



Wyoming Valley Seventh-day Adventist Elementary School

20__ - 20__ Registration and Information Form

476 Third Street
Mountain Top, PA 18707
570-868-5958

Student's Legal Name: _____ Gender: M/F
Last First Middle Circle

Grade: _____ S.S. Number: _____ Place of Birth: _____
Country State Country

Citizenship: _____ Date of Birth: ____/____/____ Age Today: _____ Baptized: Yes/No Date: _____
Country Circle

Public School District: _____ Church Affiliation: _____ If Baptized, Date: ____/____/____

Address: _____ Phone: _____
Street Apartment City State Zip Code

Father's Legal Name: _____ Citizenship: _____
Last First Middle

Married Divorced Separated Never Married. I am the Natural Legal Guardian Step Foster

Home Phone: _____ Business Phone: _____ Cell Phone: _____ S.S. #: _____

Occupation: _____ Email Address: _____ Church Affiliation: _____

Home Address if different from the child's: Address: _____
Street Apartment City State Zip Code

Interests/Ways I would like to be involved at school: _____

Mother's Legal Name: _____ Citizenship: _____
Last First Middle

Married Divorced Separated Never Married. I am the Natural Legal Guardian Step Foster

Home Phone: _____ Business Phone: _____ Cell Phone: _____ S.S. #: _____

Occupation: _____ Email Address: _____ Church Affiliation: _____

Home Address if different from the child's: Address: _____
Street Apartment City State Zip Code

Interests/Ways I would like to be involved at school: _____

***If with non-birth parent, must attach the information.**

Emergency Information: In addition to parent contact information two (2) emergency contact persons and telephone numbers are required.

Contact Person's Name	Telephone Number	Relationship to Student
1. _____	_____	_____
2. _____	_____	_____

Student's Physician's Name: _____ Phone: _____

Continuing Consent to Treatment and Authorization to Release Information in Cases of Emergency

In the case of a medical or disaster emergency, I, the undersigned parent or guardian of the above mentioned student, do hereby consent to any X-ray examination, anesthetics, medical or surgical diagnosis or treatment, and hospital service that may be rendered to said minor under the general or special instruction of the above named physician or any physician *Wyoming Valley Seventh-day Adventist Elementary School* may call whether such diagnosis or treatment is rendered at the office of said physician or a licensed hospital. It is understood that every reasonable effort will be made to contact the doctor listed before any other physician is called by *Wyoming Valley Seventh-day Adventist Elementary School*.

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 *Wyoming Valley Seventh-day Adventist Elementary School* or the physician to exercise best judgment as to the requirement of such diagnosis or treatment.

This consent shall remain in continuous effect throughout the school year until revoked in writing and delivered to the physician named above or to *Wyoming Valley Seventh-day Adventist Elementary School*.

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

Parent's Signature: _____ Date: _____

Witness's Signature: _____ Date: _____

Student Media Release

From time to time during the school year, the media may photograph our school and/or students to visually explain the many varied types of programs and events which *Wyoming Valley Seventh-day Adventist Elementary School* has to offer. Those photographs or videotapes may be used in newspapers, magazines, on television, or in other publications.

I give permission for my child to be photographed for the purpose explained above. Yes No Parent's Initials: _____

Also, *Wyoming Valley Seventh-day Adventist Elementary School* has opportunity to publish and/or display student work on bulletin boards, in school publications, conference and union publications, and other venues.

I give permission for my child to be photographed for the purpose explained above. Yes No Parent's Initials: _____

Learning Materials/School Property Rental/Replacement Agreement

I agree to pay the replacement cost of any textbooks, library materials, computer software or hardware, or other learning materials assigned to my child, or any property belonging to the school, another student, teacher, or staff member that my child damages beyond normal wear and tear.

Parent's Signature: _____ Date: _____

I will treat all school books and materials with care. (3rd grade and above.) Student's Signature: _____

Due Process

I have received and agree to abide by the procedures and policies as stated in the current *Wyoming Valley Seventh-day Adventist Elementary School Handbook*. I also understand that rules and policies announced by the administration during the school year will take precedence over statements previously printed in the Handbook. I agree to support and abide by school policies.

Parent's Signature: _____ Date: _____

I will obey school rules and policies. (3rd grade and above.) Student's Signature: _____

Transportation

My student will travel to and from school by: Private Vehicle School Bus Name of driver/ bus district: _____

Phone Number of Driver: _____

Special Information

Allergies: _____ Other: _____

Academic/Behavioral: _____

Health Records

Physical and Dental Exams are required for the following grade level students. Please check the appropriate boxes.

	Updated Immunizations	Physical Exam	Dental Exam	Birth Certificate	Office Use
All Students				<input type="checkbox"/> Yes <input type="checkbox"/> No	
K & All new students	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
1 st Grade			<input type="checkbox"/> Yes <input type="checkbox"/> No		
3 rd Grade			<input type="checkbox"/> Yes <input type="checkbox"/> No		
6 th Grade		<input type="checkbox"/> Yes <input type="checkbox"/> No			
7 th Grade	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Personal Information Release

I agree to allow the following to be released to the *Home and School Association* for inclusion into the school directory and for contact use.

Parent Initials: _____ Check all that apply. Home Telephone Home Address
 Cell Phone # Email address

Notice of Nondiscrimination

Wyoming Valley Seventh-day Adventist Elementary School is committed to equal educational opportunities for students, and does not discriminate on the basis of race, color, gender, or national origin.