



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
- _____ Immunization Records
- (Documents Verified by) _____

Items REQUIRED for Registration (due prior to the 1st day of school)

- _____ Consent to Treatment Form (both sides)
- _____ Compliance Form (signed by student (s) and parent/guardian)
- _____ Acceptable Use Policy (signed by student (s) and parent/guardian)
- _____ Media Usage Consent Form
- _____ Record Release (K-8)

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

Application: accepted denied Date: _____

Date letter sent: _____

Registered By: _____



TILLAMOOK ADVENTIST SCHOOL

APPLICATION (NEW STUDENTS)

FOR KINDERGARTEN & HOMESCHOOL STUDENTS (NEVER ATTENDED ANOTHER SCHOOL)

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

STUDENT'S NAME: _____ GRADE ENTERING: _____

Who and/or what influenced you to turn in an application at Tillamook Adventist School?

Why do you want your student to enroll at TAS?

Has your student attended pre-school? Yes No

If "Yes," length of time attended: _____

Is your student: Right-Handed Left-Handed Both

Is your student fluent in English? Yes No Somewhat

How often is your student read to at home? _____

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: _____

I certify that the above information is true.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



TILLAMOOK ADVENTIST SCHOOL

APPLICATION (TRANSFER STUDENTS)

FOR ALL STUDENTS TRANSFERRING FROM ANOTHER SCHOOL

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

STUDENT'S NAME: _____ GRADE ENTERING: _____

Who or what influenced you to apply at Tillamook Adventist School?

Why have you decided to transfer your student to TAS?

Describe your student's attitude towards transferring to TAS: _____

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:

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.

Is your student fluent in English? Yes No Somewhat

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

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

If "Yes," explain: _____

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

If "Yes," explain: _____

Describe any concerns that you have regarding your child's success at TAS: _____

I certify that the above information is true.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



TILLAMOOK ADVENTIST SCHOOL

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

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



TILLAMOOK ADVENTIST SCHOOL

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: _____



TILLAMOOK ADVENTIST SCHOOL
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: _____



TILLAMOOK ADVENTIST SCHOOL
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Fold here last and tape.

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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
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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)		