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 (PRE-K STUDENTS)

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

Pre-K hours are 8:00am – 11:30am M-F

☐ PRE-K 3 Days/Wk

STUDENT'S NAME: _____ ☐ PRE-K 5 Days/Wk

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 previously 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 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
4300 12th Street
Tillamook, OR 97141

www.tillamookadventistschool.org
Info@ tillamookadventistschool.org
Phone: 503-842-6533

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)

TILLAMOOK ADVENTIST SCHOOL
4300 12th Street
Tillamook, OR 97141

www.tillamookadventistschool.org
Info@ tillamookadventistschool.org
Phone: 503-842-6533

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

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 SDA?	☐ 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.

TILLAMOOK ADVENTIST SCHOOL
4300 12th Street
Tillamook, OR 97141

www.tillamookadventistschool.org
Info@ tillamookadventistschool.org
Phone: 503-842-6533

EMERGENCY CONTACT INFORMATION

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

	CONTACT #1	CONTACT #2
NAME:	_____	_____
RELATION TO STUDENT(S):	_____	_____
WORK PHONE:	_____	_____
HOME PHONE:	_____	_____
CELL PHONE:	_____	_____
MAY PICK UP STUDENT(S)	☐ Yes ☐ No	☐ Yes ☐ No

PERMISSION TO PICK-UP STUDENTS

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

	NAME	RELATION TO STUDENT(S)	PHONE
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: _____

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
4300 12th Street
Tillamook, OR 97141

www.tillamookadventistschool.org
Info@tillamookadventistschool.org
Phone: 503-842-6533

TILLAMOOK ADVENTIST SCHOOL

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 ☐ Ophthalmogolist ☐	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.

4300 12th St, Tillamook, OR 97141 * info@tillamookadventistschool.org * Ph 503.842.6533 * fax 503.842.6236

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%: _____ O_2: _____

Vision – Without Glasses	Right 20/____	Left 20/____	Passed ☐ Failed ☐ Referred ☐	Hearing - Right	Passed ☐ Failed ☐ Referred ☐
Vision – With Glasses	Right 20/____	Left 20/____		Hearing - Left	Passed ☐ Failed ☐ Referred ☐
Hearing	Subjectively Normal: ☐ Yes ☐ 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)		

4300 12th St, Tillamook, OR 97141 * info@tillamookadventistschool.org * Ph 503.842.6533 * fax 503.842.6236