

Application Form

2020-2021

Student Name: _____

Parent/Guardian Name: _____

Today's Date: ____/____/____

Office Use Only:

Student ID #: _____ Renweb

Circle Current Grade: K, 1, 2, 3, 4, 5, 6, 7, 8

Enrollment Application

For **NEW** Students

2020-2021 School Year



Teaching Christian Standards, Developing Academic Excellence

A Seventh Day Adventist K-8 Grade School



JOURNEY TO EXCELLENCE

2629 Horseshoe Drive South Naples, FL 34104

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www.naplesacs.org

Academic Year: 2020 /21

FOR OFFICE USE ONLY

Student Enrollment Form

PLEASE PRINT CLEARLY.

Student Information

Name of Staff Completing Form: _____		Date: _____	
Student #: _____		Date of Application: _____	
Grade: _____		<input type="checkbox"/> Birth Verification (Certificate received?) <input type="checkbox"/> Health Exam Valid? <input type="checkbox"/> Entrance Test	
<input type="checkbox"/> Immunization Certificate Valid? <input type="checkbox"/> Records Requested? <input type="checkbox"/> Records Received?			
Full Legal Name: _____			
Date of Birth: _____ / _____ / _____	Age: _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Social Security #: _____ - _____ - _____
Residence Address: _____		Apt. # _____	City _____ State _____ Zip _____
<i>All school mailings will be sent to this address.</i>			
Mailing Address: _____		Apt. # _____	City _____ State _____ Zip _____
<i>Complete ONLY if different than residence address.</i>			
Birthplace: _____		Birth Country if other than US: _____	
City _____ State _____			
Ethnicity (optional): <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Caucasian Non-Hispanic <input type="checkbox"/> Black Non-Hispanic <input type="checkbox"/> Hispanic			
<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Multiracial <input type="checkbox"/> Other			

PARENT/GUARDIAN INFORMATION:

If parents are divorced or separated, who has legal custody of the child? Mother Father Both Other: _____

Check all that apply:

PARENTS' STATUS: Married Separated Divorced Remarried Single Deceased (Mother Father)

STUDENT LIVES WITH: Mother Father Step-mother Step-father Both Parents Grandparent Foster Parent

MOTHER/GUARDIAN INFORMATION:

<input type="checkbox"/> 100% <input type="checkbox"/> 50% <input type="checkbox"/> Weekends only <input type="checkbox"/> Report Card <input type="checkbox"/> Mailing list only <input type="checkbox"/> No Contact	Mother or Guardian: _____	Authorized Pickup <input type="checkbox"/> Yes <input type="checkbox"/> No	Legal Custody <input type="checkbox"/> Yes <input type="checkbox"/> No	Shared Custody <input type="checkbox"/> Yes <input type="checkbox"/> No
	Home Address: _____	Call: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Don't Call		
	<i>Complete ONLY if different than STUDENT's Residence address.</i>	Work Phone: (____) _____ Extension: _____		
	Occupation: _____	Cell Phone: (____) _____		
	Place of Employment: _____	Home Phone: (____) _____		
	Relationship to student: _____	Email address: _____ <input type="checkbox"/> Home <input type="checkbox"/> Work		
	Spouse's Name: _____			
	<i>Complete ONLY if STUDENT's Guardian.</i>			
	<i>if different than father</i>			

FATHER/GUARDIAN INFORMATION:

<input type="checkbox"/> 100% <input type="checkbox"/> 50% <input type="checkbox"/> Weekends only <input type="checkbox"/> Report Card <input type="checkbox"/> Mailing list only <input type="checkbox"/> No Contact	Father or Guardian: _____	Authorized Pickup <input type="checkbox"/> Yes <input type="checkbox"/> No	Legal Custody <input type="checkbox"/> Yes <input type="checkbox"/> No	Shared Custody <input type="checkbox"/> Yes <input type="checkbox"/> No
	Home Address: _____	Call: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Don't Call		
	<i>Complete ONLY if different than STUDENT's Residence address.</i>	Work Phone: (____) _____ Extension: _____		
	Occupation: _____	Cell Phone: (____) _____		
	Place of Employment: _____	Home Phone: (____) _____		
	Relationship to student: _____	Email address: _____ <input type="checkbox"/> Home <input type="checkbox"/> Work		
	Spouse's Name: _____			
	<i>Complete ONLY if STUDENT's Guardian.</i>			
	<i>if different than mother</i>			

GUARDIAN CARE INFORMATION:

Is Student in foster care placement? Yes No If yes, name of guardian: _____

If yes, please provide proof of legal guardianship.

Court ordered custody/restraint documentation provided? Yes No If yes, must submit signed court order prior to enrollment.

STUDENT LANGUAGE INFORMATION:

Is a language other than English used at home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language: _____
Does the student have first language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language: _____
Does the student most frequently speak a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language: _____
In which language do you prefer to be contacted either in writing or by phone? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Creole
Has your child been in attendance in a U.S. school for less than 3 full years? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, date entered U.S. school: / /

EDUCATIONAL BACKGROUND:

List the schools/Preschool student has attended in the past other than NACS (beginning with the most recent):			
School: _____	Grade(s) Attended: _____	Phone: (_____) _____	
Mailing Address: _____			
WITHDRAWAL DATE: _____	City _____	State _____	Zip _____
Reason for leaving: _____			
School: _____	Grade(s) Attended: _____	Phone: (_____) _____	
Mailing Address: _____			
WITHDRAWAL DATE: _____	City _____	State _____	Zip _____
Reason for leaving: _____			
Was student in any Exceptional Education program at previous school, i.e. Speech, SLD, Gifted? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was student in an ESL program at previous school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has student ever been arrested resulting in charge or juvenile justice action? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, see Principal.			
Has student been suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what school? _____ When? _____			
Has student been expelled? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what school? _____ When? _____			

CHURCH INFORMATION:Is Student a baptized Adventist? Yes No | If yes, date of baptism: _____

Are you a Seventh Day Adventist? <input type="checkbox"/> Yes <input type="checkbox"/> No		*SDA (Seventh Day Adventist Church)
Mother, if applicable: SDA <input type="checkbox"/> Yes <input type="checkbox"/> No Other: _____	Location of Church Membership: _____	
Father, if applicable: SDA <input type="checkbox"/> Yes <input type="checkbox"/> No Other: _____	Location of Church Membership: _____	
Student, if applicable: SDA <input type="checkbox"/> Yes <input type="checkbox"/> No Other: _____	Location of Church Membership: _____	
Where do you, (<i>Mother</i>), attend church? _____	Where do you, (<i>Father</i>), attend church? _____	

PARENT/GUARDIAN ACKNOWLEDGEMENT OF ENROLLMENT APPLICATION & INFORMATION RECEIVED:

I certify that the enrollment information supplied on all documents is true, accurate and complete:				
_____ / _____ / _____	_____	_____	Date: _____ / _____ / _____	
Parent/Guardian Signature	Parent /Guardian Printed Name	Relationship	MM	DD YY

Educators Delivering GREAT Education that is:

God-Centered,
Results Oriented, in an
Environment that Nurtures,



This order is valid only for current School Year: 2020/21

Student's Name:	Date of Birth: / /	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Student's Grade:	Student's Age:
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MEDICATION AUTHORIZATION FORM:

This form must be fully completed in order for the required medication to be administered. A new medication administration form must be completed at the beginning of each school year, for each medication, and each time there is a change in medication, dosage, or time of administration of the medication.

Prescription medication must be in a container labeled by the pharmacist or prescriber.

PRESCRIBER'S AUTHORIZATION/MEDICATION INFORMATION:

This Section to be filled out by Physician ONLY.

Allergies:

Medical Condition for which medication will be required for student in school:

Name of Medication: Prescription: Over-the-Counter (non-prescription):

Route to administer (please check one): Oral (BY MOUTH) Topical (ON THE SKIN) Inhaled (BREATHED) Subcutaneous (INJECTED)

Other (describe):

Dosage: Frequency: Time of Day: (ex. 11:00 A.M.)

Is this a new medication? Yes No If yes, the first dose must be administered at home.

Special Instructions:

Prescription medications require healthcare provider signature below:

Physician's Name (Print): Physician's Phone Number:

Physician's Signature: Date: Fax Number:

I have prescribed the student to self-carry MDI, pancreatic enzymes, EPI-PEN, or other life saving medications described on this page.

EMERGENCY CARE PERMISSION AND AUTHORIZATION OF SHARING OF INFORMATION:

When a child suffers any injury or illness while in school, an immediate and continuing effort will be made to contact the parent(s) or legal guardian(s) of that child. In the case of serious injury or illness, first aid will be rendered in accordance with school policies. If I cannot be reached by telephone, in the event of an emergency involving the above named student, please call Emergency Services.

I (We) further authorize school officials to share any of the above named student's medical information with any treating physician, medical specialist, EMT personnel, first responders, and/or first aid personnel if the sharing of the above named student's medical information is necessary to provide the above named student with any necessary medical services due to serious illness, accident, and/or injury.

An immediate and continuing effort will be made to contact the parent(s) or legal guardian in case of serious injury or illness.

Parent/Guardian Initial Acceptance here:



PARENT/GUARDIAN AUTHORIZATION:

1. I give permission for my child's doctor to be contacted for information regarding the administration of the medication listed on this form.

2. I authorize the above medication to be administered as described or prescribed during school or after-school programs


Parent/Guardian Name Printed:

Parent/Guardian Signature: Date: / /


Home phone: Business Phone: Emergency Phone:

Student's Name:	Student's Grade:	Student's Age:
Last	First	Middle

FIELD TRIP/TRANSPORTATION CONSENT AND Release/Permission for Use of Student Picture(s):

 I hereby give permission for my child to go on school sponsored field trips. I understand that I will be notified of each event and that the students will be well supervised at all times. I do not hold the school and the staff liable, except as covered by insurance. Yes No

My child may ride in transportation arranged by NACS in connection with school activities. Yes No

 I hereby give permission for my child's picture to be used in promotional materials for Naples Adventist Christian School. I understand that I will be notified each time when and where a picture is published. Yes No

It is understood that use of pictures will not produce royalties to my child/me. Yes No

			Date:			
Parent/Guardian Signature	Parent /Guardian Printed Name	Relationship	MM	DD	YY	

PICK-UP RELEASE: PLEASE PRINT CLEARLY.

If unable to pick up your child(ren) and arrangements have been made, please list the names of individuals authorized to pick your child(ren); (LOCAL ADULT(s) - **MUST BE 18+ years of age**); list in order of preference. Always notify the school if unable to pick up your child(ren).

Last Name	First Name	Primary Contact #	Relationship	Authorized Pick Up.
1		<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H		<input type="checkbox"/> Yes
		<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H		<input type="checkbox"/> Yes
3		<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H		<input type="checkbox"/> Yes
4		<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H		<input type="checkbox"/> Yes
5		<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H		<input type="checkbox"/> Yes
6		<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H		<input type="checkbox"/> Yes
7		<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H		<input type="checkbox"/> Yes
8		<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H		<input type="checkbox"/> Yes
9		<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H		<input type="checkbox"/> Yes
10		<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H		<input type="checkbox"/> Yes

CONTRACTUAL AGREEMENT:

Applicant's Pledge and Contract
 I agree to comply with the philosophies, standards, and guidelines of Naples Adventist Christian School.

Parent/Guardian's Contract
 I understand that Naples Adventist Christian School shall have the right, in its sole discretion, to dismiss my student if he/she fails to achieve satisfactory educational performance or either my student or I fail to comply with such regulations and policies. I understand my financial obligation to Naples Adventist Christian School and I contractually agree to pay my child's account balance each month unless otherwise arranged in advance, in writing, with the school. I further understand that all transcripts and academic or other records prepared by Naples Adventist Christian School will not be released until I complete my contractual and financial obligations.

I certify that the enrollment information supplied on all documents is true, accurate and complete:

			Date:			
Parent/Guardian Signature	Parent /Guardian Printed Name	Relationship	MM	DD	YY	