

Washington Conference of Seventh-day Adventists

NEW STUDENT APPLICATION 2017-2018

Christian Education for Grades K-8

Buena Vista Seventh-day Adventist School

3320 Academy Dr SE, Auburn, WA 98092

* PH (253) 833-0718 * FAX 253-833-0385

STUDENT INFORMATION

| | | | | | |
|---|---|---|---|--|----------------|
| Last Name | First Name | Full Middle Name | Name Used | <input type="checkbox"/> Male <input type="checkbox"/> Female | Grade Entering |
| Mailing Address | | | City | State | Zip |
| Birthdate (mm/dd/yy) | Birthplace (City, State) | Country of Citizenship | Home Phone () | Photo Consent: I hereby consent to the use of my child's image on the school's website, Facebook, videos, printed materials, and other school publications. Signature _____ Date _____ | |
| Prominent Ethnic Background (for statistical purposes only) | <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Black <input type="checkbox"/> Hispanic | <input type="checkbox"/> Caucasian (Not Hispanic) <input type="checkbox"/> Other _____ | | |
| Student living with: | <input type="checkbox"/> Both parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Grandfather/grandmother <input type="checkbox"/> Aunt/uncle <input type="checkbox"/> Other (please specify) _____ | | | | |
| Does the student have any medical problems or allergies? If so, what? | | | | Date of Last Physical Exam | |
| Is the student on any medication? If so, what? | | | | | |
| Student's Doctor | | Doctor's Address | | Doctor's Phone Number | |
| Continuing consent to treatment and authorization to release information: If emergency service involving medical action or treatment is required and the parent cannot 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 | | Date | | Witness Date | |

PARENT (GUARDIAN) INFORMATION

| | | | | | |
|-----------------------------------|------------|----------|----------------|--|-----|
| Father Last Name | First | Address | City | State | Zip |
| Home Phone () | Occupation | Employer | Work Phone () | Married/Living together <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Divorced <input type="checkbox"/> Separated | |
| Cell Phone () | | Email | | | |
| Mother Last Name | First | Address | City | State | Zip |
| Home Phone () | Occupation | Employer | Work Phone () | Married/Living together <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Divorced <input type="checkbox"/> Separated | |
| Cell Phone () | | Email | | | |
| Other parent/Guardian Last | First | Address | City | State | Zip |
| Home Phone () | Occupation | Employer | Work Phone () | Married/Living together <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Divorced <input type="checkbox"/> Separated | |
| Cell Phone () | | Email | | | |

I, _____, acknowledge that I am familiar with the policies and principles outlined in the current student bulletin and handbook and pledge to uphold the rules of the school to the best of my ability.

_____ Student Signature _____ Date

We, the undersigned, acknowledge receipt of the current student bulletin and handbook and pledge to uphold the policies and principles that are outlined within. We accept full financial responsibility according to the published financial policies and contract. To the best of our knowledge, the questions on this application are answered completely and truthfully.

_____ Father/Guardian Signature _____ Date _____ Mother/Guardian Signature _____ Date

I give permission for the items checked below to be published in the Buena Vista School Directory:

(Please check Yes or No for each item)

| | | | | |
|--------|--|--|--|--|
| MOTHER | Home Phone | Cell Phone | Mailing Address | Email Address |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| FATHER | Home Phone | Cell Phone | Mailing Address | Email Address |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

CHURCH MEMBERSHIP

| | | |
|------------------------|---------------------------------|---|
| Student's Denomination | Church where membership is held | Baptized SDA <input type="checkbox"/> Yes <input type="checkbox"/> No Date (mm/dd/yyyy)_____ |
| Father's Denomination | Church where membership is held | Baptized SDA <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mother's Denomination | Church where membership is held | Baptized SDA <input type="checkbox"/> Yes <input type="checkbox"/> No |

EMERGENCY CONTACT INFORMATION

List 2 local persons other than yourself who have agreed to care for your child in case of an emergency and you cannot be reached. Also, please list one non-local person who can be contacted in case of a local disaster.

| | | | |
|------------------|-----------------------|--------------|-------|
| Name (local) | Relationship to child | Phone Number | Email |
| Name (local) | Relationship to child | Phone Number | Email |
| Name (non-local) | Relationship to child | Phone Number | Email |

APPROVED RIDE LIST

List names and phone numbers of people other than parents who have authorization to pick up the student.

| | | | |
|--|--------------|------|--------------|
| Name | Phone Number | Name | Phone Number |
| Name | Phone Number | Name | Phone Number |
| Name | Phone Number | Name | Phone Number |
| Student is allowed to walk to: (Please note that students are not allowed to walk to the academy campus, church, or ABC to wait for rides) | | | |

SCHOOL HISTORY

| | | | |
|--|---|--|--|
| Last School Attended | | Last Grade Completed | |
| Address of Last School (required) | | City | State Zip |
| Has this student been retained? When? <input type="checkbox"/> Yes <input type="checkbox"/> No Date_____ | In what grade level were they retained? | Has this student ever had an Individual Education Plan (IEP)? | Has student been screened or processed for Special Ed placement? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Has student ever been in Special Ed? <input type="checkbox"/> No <input type="checkbox"/> Yes | Dates in Program | Has student been in a resource room? <input type="checkbox"/> No <input type="checkbox"/> Yes | Has student ever participated in Title I Program? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Has student been placed in a handicapped program? <input type="checkbox"/> No <input type="checkbox"/> Yes | | Has student been placed in a self contained resource room? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| If student has been placed in a Resource Room or Special Education program, please explain: | | | |
| | | | |
| | | | |
| What are some of the outstanding abilities or hobbies of the student? | | | |
| | | | |
| Has the student ever been dismissed, suspended, or disciplined at any school? Please explain. | | | |
| | | | |
| | | | |
| Parent/Guardian Signature | | Date | |
| | | | |
| Additional Comments: | | | |
| | | | |
| | | | |