



## APPLICATION PACKET CHECK LIST 2021-2022

Your application will be considered only after the following has been *completed and received*:

- Completed and signed *Application for Admission* form – signed by both parents and student.
- *Reference Form*
- *School Volunteer Information*
- *Volunteer Driver Form*; if parent or guardian would like to drive for field trips.
- *Consent to Treatment*,
- *Student Medical Record* and *Physician's Examination* (completed and signed by physician);
- *Financial Contract* - signed by both parents, and the financial responsible parent/guardian;
- *Student release* form;
- *Acceptable Use Policy*,
- *User Agreement and Parent Permission Form* – signed by parent and student.
- *Parent Information and Commitment form* – signed and initialed;
- *Guidelines for K-8 students during off-campus trips* – signed by student
- *Request for student records*;
- *Records of Immunizations*.
- *Birth Certificate*
- Payment of full registration fee of **\$495.00**
- *First Tuition Payment – Due at Registration*

As soon as all the above has been received, an interview with the student and parents (by the principal and teacher) will be arranged.

Parents will be advised of the decision, soon after the interview. (A unanimous favorable vote is required for admittance.)

Successful interviewees will be accepted in order of the receipt date of the completed application packet. If the classroom is already filled, they will be placed on the waiting list in order of the receipt date of the completed application packet.



Date  
Interviewed: \_\_\_\_\_

Date  
Accepted: \_\_\_\_\_

Grade  
Approved: \_\_\_\_\_

NAD ID # \_\_\_\_\_

## APPLICATION for ADMISSION 2021-2022

Date of application: \_\_\_\_\_

Grade applying for: \_\_\_\_\_ Age \_\_\_\_\_ Gender: M F Ethnicity \_\_\_\_\_

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

Address \_\_\_\_\_  
Street City State Zip

Name student goes by \_\_\_\_\_ Birth date \_\_\_\_\_  
Nick name month / day / year

Check document submitted to verify birth date for child entering **Kindergarten or First Grade**:

- Birth certificate       Notarized statement  
 Hospital statement       Passport or visa

Verified by School Official

Is this student a baptized member of the Seventh-day Adventist church?       Yes       No

If yes, date baptized \_\_\_\_\_ Church where membership is held \_\_\_\_\_

If student has another church affiliation, please specify \_\_\_\_\_

- Student lives with both parents       Student lives with guardian  
 Student lives with Mother       Student lives with Father  
If the student lives with one parent, who has legal custody?       Father       Mother       Other

If other, please specify: \_\_\_\_\_

Who is responsible for tuition payment?       Both parents       Father       Mother       Other\*

\* Name of person *responsible for tuition payment, if not* Father or Mother : *(This person to sign the Financial Contract)*

Full name \_\_\_\_\_





Brothers / Sisters of Student:

Name	Age	School Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has this student been previously identified as qualifying for a **gifted education** program?  Yes  No

If yes, what kind? \_\_\_\_\_ When? \_\_\_\_\_

Where? \_\_\_\_\_ By whom? \_\_\_\_\_

Has this student been previously identified as qualifying for a **special education** program?  Yes  No

If yes, what kind? \_\_\_\_\_ When? \_\_\_\_\_

Where? \_\_\_\_\_ By whom? \_\_\_\_\_

Does the student have an **unpaid account** at another school?  Yes  No

If so, state where? \_\_\_\_\_

**PHOTO/VIDEO RELEASE:**

I hereby grant permission to the Hollister SDA Christian School to use my child's photograph/video image for school use: **(please initial)**

school brochures \_\_\_\_\_ advertising \_\_\_\_\_ posters \_\_\_\_\_ school web site \_\_\_\_\_  
bulletin boards \_\_\_\_\_ yearbook \_\_\_\_\_ newsletter \_\_\_\_\_ social media \_\_\_\_\_

**STUDENT CONTRACT:**

I agree to uphold the school's regulations. I pledge to uphold the policies of the Hollister SDA Christian School and will give my cooperation and loyalty to the school and its employees. I will live in harmony with the school's Christian principles.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

**PARENT/GUARDIAN CONTRACT:**

I/We the undersigned, hereby agree to support school regulations and to help my/our child observe them, to supply physical examination reports for this student, a) entering this school for the first time, b) at first grade, c) at seventh grade (this should include the scoliosis examination), and d) when required by the Conference Board of Education; and to accept all financial and educational obligations for this student.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's Signature/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Signature/Guardian's Signature

Family Name: \_\_\_\_\_



## REFERENCE

How did your family hear about Hollister SDA Christian School?

- School Web Site
- Social Media
- Movie Theater Ad
- San Benito County Fair
- Advertisement in newspaper \_\_\_\_\_
- Telephone Directory
  - TransWestern Publishing
  - South Valley
  - Yellow Pages
  - Other \_\_\_\_\_
- School Brochure
- Church \_\_\_\_\_
- Friend or Relative\*
- Current Parent/Student of HSDACS\*
- Other \_\_\_\_\_

\*If you were referred by a friend/relative/current parent, please provide their full name and address:

Name: \_\_\_\_\_

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

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please print



Family Name: \_\_\_\_\_

## SCHOOL VOLUNTEER INFORMATION

Greetings Parents. Thank you for all you do already to give your children the best possible opportunities for success. A study put out in 2009 concluded parental involvement at school is more likely to improve academic performance in middle scholars than helping them with homework. Being involved here at school also decreases behavioral problems and increases the likelihood of completing high school down the road.

We know many of you are already involve here at school in many capacities. If you haven't gotten involved yet, or are looking to help your child's class specifically, here are some things which we would appreciate an extra set of hands, eyes and brains.

Please check below the ways you are willing to volunteer at our school.

- |  |   |
|--|---|
| _____ Driving for Field Trips                            | _____ Fundraising                                     |
| _____ Paper Correction                                   | _____ Room Parent                                     |
| _____ General Maintenance                                | _____ Serving Hot Lunch (11pm- 1pm) _____             |
| _____ Gardening/ Ground Cleaning                         | _____ Recess Supervision (9:30am - 10am) _____        |
| _____ Classroom Cleaning (3:15pm - 5:15pm)               | _____ PTO/ Home and School activities and events      |
| _____ Lego Robotics (3:15pm -05:15pm)                    | _____ Classroom Aide ( ) Kindergarten ( ) K-2 ( ) 3-8 |
| _____ Sport Coaches: 3 hours per week                    | _____ Art & Craft: 3 hours per week                   |
| _____ Library (10am - 12pm)                              | _____ Classroom Library                               |
| _____ Office Aide (12pm - 3:30pm)                        | _____ Afterschool Supervision (K-8) 3:15pm - 6pm      |
| _____ Singing & Instrument Instruction: 3 hours per week |   |

Other (list below)

<https://www.ncsrisk.org/adventist/index.cfm?>

**NOTE:** All parent volunteers, including drivers for field trips, are required to complete Verify the Vulnerable and have a background check. Please ask the office manager for information.

\_\_\_\_\_  
Parent Name (please print)

\_\_\_\_\_  
Date



Student(s): \_\_\_\_\_  
\_\_\_\_\_

## VOLUNTEER DRIVER (AUTO POLICY INFORMATION REQUIRED)

1. Name \_\_\_\_\_
2. Driver's License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_
3. Driving History (last 3 years)
- Any traffic tickets? Yes  No
- If yes, please describe \_\_\_\_\_
- Any accidents? Yes  No
- Any accidents your fault? Yes  No
- If yes to either of the above, please describe \_\_\_\_\_  
\_\_\_\_\_
4. Name of your insurance company \_\_\_\_\_
- Policy Number \_\_\_\_\_ Effective dates \_\_\_\_\_ -- \_\_\_\_\_
5. **Limits of Coverage Required:**
- |                             |                                     | Your Policy Limits | Office Use               |
|-----------------------------|-------------------------------------|--------------------|--------------------------|
| A. Per Person/Bodily Injury | (Minimum <b>\$15,000/\$30,000</b> ) | \$ _____           | <input type="checkbox"/> |
| B. Property Damage Payments | (Minimum <b>\$50,000</b> )          | \$ _____           | <input type="checkbox"/> |
| C. Medical Payments         | (Minimum <b>\$5,000</b> )           | \$ _____           | <input type="checkbox"/> |
| D. Uninsured Motorists      |                                     | \$ _____           | <input type="checkbox"/> |
6. Number of Passengers/Car \_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR CURRENT POLICY SHOWING COVERAGE AND EXPIRATION DATE.**

Please be advised that while the group is in transit, your car insurance is responsible in the event of an accident. For your protection, the Central California Conference of Seventh-day Adventists **requires** that all vehicles transporting students for any school outing must carry the above insurance requirements.

I certify that I have provided accurate and up-to-date information about my car insurance, and I am aware that my policy is the first carrier to cover the students while they are in transit. I will update my information when needed.

I certify it is my responsibility to complete a background *check and be cleared* by the Central California Conference as a chaperone/volunteer for the Hollister SDA Christian School. <https://www.ncsrisk.org/adventist/index.cfm?>

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date

2021/2022



Allergies:

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

# CONSENT TO TREATMENT

Only designated staff will have access to the completed form. This form will be stored in a locked file.

This form must be filled out at the beginning of **each** school year, to cover the activities for the school year. A copy of each student's form must be taken on off-campus activities.

Student Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Birth date \_\_\_\_\_ Age \_\_\_\_\_  
month / day / year

Father/Guardian's Name \_\_\_\_\_

Home ☎ \_\_\_\_\_ Work ☎ \_\_\_\_\_ Cellular ☎ \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_

Home ☎ \_\_\_\_\_ Work ☎ \_\_\_\_\_ Cellular ☎ \_\_\_\_\_

Please describe **allergies** to substances, food and medication: \_\_\_\_\_

If on regular medication, please specify: \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

Please give the name of your local pediatrician to be called in case your son or daughter becomes ill, or has an accident at school and you cannot be reached.

1. Physician \_\_\_\_\_

Address \_\_\_\_\_

Office Telephone Numbers \_\_\_\_\_

2. Dentist \_\_\_\_\_

Address \_\_\_\_\_

Office Telephone Numbers \_\_\_\_\_

Please give the names of two relatives or friends who have consented to assume the responsibility of your son or daughter in case of illness or accident until you can be reached. In case of any changes in the named persons, please notify the school in writing.

1. Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

If emergency service involving medical action or treatment is required and neither the parent nor the student's physician can be reached for consent, the parents hereby consent to the rendering of such emergency medical service for the above named student, as shall be necessary in the medical opinion of the doctor rendering the service. This authorization is given pursuant to the local state Civil Code.

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





Allergies
_____
_____
_____
_____

# STUDENT MEDICAL RECORD

Only designated staff will have access to the completed form. This form will be stored in a locked file.

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Birth date \_\_\_\_\_  
month / day / year

Father/Guardian's Name \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_

History: (Past illnesses and allergies. Please check those he/she has had.)

- Cancer
- Chicken Pox
- Diabetes
- Diphtheria
- Epilepsy
- Heart Disease
- Measles

- Rheumatic Fever
- Scarlet Fever
- Tuberculosis
- Whooping Cough
- Ear Infections
- Other

**Allergies:**

- Asthma
- Hay Fever
- Insect Bites
- Penicillin
- Other Drugs

Explain briefly factors such as surgeries, serious accidents or injuries, congenital defects, which may affect the child's school experience.

\_\_\_\_\_

Indicate physical problem by check:       Hearing                       Heart                       Sight                       Speech

Other \_\_\_\_\_  
Specify

**IMMUNIZATIONS** – An official record of immunizations must accompany this medical record for all students entering school for the first time in the United States regardless of grade level. Records considered official are:

- State Immunization Record
- Health Provider Record – must have signature, stamp, or initials next to each date.
- Physician's Record
- County Health Department Record
- Official Immunization Record from another state
- School Immunization Record

**LABORATORY RECORD**

	Type *	Dates Given	Given by	Date Read	Read By	Impression
<b>TB SKIN TESTS</b>	<input type="checkbox"/> PPD Mantoux					<input type="checkbox"/> Pos
	<input type="checkbox"/> Other _____					<input type="checkbox"/> Neg
	<input type="checkbox"/> PPD Mantoux					<input type="checkbox"/> Pos
	<input type="checkbox"/> Other _____					<input type="checkbox"/> Neg
	<input type="checkbox"/> PPD Mantoux					<input type="checkbox"/> Pos
	<input type="checkbox"/> Other _____					<input type="checkbox"/> Neg

If required by school entry, must be Mantoux unless exception granted by local health department.

**CHEST  
X-RAY**

Film date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_      Impressing:     normal     abnormal  
 Person is free of communicable tuberculosis     yes     no

Signature/Agency \_\_\_\_\_



## PHYSICIAN'S EXAMINATION\*

Height \_\_\_\_\_

Weight \_\_\_\_\_

Blood Pressure \_\_\_\_\_

**Pertussis Booster (Tdap) completed for entry into 7<sup>th</sup> grade.** Date given \_\_\_\_\_

	Normal	Abnormal	Not Examined	
Skin				<b>Explain Abnormalities</b> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Eyes, vision, glasses				
Ears, hearing				
Nose and throat				
Mouth, teeth, speech				
Glands				
Chest, lungs				
Cardiovascular, heart				
Abdomen, enlargement				
tenderness				
hernia				
Spine, back				
<b>Scoliosis for Grade 7</b>				
Posture				
Extremities				
Genitourinary				
Nervous System, reflexes				
Nutritional Status and general appearance of the child				

Recommendations for additional medical or dental care \_\_\_\_\_

This student may participate in a normal physical education program, which includes such activities as running, jumping, tumbling.  
 Yes     No  
 If student must be restricted from participating in activities such as are listed above, please indicate physical activities that may be permitted:  
 \_\_\_\_\_

Date \_\_\_\_\_ Physician's Signature \_\_\_\_\_  
 Address \_\_\_\_\_

\* To be completed by a physician and kept on file at the school for all children, a) entering this school for the first time, b) at first grade, c) at seventh grade (this should include the scoliosis examination), and d) when required by the Conference Board of Education.



2021/2022

Student Name: \_\_\_\_\_



## STUDENT RELEASE FORM

Your child(ren) can be released to those authorized individuals listed below **only**. Please list those adults authorized to pick up your child(ren) from school in the event that you will not be able to pick them up. If there are **any changes** to this list during the year, please make those changes **IN PERSON at the school office during school hours**.

	NAME	TELEPHONE NUMBER	RELATION TO CHILD
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____

PARENT NAME: \_\_\_\_\_  
(Please print)

\_\_\_\_\_   
Emergency Contact #:

SIGNED: \_\_\_\_\_  
Parent / Guardian

\_\_\_\_\_   
Date



## ACCEPTABLE USE POLICY

The Hollister SDA Christian School of the Seventh-day Adventist education system is pleased to offer their students access to a computer network for electronic mail and the Internet. To gain access to e-mail and the Internet, both parent and student must sign and return this form to the school.

The Internet is a powerful resource for expanding the educational experience of each student. Access to e-mail and the Internet will enable students to explore thousands of libraries, databases, and bulletin boards while exchanging messages with Internet users throughout the world. Unfortunately, it is true that some material accessible via the Internet may contain items that are illegal, defamatory, inaccurate, or offensive. We believe, however, that the benefits to students in the form of information resources and opportunities for collaboration exceed any disadvantages; and, therefore, support the school's choosing to make the Internet available to our students. But because ultimately, parents and guardians are responsible for setting and conveying the standards that their children should follow when using media and information sources, we respect each family's right to decide whether or not to apply for access.

Since the network is provided for students to conduct research and communicate with others at school, access is given to students who agree to act in a considerate and responsible manner. Parental permission is required. Access, is a privilege, not a right. Access entails responsibility.

Students are responsible for Christian behavior and communication on the school computer network, just as they are anywhere on the school campus. It is presumed that users will comply with school standards and will honor the agreements they have signed. The school takes very seriously the responsibility for appropriate use of the network. School staff will guide students toward resources acceptable within the framework of the general school standards. If a student should access inappropriate material, the school will not be liable and the student will forfeit network privileges at this institution.

Computer storage files will be treated like school lockers. School staff may review files and communications to maintain system integrity and ensure that users are using the system responsibly.

Students will adhere to Christian principles and will:

- be responsible and courteous in all communications;
- be responsible with all computer hardware and software;
- keep their passwords to themselves;
- respect the confidentiality of folders, work and files of others;
- learn about and observe copyright laws;
- not use the school's computers for personal use, including checking personal e-mail, corresponding in any way with individuals outside the Hollister SDA Christian School, blogging, chatting, shopping, etc.

Any activity not in accordance with these general rules may result in a loss of access, as well as other disciplinary or legal action.

\_\_\_\_\_  
PARENT SIGNATURE



## User Agreement and Parent Permission Form

As a user of the school's computer network, I agree to comply with the above stated rules communicating over the network in a reliable fashion while honoring all relevant laws and restrictions.

Student Signature \_\_\_\_\_

Student Name \_\_\_\_\_

Student Grade \_\_\_\_\_

As the parent or legal guardian of the student signing above, I grant permission for my son or daughter to access networked computer services such as electronic mail and the Internet for educational purposes. I understand that individuals and families may be held liable for any inappropriate behavior. I understand that some materials on the Internet may be objectionable, but I accept responsibility to work with the school in guidance of Internet use, setting and conveying standards for my child to follow when selecting, sharing or exploring information and media.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Name (Printed) \_\_\_\_\_



## Parent Commitment

- 1) We have read and understand the school's Mission Plan, Philosophy Statement, and the School Objectives, we are in agreement with them, and we commit to personally uphold and practice them in our lives.
- 2) We, as parents, accept the challenge to *"train up a child in the way he should go"* (Proverbs 22:6). We further pledge to work with the teachers and staff at the Hollister SDA Christian School as a team to achieve this goal.
- 3) We understand that we, as parents/guardians have the primary responsibility for our child's education, and that we have an obligation to be actively involved with the school in the education of our child. We agree to uphold and support the high academic, Biblical, and moral standards of the school by providing a place at home for our child to study, by requiring our child to complete all school and homework assignments, and by giving our child encouragement in the completion of those assignments.
- 4) We will faithfully support the school through our prayers and positive attitude. In keeping with Matthew 18:15, we are committed to giving a good report by sharing any complaints and negative comments in private and only with the adults involved. We will not cause our child to become involved in these matters by our own misconduct and lack of discretion.
- 5) We understand that complaints and negative comments made to other parents, teachers and/or adults not directly involved in an issue undermine and harm all involved, and that practicing of such behaviors is grounds for the School Board to require the withdrawal of our child from the school.
- 6) We will faithfully support the teacher and the Principal. Calls or reports from them concerning our child's behavior will be taken seriously by us. We will work with the teacher to understand the situation, and we will let our child know that our expectations for his/her behavior in school are the same as the teacher's.
- 7) We state that if, for any reason, our child does not respond favorably to the school, we will do everything in our power to cooperate with the school to help our child make the necessary adjustments. If these adjustments cannot be made, then we agree to quietly withdraw our child.

We, the parents/guardians of the student applicant, do sincerely give our commitment to the above items. We understand that enrollment in the school is a privilege and is at the discretion of the School Board. We understand that failure of the parents, guardians and/or child to comply with the established regulations and discipline, parental commitment, or failure to meet financial obligation will forfeit the child's privilege of attending the Hollister SDA Christian School.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date



## Guidelines for K-8 students during off-campus trips

1. The appropriate permission forms must be signed by parent/guardian by the specified deadline - before departure. Phone permission is not acceptable.
2. Students will use school-authorized transportation to and from the activity.
3. Students cannot participate in a school activity organized for a sibling from another grade level unless prior arrangement has been made with the class sponsor.
4. School rules, conduct and dress guidelines will be enforced at all times (Specifically no bikinis or jewelry).
5. Students may not fraternize with strangers or invite them to their location.
6. Curfew times will be announced and enforced.
7. Male and female students must not visit together in each other's room/cabin/tent without the presence of a sponsor at any time, 24 hours daily.
8. Free time for shopping/sight-seeing must be done in groups of a minimum of four students and with full knowledge and supervision of sponsors.
9. All time schedules for activities must be strictly observed.
10. Sponsors/chaperones' instructions must be followed without arguing.
11. Public or private display of affection is not allowed.
12. The property of hotels/cabins must be treated with ultimate care.
13. Social activities must reflect the Christian standards of Hollister SDA Christian School.
14. Parents/Volunteers who participate in the activity must have passed a background check and be cleared by the Central California Conference of Seventh-day Adventists. (Please inquire at the office *well in advance of the planned trip*, to receive information on "Shield the Vulnerable".)
15. Student/parent is responsible for the cost of damage to property and an early return trip home, if necessitated by disciplinary action of the trip sponsors.

***Pledge: I pledge to abide to these and all published guidelines for trips.***

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date





## REQUEST FOR STUDENT RECORDS

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

School Fax Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Please forward all educational/confidential records, **including Special Education Files** pertaining to the student, as well as all cumulative records, attendance, disciplinary and any medical information relative to the student, to the address listed below. Please include any recommendations or other pertinent information as requested.

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

\_\_\_\_\_  
Date

Please send records to:

**THE REGISTRAR/OFFICE MANAGER  
HOLLISTER SDA CHRISTIAN SCHOOL  
400 ISABEL LANE  
HOLLISTER, CALIFORNIA 95023**