

Registration Checklist

Sitka Adventist School

We are very pleased you have decided to enroll your child at Sitka Adventist School. We know God has plenty of rich blessings for all of us.

Please make sure the following items have been taken care of so your child's file is complete and current.

All students:

- _____ Student Enrollment Application
- _____ Financial Planning Worksheet
- _____ Pickup Consent
- _____ Photo Use Policy
- _____ Computer Use Agreement
- _____ Medication Info (RX Administration)
- _____ Parent/Student Pledges (last page of student handbook)

New students:

- _____ Copy of birth certificate
- _____ Copy of physical exam
- _____ Copy of immunization records
- _____ Student Records Request (if applicable)
- _____ Health Information Form

Returning Students:

- _____ Updated immunization/religious exemption records
- _____ Updated Physical Exam (if applicable)



First	Middle	Last
STUDENT'S FULL LEGAL NAME		

Student Enrollment Application for Alaska Conference Seventh-day Adventist Schools

STUDENT INFORMATION

Grade entering	Gender	Age as of August 20	Date of Birth	Baptized SDA?	Place of Birth	Social Security #	Ethnic Origin
	male female	___yrs ___mo	___/___/___ (mo / da / yr)	yes no If yes, which church?	city state		AK Native Asian Hispanic Afro-American Caucasian South Pacific Other: _____

FATHER / GUARDIAN (full legal name)	SDA Church Member?	Telephone	Occupation	Home Address
	yes no If yes, which church?	Home Work Cell		Physical address Mailing address

MOTHER / GUARDIAN (full legal name)	SDA Church Member?	Telephone	Occupation	Home Address
	yes no If yes, which church?	Home Work Cell		Physical address Mailing address

EMERGENCY CONTACT INFORMATION		LAST SCHOOL ATTENDED		Notice of Nondiscrimination
Neighbor/Local Relative	Telephone	Name	Phone	The Seventh-day Adventist Church in all of its church schools, admits students of any race to all the rights, privileges, programs, and activities generally accorded or made available to students at its schools, and makes no discrimination on the basis of race, color, ethnic background, country of origin or sex in administration of education policies, applications for admission, and extracurricular programs. NPUC 3004.88
Neighbor/Local Relative	Telephone	Address	() -	

- Registration Checklist**

 - Birth certificate
 - Current immunization record
 - Current TB test record
 - Physical (new and 1st graders)
 - Consent to Treatment
 - Financial Agreement
 - Registration Fee
 - First month's tuition

Commitment of Student and Parent

I understand and am in harmony with the rules and policies as stated in the current School Handbook. I recognize that rules adopted by the school administration and publicly announced will be as binding as those printed in the Handbook.

Student Signature
Date
Parent Signature
Date

Name of School Here



First	Middle	Last
STUDENT'S FULL LEGAL NAME		

Information for Emergency Medical Care

STUDENT INFORMATION

Date of Birth	Social Security #	Preferred Physician
____/____/____ (mo / da / yr)		Name _____ Phone _____

Medications taken on a regular basis	Allergies	Medical conditions—diabetes, seizures, heart condition. . .

Consent to Treatment and Authorization to Release Information

I, the undersigned parent or guardian of the above named student, a minor, do hereby consent to any x-ray examination, anesthetic, medical and/or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of the above named physician 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 the school or organization calls any other physician.

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 the Alaska Conference Seventh-day Adventist School or the physician to exercise their best judgment as to the requirements of such diagnosis or treatment.

This consent shall remain in continuous effect until revoked in writing and delivered to the physician named above or the school or organization entrusted with the custody of said minor.

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

Date _____ Signed _____ Witness _____
 Relationship to student: mother—father—legal guardian

Name of School Here

Name: _____

2019-2020 Financial Worksheet

Base Tuition: \$3500

Registration Fee: \$200

Do you need Financial Assistance?: (if yes, please write a short statement of what your financial situation is and how much you can afford for each month. We will then take this info to the school board, who will make a decision about how much financial aid to offer you.)

Enrollment Discounts offered: (check if they apply)

_____ Students who recruit another child will receive an additional 5% tuition discount for the entire year, provided the new student attends for at least 1 semester. (Discount can be applied to only one student's tuition, however, the discount offer is valid for every additional child successfully recruited.) This will be applied to one child's account for each student they recruit to our school. This discount applies for each month both students are enrolled, during the first year of the recruited students attendance at Sitka Adventist School.

_____ Children of local clergy receive a 5% discount

_____ First-time students receive a 10% discount on the first two month's tuition

_____ Church members receive a \$300 credit towards their tuition

Other discounts: (check if they apply)

_____ A discount of 5% (tuition only) will be given if tuition and registration fee(s) are paid in full by the first day of school. If the registration fee and tuition to date have been paid, the same 5% discount will be given if the remaining tuition is paid in full upon receiving the permanent fund check (payment must be received by November 1).

_____ A discount of 10% (tuition only) will be given for each additional student enrolled from the same family.

Fees: (check if they apply)

_____ A 3% fee will be applied for each credit card payment

Worksheet portion:

Discounts applied:

(Check which one applies)

Total if parent pays before school starts or before Nov. 1: _____

Total if parent pays all at once after Nov. 1: _____

Total if parent pays monthly: _____

Other: _____

Signature of parent: _____ Date: _____

Signature of treasurer: _____ Date: _____

Signature of school board chair: _____ Date: _____

Student Pickup Consent Form

Sitka Adventist School adopts and enforces the following guidelines to ensure the safety of your child:

1. No child will be allowed to leave the school grounds with an adult other than their parent/guardian without written permission from the parent/guardian.
2. No child will be allowed to walk or ride a bicycle home without prior written consent from their parent/guardian.

In accordance with the above, please list the name, address, and phone number of each adult (other than yourself) who has your permission to leave the school grounds with your child. Students will not be allowed to leave the school grounds with persons not appearing on this list without written consent from you. In the case of an emergency, a personal phone call or text message from you to the teacher is acceptable.

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Photo/Video Use Policy

Dear Parent/Guardian:

Sitka Adventist School produces printed ads, brochures, posters, and newsletters. We have a website and Facebook page. In the production and upkeep of these items, we like to include student work and photos/videos of the students who attend our school. The students also maintain blogs on kiddblogs.org.

If you are willing to allow us to use your child's work and/or photos/video with first name only (or pseudonym) please indicate that approval by completing the form below.

Please initial each of the following statements to which you agree:

I give permission to:

- Publish a picture of my child in school-printed publication.
- Post a picture of my child on the school website or Facebook page.
- Publish class work created by my child in school-printed publications.
- Post class work created by my child on Facebook and Kidblog
- Post a video of my child on Facebook.
- Use my child's first name in association with my child's work in printed publications.
- Use my child's first name in association with my child's work on Facebook or on the website.
- Use my child's first name in association with a printed picture of my child.
- Use my child's first name in association with a digital picture of my child.
- Use my child's first name in association with a video posted on Facebook or the website that includes my child.
- Use my child's picture, video and first name in association with Sitka Adventist School promo materials (may be shown at the local movie theater)

Student Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Computer Use Policy
Sitka Adventist School

Dear Parent/Guardian:

Student use of the Internet is monitored. Students who abuse acceptable use will be subject to discipline and loss of privileges. Please work with us in helping your child understand and abide by these simple but important rules of appropriate use.

Acceptable Use Agreement

Dear Student:

Acceptable use means that, as a student at Sitka Adventist School, you will promise to use the computer and the Internet with respect, honesty, and privacy. Violation of these morals will result in this valuable learning tool being taken away.

Be Polite and Show Respect: When using the computer to write or communicate, always use kind and proper language. Keep in mind at all times that you are creating a digital "footprint." Treat equipment with respect, knowing it belongs to the school.

Be Honest and Obey the Rules: Do not do things on the computer that would be against the rules, the law or may be looked upon as dishonest.

Keep Personal things private: Students should not tell or show others any personal or family information over the Internet, such as full name, home address, phone numbers, email address, personal pictures, passwords, credit card information, bank account numbers, or social security numbers.

As the parent/legal guardian of _____, I have read and reviewed with my child the Acceptable Use Agreement. I recognize Sitka Adventist School (SAS) has initiated reasonable safeguards to filter and monitor inappropriate materials. I understand that while SAS has also taken steps to restrict student access to inappropriate information and sites, it is impossible to restrict access to all controversial material. I further understand that if my child does not abide by the rules of acceptable use, he/she may be disciplined. I will not hold SAS, its teachers or volunteers, or its school board responsible for materials my child may acquire on the Internet while at school.

Parent/Guardian signature: _____

Date: _____

Student Signature (you are signing that your parent/guardian read you the Acceptable Use Agreement above): _____

Sitka Adventist School

Health Services

REQUEST FOR ADMINISTRATION OF MEDICATION

School personnel may agree to honor parent requests for the administration of medication to students. Any medication sent to school without proper identification will not be given. Medication must be in the original container indicating the following information: student name, dosage, physician, pharmacy, date issued, and prescription number. This form or a written statement signed and dated by the health care provider supporting this request is required for all medication.

PARENT STATEMENT: School: _____

I hereby request that _____ medication be given to my child, _____. I understand that the school is not legally obligated to administer medication to my child, and in the absence of the school nurse, other school personnel will administer the medication. I agree to defend the school or teacher and hold them harmless from any liability for the results of the medication or the manner in which it was administered. I will notify the school immediately if the medication is changed.

Signature of Parent/Guardian: _____

Phone: _____

Emergency phone: _____

Date: _____

Any other medications your child is taking: _____

HEALTH CARE PROVIDER STATEMENT

_____ (name) must receive medication during school hours for the following conditions: _____

This medication must be given during school hours in order to maintain sufficient health and participation in the school program.

Name and duration of medication: _____

Prescribed daily dosage: _____

Time and dosage to be given in school: _____

Beginning date of medication: _____ End date: _____

Possible side effects: _____

Health Care provider's Signature: _____ Date: _____

Health Care provider's name (printed) _____ Phone: _____