



TILLAMOOK ADVENTIST SCHOOL
APPLICATION/REGISTRATION CHECKLIST

Checklist for (Student): _____ Grade: _____
(Student): _____ Grade: _____
(Student): _____ Grade: _____
(Student): _____ Grade: _____

Items REQUIRED for Application

- _____ Application Form
- _____ Student Information Form
- _____ Family Information Form (both sides)
- _____ Consent for Testing Form
- _____ Recommendations (3 per student K-8)
- _____ School Entry Health Form
- _____ Birth Certificate (original) *Verified by:* _____ *Date* _____
- _____ Immunization Records *Verified by:* _____ *Date* _____
- _____ Consent to Treatment Form (both sides)
- _____ Compliance Form (signed by student(s) and parent/guardian)
- _____ Acceptable Use Policy [1st-8th](signed by student(s) and parent/guardian)
- _____ Media Usage Consent Form
- _____ Record Release (K-8th)

AFTER acceptance, **BEFORE** student may attend

- _____ Meet with Treasurer to sign financial contract
_____ (*Treasurer sign-off*)

Application: __ *accepted* __ *denied* *Date:* _____
Date letter sent: _____

Registered By: _____

Parents, don't let your child get left behind!

School Year 2020-2021



Oregon law requires the following shots for school and child care attendance*

A child 2-17 months entering
**Child Care or
Early Education** needs*

Check with your child's program or
healthcare provider for required vaccines

A child 18 months or older entering
**Preschool, Child Care, or
Head Start** needs*

4 Diphtheria/Tetanus/Pertussis (DTaP)
3 Polio
1 Varicella (chickenpox)
1 Measles/Mumps/Rubella (MMR)
3 Hepatitis B
2 Hepatitis A
3 or 4 Hib

A student entering
**Kindergarten or
Grades 1-6** needs*

5 Diphtheria/Tetanus/Pertussis (DTaP)
4 Polio
1 Varicella (chickenpox)
2 MMR or 2 Measles, 1 Mumps, 1 Rubella
3 Hepatitis B
2 Hepatitis A

A student entering
Grades 7-12 needs*

5 Diphtheria/Tetanus/Pertussis (DTaP)
1 Tdap
4 Polio
1 Varicella (chickenpox)
2 MMR or 2 Measles, 1 Mumps, 1 Rubella
3 Hepatitis B
2 Hepatitis A

**At all ages and grades, the number of doses required varies by a child's age and how long ago they were vaccinated. Other vaccines may be recommended. Exemptions are also available. Please check with your child's school, child care or healthcare provider for details.*



APPLICATION

Grades K - 8

PARENTS/GUARDIANS: Complete one application form per student, sign and return it to the school office.

Not previously enrolled in school Transferring to TAS from another school

STUDENT'S NAME: _____ GRADE ENTERING: _____

Why do you want your student enrolled at TAS? _____

Is your student: Right-Handed Left-Handed Both

Is your student fluent in English? Yes No Somewhat

Describe your student's general nature (likes, dislikes, special interests and abilities): _____

Describe your student's general attitude about attending school: _____

Describe any concerns that you have regarding your student's readiness for school: _____

Does your student have any extra-curricular commitments that may interfere with school activities?

If "Yes," describe: _____

Does your student take any medication that may affect his performance at school?

If "Yes," describe: _____

Has your child ever been requested to: Repeat a grade level Skip a grade Withdraw from school

If "Yes," please describe: _____

Describe any disciplinary incidents within the past school year that have involved the school administrator:

cont'd



APPLICATION

Grades K - 8

Has your student ever been suspended or expelled from school? Yes No

If "Yes," please describe the circumstances on a separate paper, including the name and address of the school, and whether or not your child is eligible for readmission and under what circumstances.

Describe any mental, emotional or physical conditions which could impair your child's performance in the classroom or limit participation in any school activities: _____

I certify that the above information is true.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____



STUDENT INFORMATION

PARENTS/GUARDIANS: Fill in the requested information as completely as possible. Please print clearly.

GENERAL INFORMATION FOR STUDENT #1

LEGAL LAST NAME: _____ SUFFIX (Circle One): Esq. II III Jr. Sr.
 LEGAL FIRST NAME: _____ PREFERS TO BE CALLED (Nickname): _____
 LEGAL MIDDLE NAME: _____ GENDER: Male Female
 BIRTHDATE (MM/DD/YY): _____ GRADE STUDENT WILL BE ENTERING: _____
 BIRTH COUNTRY: _____ BIRTH STATE: _____

ETHNICITY (Circle One): Hispanic or Latino, Not Hispanic or Latino

IF BAPTIZED

DATE BAPTIZED: _____ BAPTIZED SEVENTH-DAY ADVENTIST? Yes No _____
 NAME OF SCHOOL MOST RECENTLY ATTENDED: _____
 SHIRT SIZE: _____ (Children / Youth / Adult)

GENERAL INFORMATION FOR STUDENT #2

LEGAL LAST NAME: _____ SUFFIX (Circle One): Esq. II III Jr. Sr.
 LEGAL FIRST NAME: _____ PREFERS TO BE CALLED (Nickname): _____
 LEGAL MIDDLE NAME: _____ GENDER: Male Female
 BIRTHDATE (MM/DD/YY): _____ GRADE STUDENT WILL BE ENTERING: _____
 BIRTH COUNTRY: _____ BIRTH STATE: _____

ETHNICITY (Circle One): Hispanic or Latino, Not Hispanic or Latino

IF BAPTIZED

DATE BAPTIZED: _____ BAPTIZED SEVENTH-DAY ADVENTIST? Yes No _____
 NAME OF SCHOOL MOST RECENTLY ATTENDED: _____
 SHIRT SIZE: _____ (Children / Youth / Adult)



STUDENT INFORMATION

GENERAL INFORMATION FOR STUDENT #3

LEGAL LAST NAME: _____ SUFFIX (Circle One): Esq. II III Jr. Sr.
LEGAL FIRST NAME: _____ PREFERS TO BE CALLED (Nickname): _____
LEGAL MIDDLE NAME: _____ GENDER: Male Female
BIRTHDATE (MM/DD/YY): _____ GRADE STUDENT WILL BE ENTERING: _____
BIRTH COUNTRY: _____ BIRTH STATE: _____
ETHNICITY (Circle One): Hispanic or Latino, Not Hispanic or Latino

IF BAPTIZED

DATE BAPTIZED: _____ BAPTIZED SEVENTH-DAY ADVENTIST? Yes No _____
NAME OF SCHOOL MOST RECENTLY ATTENDED: _____
SHIRT SIZE: _____ (Children / Youth / Adult)

GENERAL INFORMATION FOR STUDENT #4

LEGAL LAST NAME: _____ SUFFIX (Circle One): Esq. II III Jr. Sr.
LEGAL FIRST NAME: _____ PREFERS TO BE CALLED (Nickname): _____
LEGAL MIDDLE NAME: _____ GENDER: Male Female
BIRTHDATE (MM/DD/YY): _____ GRADE STUDENT WILL BE ENTERING: _____
BIRTH COUNTRY: _____ BIRTH STATE: _____
ETHNICITY (Circle One): Hispanic or Latino, Not Hispanic or Latino

IF BAPTIZED

DATE BAPTIZED: _____ BAPTIZED SEVENTH-DAY ADVENTIST? Yes No _____
NAME OF SCHOOL MOST RECENTLY ATTENDED: _____
SHIRT SIZE: _____ (Children / Youth / Adult)



FAMILY INFORMATION

PARENTS/GUARDIANS: Fill in the requested information (front and back) as completely as possible. Please print clearly.

GENERAL INFORMATION

STUDENT(S) NAME(S): _____

PARENT / GUARDIAN #1

PARENT/GUARDIAN #2

RELATION TO STUDENT(S): _____

SALUTATION: (Circle One) Mr. Dr. Mrs. Miss Ms. Mr. Dr. Mrs. Miss Ms.

LEGAL FIRST NAME: _____

LEGAL LAST NAME: _____

SUFFIX: (Circle One) Esq. II III Jr. Sr. Esq. II III Jr. Sr.

HOME ADDRESS: _____ (IF DIFFERENT THAN PARENT #1):

MAIL: _____

STREET: (If Different) _____

CITY, STATE, ZIP: _____

E-MAIL: _____

HOME PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

OCCUPATION: _____

EMPLOYER: _____

CHURCH MEMBERSHIP AT: _____

BAPTIZED ADVENTIST? Yes No Yes No

MAY PICK-UP STUDENT(S)? Yes No Yes No

EMERGENCY CONTACT? Yes No Yes No

RECEIVE GRADES/SCHOOL INFORMATION? Yes No Yes No

RECEIVE TUITION BILLS? Yes No Yes No

PLEASE NOTE: Separated or divorced parents may wish to provide a copy of the court order indicating custodial parent along with any special instructions.



FAMILY INFORMATION

EMERGENCY CONTACT INFORMATION

Please list individuals we should contact in case of emergency when the parents/guardians listed previously cannot be reached.

	<u>CONTACT #1</u>	<u>CONTACT #2</u>
NAME:	_____	_____
RELATION TO STUDENT(S):	_____	_____
WORK PHONE:	_____	_____
HOME PHONE:	_____	_____
CELL PHONE:	_____	_____
MAY PICK UP STUDENT(S)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

PERMISSION TO PICK-UP STUDENTS

Please list individuals other than parents/guardians that have permission to pick your student(s) up from school.

	<u>NAME</u>	<u>RELATION TO STUDENT(S)</u>	<u>PHONE</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

A signed note is required if it is necessary for your student to go home with someone other than those persons on the above list.

A verbal authorization is allowable, to a member of the school staff, for my student(s) to leave with someone not on the above list. Yes No _____ (Initial)

PLEDGE AND PERMISSIONS

- I agree to join my child's teachers as a partner. This means I will do my best to support and encourage his/her teachers, maintain cordial two-way communication, attend school functions and participate in student-parent-teacher conferences.
- My student(s) will ride Tillamook County Transportation District / The Wave
- I give permission for my child to accompany his/her classmates and teacher on official class field trips.
- Per Oregon State law, I agree to keep immunization records for my student(s) up to date and on file at the school.

Signature: _____

Date: _____



CONSENT FOR TESTING

PARENTS/GUARDIANS: TAS tests all new students in order to assess each child's strengths and weaknesses and provide support in meeting the student's educational needs. Please complete this form (one per student) and submit it to the school office. We will have a conference with you after the results are available.

AUTHORIZATION

STUDENT NAME: _____

I grant consent for my student to undergo the following tests. I understand that I will be notified if further testing is required.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

FOLLOW-UP CONFERENCE

(To be completed after testing.)

FURTHER TESTING REQUIRED? Yes No

DATE OF CONFERENCE: _____

MODIFICATIONS RECOMMENDED: Yes No

DESCRIPTION: _____

COMMENTS: _____

I understand the results of my student's tests. I agree to the recommended modifications in the educational program, if any.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



RECOMMENDATION

PARENTS/GUARDIANS: Fill in your student's name and submit this form to your student's Pastor, Teacher, or a person of authority all of whom should not be related to student.

STUDENT'S NAME: _____ CURRENT GRADE: _____

THE FOLLOWING TO BE COMPLETED BY A PASTOR, TEACHER, OR PERSON OF AUTHORITY:

PASTOR, TEACHER OR PERSON OF AUTHORITY: This student is being considered for admission to Tillamook Adventist School. Your assistance in evaluating this student is greatly appreciated. Please return this form by fax (503-842-6236) or by mail (address on reverse). Since this student's enrollment process cannot be completed without this recommendation, we thank you for your timely response.

PERSONAL CHARACTERISTICS:	Below Average	Average	Above Average	ACADEMIC PERFORMANCE:	Below Average	Average	Above Average
Leadership Qualities				Ability to Follow Directions			
Honesty				Problem Solving Abilities			
Emotional Maturity				Ability to Work in a Group			
Spiritual Development				Ability to Work Independently			
Relationship with Peers				Organizational Skills			
Relationship with Adults				Level of Responsibility			
Sense of Fair Play				Reading Comprehension			
Self Confidence				Oral Expression			
Self-Motivation				Written Expression			
Positive Influence on Peers				Attention Span			
Response to Constructive Criticism				Finishes On Time			
Attitude Toward Authority				Study Habits			
Refrains from Profanity or Vulgarity				Attendance			

1. What positive characteristics do you observe in this student? _____

2. In what areas does this student need the greatest development? _____

3. For academic ability and promise, I recommend this student:

- with reservations without enthusiasm fairly strongly strongly enthusiastically

4. For character and personal promise, I recommend this student:

- with reservations without enthusiasm fairly strongly strongly enthusiastically

Printed Name: _____

How long have you known the student? _____ In what capacity? _____

Phone # _____ E-mail address _____

Signature: _____ Date: _____

Please make any additional comments on the back side.

Fold here last and tape.

Place
Stamp
Here To
Mail



TILLAMOOK ADVENTIST SCHOOL
4300 12th Street
Tillamook, OR 97141

Fold here first.

ADDITIONAL COMMENTS: _____



RECOMMENDATION

PARENTS/GUARDIANS: Fill in your student's name and submit this form to your student's Pastor, Teacher, or a person of authority all of whom should not be related to student.

STUDENT'S NAME: _____ CURRENT GRADE: _____

THE FOLLOWING TO BE COMPLETED BY A PASTOR, TEACHER, OR PERSON OF AUTHORITY:

PASTOR, TEACHER OR PERSON OF AUTHORITY: This student is being considered for admission to Tillamook Adventist School. Your assistance in evaluating this student is greatly appreciated. Please return this form by fax (503-842-6236) or by mail (address on reverse). Since this student's enrollment process cannot be completed without this recommendation, we thank you for your timely response.

PERSONAL CHARACTERISTICS:	Below Average	Average	Above Average	ACADEMIC PERFORMANCE:	Below Average	Average	Above Average
Leadership Qualities				Ability to Follow Directions			
Honesty				Problem Solving Abilities			
Emotional Maturity				Ability to Work in a Group			
Spiritual Development				Ability to Work Independently			
Relationship with Peers				Organizational Skills			
Relationship with Adults				Level of Responsibility			
Sense of Fair Play				Reading Comprehension			
Self Confidence				Oral Expression			
Self-Motivation				Written Expression			
Positive Influence on Peers				Attention Span			
Response to Constructive Criticism				Finishes On Time			
Attitude Toward Authority				Study Habits			
Refrains from Profanity or Vulgarity				Attendance			

1. What positive characteristics do you observe in this student? _____

2. In what areas does this student need the greatest development? _____

3. For academic ability and promise, I recommend this student:

- with reservations without enthusiasm fairly strongly strongly enthusiastically

4. For character and personal promise, I recommend this student:

- with reservations without enthusiasm fairly strongly strongly enthusiastically

Printed Name: _____

How long have you known the student? _____ In what capacity? _____

Phone # _____ E-mail address _____

Signature: _____ Date: _____

Please make any additional comments on the back side.

Fold here last and tape.

Place
Stamp
Here To
Mail



TILLAMOOK ADVENTIST SCHOOL
4300 12th Street
Tillamook, OR 97141

Fold here first.

ADDITIONAL COMMENTS: _____



RECOMMENDATION

PARENTS/GUARDIANS: Fill in your student's name and submit this form to your student's Pastor, Teacher, or a person of authority all of whom should not be related to student.

STUDENT'S NAME: _____ CURRENT GRADE: _____

THE FOLLOWING TO BE COMPLETED BY A PASTOR, TEACHER, OR PERSON OF AUTHORITY:

PASTOR, TEACHER OR PERSON OF AUTHORITY: This student is being considered for admission to Tillamook Adventist School. Your assistance in evaluating this student is greatly appreciated. Please return this form by fax (503-842-6236) or by mail (address on reverse). Since this student's enrollment process cannot be completed without this recommendation, we thank you for your timely response.

PERSONAL CHARACTERISTICS:	Below Average	Average	Above Average	ACADEMIC PERFORMANCE:	Below Average	Average	Above Average
Leadership Qualities				Ability to Follow Directions			
Honesty				Problem Solving Abilities			
Emotional Maturity				Ability to Work in a Group			
Spiritual Development				Ability to Work Independently			
Relationship with Peers				Organizational Skills			
Relationship with Adults				Level of Responsibility			
Sense of Fair Play				Reading Comprehension			
Self Confidence				Oral Expression			
Self-Motivation				Written Expression			
Positive Influence on Peers				Attention Span			
Response to Constructive Criticism				Finishes On Time			
Attitude Toward Authority				Study Habits			
Refrains from Profanity or Vulgarity				Attendance			

1. What positive characteristics do you observe in this student? _____

2. In what areas does this student need the greatest development? _____

3. For academic ability and promise, I recommend this student:

- with reservations without enthusiasm fairly strongly strongly enthusiastically

4. For character and personal promise, I recommend this student:

- with reservations without enthusiasm fairly strongly strongly enthusiastically

Printed Name: _____

How long have you known the student? _____ In what capacity? _____

Phone # _____ E-mail address _____

Signature: _____ Date: _____

Please make any additional comments on the back side.

Fold here last and tape.

Place
Stamp
Here To
Mail



TILLAMOOK ADVENTIST SCHOOL
4300 12th Street
Tillamook, OR 97141

Fold here first.

ADDITIONAL COMMENTS: _____



SCHOOL ENTRY HEALTH FORM

To Parent/Guardian: Please complete and sign Part I – Child’s Medical History.

(Please Print)

Name of Child (Last, First, Middle)		Birth Date	Sex
Address (Street)		City and State	Zip
Home Telephone	Cell Phone	Parent/Guardian (Last, First, Middle)	

PART I – CHILD’S MEDICAL HISTORY

To Parent/Guardian: Please check answers to questions 1-7 below in the column on the left. Please explain any ‘Yes’ answers in the space provided below.

1. Yes No Any concerns about general health (eating and sleeping habits, weight, etc.)?
2. Yes No Any other specific illness or social/emotional or behavioral problems?
3. Yes No Any allergies (food, insects, medication, etc.)?
4. Yes No Any prescription medication (daily or occasionally)?
5. Yes No Any problems with vision, hearing, or speech (glasses, contacts, ear tubes, hearing aids)?
6. Yes No Any hospitalization, operation, or major illness (specify problem)?
7. Yes No Any significant injury or accident (specify problem)?

To Parent/Guardian: Please explain any ‘Yes’ answers from above.

I am the parent/guardian of the child named above. I give permission for the information on PARTS I and II of this form provided about my child to be reviewed and utilized only by the staff of this school for the limited purposes of meeting my child’s health and educational needs.

Signature of Parent/Guardian

Date

Partnership for School Readiness Recommendations for Prekindergarten and Kindergarten

To Parent/Guardian: Please obtain the services listed below in order to find any problems. Please work with your health care provider to correct or treat any problems that may reduce your child’s ability to learn in school. **(These services are recommended, but not required.)**

1. Vision Evaluation by optometry if suggested by primary care physician, or if you have concerns about your child’s eyes Date of Exam: _____ Results of Exam: _____ _____ Health Care Provider: _____ (check one) Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/>	Please describe any corrective action for any problems detected and any accommodations required.
2. Comprehensive Dental Examination & Cleaning Date of Exam: _____ Results of Exam: _____ _____ Dentist: _____	Please describe any corrective action for any problems detected and any accommodations required.



Name of Child (Last, First, Middle)	Birth Date
--	-------------------

Part II – MEDICAL EVALUATION

To be completed and signed by the Health Care Provider ONLY:

The child named above has had a complete history and physical exam on the following date: _____
 (Exam must be within one year of enrollment) Month Day Year

Screen Results:
 Height: _____ Weight: _____ Heart Rate: _____ BMI%: _____ O₂: _____

Vision – Without Glasses	Right 20/____	Left 20/____	Passed <input type="checkbox"/>	Hearing - Right	Passed <input type="checkbox"/> Failed <input type="checkbox"/> Referred <input type="checkbox"/>
			Failed <input type="checkbox"/>		
Vision – With Glasses	Right 20/____	Left 20/____	Referred <input type="checkbox"/>	Hearing - Left	Passed <input type="checkbox"/> Failed <input type="checkbox"/> Referred <input type="checkbox"/>
Hearing	Subjectively Normal: <input type="checkbox"/> Yes <input type="checkbox"/> No				

- Gross dental (teeth and gums) Normal Abnormal _____ Refer/Tx: _____
- Head/scalp/skin Normal Abnormal _____ Refer/Tx: _____
- Eyes/Ears/Nose/Throat Normal Abnormal _____ Refer/Tx: _____
- Heart Normal Abnormal _____ Refer/Tx: _____
- Lungs Normal Abnormal _____ Refer/Tx: _____
- Abdomen Normal Abnormal _____ Refer/Tx: _____
- Musculo-skeletal Normal Abnormal _____ Refer/Tx: _____

This child has the following problems that may impact the education experience:

- Vision Hearing Speech/Language Physical Social/Behavioral Cognitive

Specify: _____

This child has a health condition that may require emergency action at school, e.g. seizures, allergies. Specify below.

Recommendations (Attach additional sheet if necessary) _____

(Please Check One)

- This child may participate fully in school activities including physical education.
 This child may participate in school activities including physical education with the following restrictions/adaptations.

(Specify reason and restriction) _____

Immunizations: Up to date Not current Catch up schedule: _____

Signature/Title of Health Care Provider	Date	Address (Please print or stamp)
	____ / ____ / ____	
Name (Please print or stamp)		



CONSENT TO TREATMENT

PARENTS/GUARDIANS: Complete a form (front and back) for each student. Please print clearly.

CONTINUOUS CONSENT TO TREATMENT

We, the undersigned parent or guardian of (student's name) _____ a minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of (student's physician) _____, M.D., at (physician's phone #) _____ or any physician the school 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 any other physician is called.

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 Tillamook 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 to the school entrusted with the custody of said minor.

We would like to have our student go on all field trips. We recognize that the teacher and those assisting are to use their best judgment in caring for the children while on these trips. We absolve the school and the directing personnel from any legal liability.

The above named student is is not covered by health insurance.

Current Health Insurance Company: _____

Member #: _____ Group #: _____

Which hospital does your insurance cover? _____

Parent/Guardian's Printed Name: _____ Date: _____

Parent/Guardian's Signature: _____

CONTACT INFORMATION

Parent/Guardian #1

Parent/Guardian #2

Name: _____

Name: _____

Cell Phone #: _____

Cell Phone #: _____

Daytime Phone #: _____

Daytime Phone #: _____



CONSENT TO TREATMENT

MEDICAL INFORMATION FOR STUDENT

Medical Conditions and Medications Taken (such as asthma, heart, etc.):

Oral Medication Policy:

Tillamook Adventist School is authorized to administer oral medication to students during school hours ONLY after a parent/guardian and/or physician has signed a permission form. It is our policy that such medication will only be administered when the failure to receive medication may result in the student being unable to attend school and/or be well enough to participate in learning activities. Please include original instructions with all medications still in their original containers. We define medication to include all drugs, whether prescription or over-the-counter.

I give permission to Tillamook Adventist School to administer any necessary medication according to their policy. I agree to include original instructions with all medications still in their original containers.

Signed: _____ Date: _____

ALLERGY INFORMATION FOR STUDENT

Medication Allergies: Yes No

Explain: _____

Bee Sting Allergies: Yes No

Severity of Allergy: _____

Antidote Name: _____

Food Allergies: Yes No

Explain: _____

Environmental Allergies: Yes No

Explain (grass, cats, bandage materials, etc.) _____



COMPLIANCE FORM

HANDBOOK COMPLIANCE

We, the undersigned, have read, understand, and are in agreement with the philosophy, policies, and procedures as outlined in the following section of the TAS handbook. We have also explained all of this to our student(s) who also understand(s) and will comply with the handbook.

Check those you have read

- | | |
|--|--|
| <input type="checkbox"/> Attendance (pg. 5) | <input type="checkbox"/> Honor Roll (pg. 12) |
| <input type="checkbox"/> School Property (pg. 6) | <input type="checkbox"/> Academic Honesty (pg. 12) |
| <input type="checkbox"/> Lost or Damaged Books (pg. 7) | <input type="checkbox"/> Sports (pg. 12) |
| <input type="checkbox"/> Personal Property (pg. 7) | <input type="checkbox"/> Student Illness (pg. 13) |
| <input type="checkbox"/> Personal Technology Devices (pg. 7) | <input type="checkbox"/> Safety (pg. 15) |
| <input type="checkbox"/> Search and Seizure (pg. 7) | <input type="checkbox"/> Students Leaving School Grounds (pg.15) |
| <input type="checkbox"/> Dressing for Success (pg. 8) | <input type="checkbox"/> Bullying (pg. 16) |
| <input type="checkbox"/> Code of Conduct (pg.9) | <input type="checkbox"/> Sexual Harassment (pg. 17) |
| <input type="checkbox"/> Relationship Guidelines (pg. 10) | <input type="checkbox"/> Conflict Resolution Policy (pg. 18) |

STUDENT SIGNATURE (ALL GRADES): _____ DATE: _____

STUDENT SIGNATURE (ALL GRADES): _____ DATE: _____

STUDENT SIGNATURE (ALL GRADES): _____ DATE: _____

STUDENT SIGNATURE (ALL GRADES): _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



ACCEPTABLE USE POLICY

Grades 1 - 8

In order to use the computer network and Internet, I need to understand and agree to obey the following rules. If I do not use the Internet in the right way, my teacher may take away my privilege of Internet use and possibly computer as well.

Use Rules

1. Time on-line is only for assignment work.
2. Go only to the sites allowed by your teacher.
3. Never download/install programs or files without your teacher's permission.
4. Never use any e-mail unless instructed to do so and supervised by TAS staff.
5. Never bring disks from home and put them in the school computers.
6. Never open any e-mail from someone you don't know.
7. Never share your password with anyone.
8. Never erase the history or cookies off of any school computer.

Safety Rules

1. Never give out your personal information (i.e. Name, Address, Phone, Email) or anyone else's
2. Always tell your teacher when someone asks you for personal information.
3. Do not put a picture of yourself on the Internet without your parents' permission.
4. Always tell your teacher if you come across information or messages that are dangerous, mean, embarrassing or that make you feel uncomfortable.
5. Never e-mail someone for the first time without your teacher's permission.

Legal Stuff

1. Teachers and staff may review documents and log files to ensure that you are using the system responsibly.
2. You will not copy information from the Internet or local network and give it to your teacher as your own work. You cannot use the words or pictures from an Internet site without giving credit to the person who owns the site.
3. You are not to open other students' folders or files.
4. Chat rooms are off limits unless the teacher has entered with you or provided a monitored site.

5. Never look at, send, or try to find any pictures or words that you would not want your parents or the teachers to see.

The school makes no guarantee that the functions or the services provided by or through the system will be error-free or without defect. The school will not be responsible for any damage you may suffer, including, but not limited to, loss of data or interruption of service. The school is not responsible for the accuracy or quality of the information obtained through or stored on the system. The school will not be responsible for financial obligations arising from un-authorized use of the system.

ACCEPTABLE USE POLICY FOR INFORMATION TECHNOLOGIES

STUDENT AGREEMENT: I have read the Acceptable Use Policy, as outlined on the front side of this page, and understand it fully. I agree to follow the principles and guidelines it contains.

STUDENT SIGNATURE: _____

STUDENT SIGNATURE: _____

STUDENT SIGNATURE: _____

STUDENT SIGNATURE: _____

PARENT /GUARDIAN AGREEMENT: As the parent or guardian of this student, I have read the Acceptable Use Policy. I understand that Internet access at school is provided for educational purpose only. I understand that employees of the school will make every reasonable effort to restrict accessible for materials my student(s) acquires or sees as a result of the use of the Internet from the school facilities. I give my permission to allow the student above to use the Internet on the computer system at school.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____



MEDIA USAGE CONSENT

PARENTS/GUARDIANS: Please complete this form (one per family) and submit to the school office.

PHOTO, VIDEO, AUDIO, AND COMMENT CONSENT FORM

STUDENT NAMES: 1. _____ 3. _____
2. _____ 4. _____

I understand that any and all comments (by audio recording(s) and/or transcription), photograph(s) or video taken of me and/or my child(ren) by agents, employees or representatives of Oregon Conference of Seventh-day Adventist shall be used in connection with the Oregon Conference of Seventh-day Adventist for any purpose, without compensation to me. The dissemination of information by its departments to the general public.

I hereby irrevocably authorize the Oregon Conference of Seventh-day Adventist to copy, exhibit, publish, distribute, copyright, and reproduce in whole or in part any and all such comments, images, video and audio of me or wherein I appear, in any or all media, including composite or artistic forms and media, as described above for use in promotional materials, whether the use of above materials be for public relations, advertising, or any other legitimate purpose of Oregon Conference of Seventh-day Adventist.

All content and formats collected and distributed on the mentioned mediums are owned by the Oregon Conference of Seventh-day Adventist and reserves the right to use these the collected content in any of its print or electronic publications.

In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my likeness appears. Including but not limited to any liability arising by virtue of any blurring, distortion, alteration, illusion, editing, or use in composite form, whether intentional or otherwise, that may occur in the making or processing of the finished product.

I hereby hold harmless and release and forever discharge the Oregon Conference of Seventh-day Adventist from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I hereby acknowledge that I am 18 years of age or older and have read and understood the terms of this release.

Parent/Guardian's:

Printed Name: _____

Signature: _____

Date: _____



RECORD RELEASE

PARENTS/GUARDIANS OF TRANSFER STUDENTS: Please complete this form, submit to the school office, and we will mail it for you.

AUTHORIZATION

STUDENT'S LEGAL NAME: _____

NAME OF PREVIOUS SCHOOL ATTENDED: _____

SCHOOL'S STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SCHOOL'S PHONE NUMBER: _____

We request the transfer of:

- All records or ONLY those records as checked below:
- Grade reports
 - Mental ability test results
 - Achievement test results
 - Health records
 - Clinical test results

PARENT'S SIGNATURE: _____ DATE: _____

RECORD REQUEST

Attention School Personnel:

The student named above is transferring to Tillamook Adventist School.
Please forward the records requested above to:

TILLAMOOK ADVENTIST SCHOOL
 4300 12th Street
 Tillamook, OR 97141

Thank you for sending these records as soon as possible. If you have questions, please call 503-842-6533.

Thank you for your consideration,

Teresa Shultz
Administrative Assistant