONPUBLIC/CHARTER SCHOOL CODE SHEET**  
**SCHOOLS**

**MUNICIPAL RESIDENT CODES**

**CITY MAILING CODE**

Bethlehem City	1	Bethlehem	1
Bethlehem Township	2	Easton	2
Hanover	3	Allentown	3
Freemansburg	4	Nazareth	4
Fountain Hill	5	Hellertown	5

**GRADE CODES**

Kindergarten - Full Day	K	Sixth	06
Kindergarten - A.M.	KA	Seventh	07
Kindergarten - P.M.	KP	Eighth	08
First	01	Ninth	09
Second	02	Tenth	10
Third	03	Eleventh	11
Fourth	04	Twelfth	12
Fifth	05	Ungraded	NG

Rev. 1/6/17

Lehigh Valley SDA Elementary School

3950 Mechanicsville Rd.

Whitehall, PA 18052

610-799-2341 FAX 610-799-2342

REQUEST FOR STUDENT RECORDS

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School Phone Number: \_\_\_\_\_

To Whom It May Concern:

Please send the cumulative records, transcript of grades, and health records for the following student(s) who has/have enrolled at

NAME	BIRTHDATE	GRADE
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby give permission for the transfer of my child's/children's records according to the above request.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date



Columbia Union Conference  
Office of Education

**PHOTO/IMAGE RELEASE FOR MINORS**

The \_\_\_\_\_ (name of school) gathers images, through the course of a child's schooling, to tell the story of the school's mission and to promote quality Adventist education. The school's board, administration, and faculty appreciate your cooperation and consent in allowing school officials to photograph you (your child) for use in various, school-related publications and activities. You have our assurance that these images will be used only for official purposes and with the respect and consideration to which all parties are entitled.

For valuable consideration, I hereby confer on \_\_\_\_\_ (name of school) and its employees, agents and assigns, the absolute and irrevocable right and permission with respect to the photographs that he/she takes of my minor child in which he/she may be included with others:

- To copyright the same in \_\_\_\_\_'s (name of school) name or any other name the school may select;
- To use, re-use and republish the same in whole or in part, separately or in conjunction with other photographs, in any medium now or hereafter known, and for any school-related purpose, including (but not by way of limitation) illustration, promotion or other non-commercial use, and;
- To use my name or my child's name in connection therewith if he/she so decides.

I hereby release and discharge \_\_\_\_\_ (name of school) from all and any claims and demands ensuing from or in connection with the use of photographs/images, including any and all claims for libel and invasion of privacy. This authorization and release shall inure to the benefit of the legal representatives, licensees, and assigns of the \_\_\_\_\_, including the person(s) for whom he/she took the photograph(s).

I have read the foregoing and fully understand the contents hereof. I represent that I am the [parent/guardian] of the above named model. For value received, I hereby consent to the foregoing on his/her behalf.

Authorized from (date) \_\_\_\_\_ through (date) \_\_\_\_\_

Minor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent's E-mail Address: \_\_\_\_\_

**OFFICE:** Signed forms should be retained up to but not beyond the time indicated on this form. Reauthorization should be secured if the photo(s) is to be used beyond the period of time for which previous parental/guardian authorization was granted.

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3950 Mechanicsville Rd.

Whitehall, PA 18052

610-799-2341 FAX 610-799-2342

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School Phone Number: \_\_\_\_\_

To Whom It May Concern:

Please send the cumulative records, transcript of grades, and health records for the following student(s) who has/have enrolled at

<u>NAME</u>	<u>BIRTHDATE</u>	<u>GRADE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby give permission for the transfer of my child's/children's records according to the above request.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Columbia Union Conference  
Office of Education

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Minor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent's E-mail Address: \_\_\_\_\_

***OFFICE:** Signed forms should be retained up to but not beyond the time indicated on this form. Reauthorization should be secured if the photo(s) is to be used beyond the period of time for which previous parental/guardian authorization was granted.*