



For Office Use Only:

Date of Application: ___/___/___

Date of Reservation Payment: ___/___/___

Date of Follow-Up Letter: ___/___/___

New Student Application for Admission

For your student to be considered for enrollment at Yakima Adventist Christian School, please complete the following:

Step One: Data Collection

- Complete the attached New Student Application Packet.

Step Two: Document Provision

Provide the office with a copy of the student's:

- Birth Certificate
- Immunization Record
- Recent Physical Exam

Step Three: Financial Arrangements

- Complete and return the scholarship application packet (if needed).
- Sign and return the Financial Agreement Form.
- Pay the reservation fee of \$125 per student.



Application for Admission 2018-2019

Please complete this form to the best of your ability.

Student Name: _____ Date of birth: _____

Place of Birth: _____ Gender (circle): Male Female

What grade will your student be entering for the 2017-18 school year?

Student's address: _____

Has your student been baptized into the Seventh-day Adventist Church? Yes No

If yes, when? _____ If yes, where is your student's membership currently held? _____

Parent/Guardian information

Marital Status: Married Divorced Separated Other (Please Explain): _____

With whom does the student live? _____

Contact One: Parent Guardian

Name: _____

Address: _____

Email: _____

Phone: _____

Mobile Phone: _____

Have you been baptized into the Seventh-day Adventist Church?

Yes No

If yes, where is your membership currently held?

Contact Two: Parent Guardian

Name: _____

Address: _____

Email: _____

Phone: _____

Mobile Phone: _____

Have you been baptized into the Seventh-day Adventist Church?

Yes No

If yes, where is your membership currently held?

Do you consent to receive emergency texts from the school's emergency alert system? Yes No

The office will only send emergency texts in the event of a school emergency or to notify parents of school cancellations/delays due to inclement weather.

Does your student have a "no contact" or restraining order to protect them from another adult? Yes No

If yes, copies of official custody and "no contact" or restraining order paperwork must be on provided to the school.

Does your student have any allergies, asthma, or other special medical needs of which the school should be made aware?

Yes No

If yes, explain: _____

In addition, the office will provide you with an additional medical questionnaire packet. It must be completed and signed by the parent and physician before the student may attend school.

Please read the student handbook for additional information and guidelines.

_____ (initial) **1. Pre-Registration:** I understand that the \$125 reservation fee is non-refundable.

_____ (initial) **2. Financial Commitment:** I have read and understand that I am responsible for tuition and other fees as explained in the student handbook.

I understand that a financial plan signed by the person responsible for the tuition bill will need to be submitted to the school before the student begins classes. **Yes** **No**

I am applying for tuition assistance. **Yes** **No**

If yes, please indicate which category: *(The appropriate additional application may be acquired from the office.)*

The Jay Sloop Hispanic Assistance Fund (of which non-constituent SDA hispanic students are eligible)

The Genesis Fund (of which students experiencing financial difficulties due to family medical bills are eligible)

The Cornelius Fund (of which non-Seventh-day Adventist students are eligible)

_____ (initial) **3. Payment Options:** Please indicate which option you intend to utilize.

Cash or Check: to be turned in to the office by the 15th of the month.

Electronic Check: possible through <https://adventistschoolpay.org/?OrgID=ANIIB9>

Debit or Credit Card: this option can be completed at the office or online. There will be a 3% surcharge.

_____ (initial) **4. Immunization:** **Yes** **No** The office has received my student's most current immunization record. If you have selected "no," please attach an updated record to this readmission application.

_____ (initial) **5. Photo/Video Release:** I grant YACS permission to use photographs of my student in papers, magazines, and/or online on the school or other church-related sites.

_____ (initial) **6. Library & Textbooks:** I commit to paying the school's replacement fee if any textbooks, library books, or Kindles (grades 5-10) are misplaced or misused beyond normal wear and tear.

_____ (initial) **7. Dress Code:** I have read and understand the YACS dress policy in the student handbook and will help my child understand and abide by the rules.

_____ (initial) **8. Code of Conduct:** I have read the "Code of Conduct" policy in the student handbook and will ensure my student understands these rules.

_____ (initial) **9. Technology:** I have read the "Technology" policy in the student handbook and will ensure my student understands these rules.

_____ (initial) **10. Safe Student:** I have read the "Safe Student" policy in the student handbook and will ensure my student understands these rules.

_____ (initial) **11. Health Physical:** I understand that my new student is required to undergo a health physical and turn in the report to the office.

Parent/Guardian Name: _____ Date: _____

Signature: _____



Emergency Contacts (Other than Parent/Guardian):

Name: _____

Address: _____

Phone (Home): _____ Phone (Cell): _____ Phone (Work): _____

Doctor: _____

Address: _____

City, State, Zip: _____ Phone: _____

Dentist: _____

Address: _____

City, State, Zip: _____ Phone: _____

Continuing Consent to Treatment and Authorization to Release Information:

We, 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 the following physician, _____, 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 other 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 either Yakima Adventist Christian School (to which the custody of the minor has been entrusted) or the physician to exercise their best judgement as to the requirement of such diagnosis or treatment.

This consent shall remain in continuous effect until revoked in writing and delivered to Yakima Adventist Christian School.

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

Signed by:

Guardian: _____ Date: _____

Guardian: _____ Date: _____



Marketing Questionnaire:

We are so glad that you are interested in becoming a part of our community! How did you find out about Yakima Adventist Christian School? Mark all that apply:

- From a friend (please specify): _____
- From an advertisement in the *Playdate* magazine
- From a Facebook post
- From an internet search
- Other (please specify): _____