

**Springfield Seventh-day Adventist Junior Academy
Registration Form 2018-2019**

(Please complete a separate registration form for each child applying for admission)

Student's Legal Name: _____ DOB: _____ Birthplace: _____

SS #: _____ Grade Completed: _____ Date of Baptism: _____

Legal Guardian Name: _____ Relationship: _____

Legal Guardian Name: _____ Relationship: _____

Address: _____

All Phone Numbers: _____

Email addresses: _____

Guardian's Birth Place: _____ Citizenship: _____

Guardian's Birth Place: _____ Citizenship: _____

Church Membership: _____ Other: _____

Occupations: _____

Names of other children in the home:

1. _____ DOB: _____ 2. _____ DOB: _____

3. _____ DOB: _____ 4. _____ DOB: _____

I understand the grade placement of my child will not be final until the school has received all student files from his/her previous school. All new students will be placed on a conditional status for the first three months of school. Final placement will be made by the school board, subject to the recommendation of the child's teacher.

Registration Commitment

This written commitment agreement is prepared to assist both the parent/guardian and the Springfield Seventh-day Adventist Junior Academy in working to achieve mutually held goals for each student. A student's success in achieving satisfactory educational performance is dependent upon compliance with the rules of conduct set forth in the student handbook. Realizing the serious responsibility, not only for success in this life, but eternal destiny as well, as parent/guardian, I commit to take a responsible role in assisting the school by:

1. Regularly attending and assisting with Home and School functions.
2. Upholding school standards as defined in the handbook.
3. Communicating regularly with teachers about my student's progress.
4. Demonstrating that Christian education is important by having my child at school by 8:00 A.M., and remitting monthly fees on time.

I have read the Student Handbook and agree to be bound by and to comply with all rules, policies, and procedures of the Springfield Seventh-day Adventist Junior Academy. I know that it is my responsibility to pick my child up promptly from school at 4:00 P.M. I agree with the Academy's policy on "No Cell Phones" at school and will abide by the Handbook stipulations.

Guardian Signature: _____ Student Signature: _____ Date: _____

Consent to Treatment

We, the undersigned parents or guardians of (Name of Student) _____ a minor, do hereby consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital services that may be rendered to said minor under the general or specific instructions of:

First choice: _____ MD, DO, NP _____
Name of Doctor Phone Number

Second choice: _____ MD, DO, NP _____
Name of Doctor Phone Number

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 every effort will be made to contact the parents and 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 that might be required and is given to authorize **Springfield Seventh-day Adventist Junior Academy** 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 or organization entrusted with the custody of said minor.

Allergies to Medicine: _____

Food Allergies: _____

Current Medications: _____

Current/recent Medical problems: _____

Insurance Information

_____ Policy No. _____
Present Health Insurance Company

Parent/Guardian Signature _____ Date _____

Additional Emergency Contact information not listed above:

Name _____ Phone _____

Name _____ Phone _____

Child Release Authorization

Please list all those that are authorized to pick up your student from school, school activities, etc. and their relationship to your student.

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

By signing this child release authorization list, you are giving the above listed persons permission to pick your student up from school and school functions.

Signed _____ Date _____

Signed _____ Date _____

Birth Certificate supplied

Immunization Record supplied