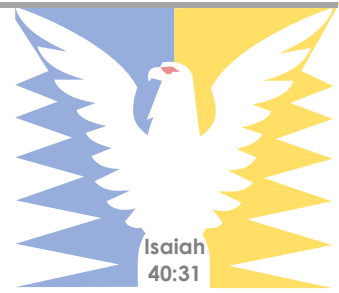


SPRINGDALE **A**DVENTIST **S**CHOOL

4001 West Don Tyson Parkway
Springdale, AR 72762
479-750-4156



To: **SAS Applicants**
From: **Amanda Rogers, Head Teacher**
Date: **June 28, 2018**
Re: **School Registration Checklist**

Please help us make this paper work process smooth and provide all of the following documents for registration:

- _____ Birth Certificate (Copy) **new student only*
- _____ Consent to Treatment
- _____ Designate Person Pick-up Form
- _____ Immunization Record (Copy)
- _____ Internet Acceptable Use Policy
- _____ Medication Administration Policy/Permission Slip
- _____ Registration Fee
- _____ Student Application
- _____ Student Medical Record Form and Physician's Examination
- _____ Student Photo Release