

**EPHESUS JUNIOR ACADEMY**  
3700 Midlothian Turnpike • Richmond, VA 23224 • (804) 233-4582

**APPLICATION FOR ADMISSION**

Date of Application: \_\_\_/\_\_\_/\_\_\_      Grade Entering: \_\_\_\_\_      1st Semester: 20\_\_\_      2nd Semester: 20\_\_\_

**STUDENT INFORMATION:**

**School Last Attended:** \_\_\_\_\_  
SCHOOL NAME                                      ADDRESS                                      CITY/STATE/ZIP                                      PHONE

Full legal name: \_\_\_\_\_  
LAST                                      FIRST                                      MIDDLE                                      NICKNAME

Permanent Address: \_\_\_\_\_  
STREET                                      CITY                                      STATE                                      ZIP CODE

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Email: \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      U.S. Citizen:     Yes     No      Age \_\_\_\_\_    M \_\_\_\_\_    F \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Place of Birth: \_\_\_\_\_  
CITY/STATE

SDA:     Yes     No      Baptism Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Church Attending: \_\_\_\_\_

If not SDA, which church is attended? \_\_\_\_\_

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_      Relationship to child: \_\_\_\_\_

Home phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Work phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Cell phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_      Relationship to child: \_\_\_\_\_

Home phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Work phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Cell phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**    Applicant lives with:     Both parents     Mother     Father     Guardian

MOTHER			FATHER		
Name: _____			Name: _____		
Address (if different from student) _____			Address (if different from student) _____		
Home phone (if different from student) _____			Home phone (if different from student) _____		
Cell phone: _____			Cell phone: _____		
Email: _____			Email: _____		
SS #: _____			SS #: _____		
Place of Employment: _____			Place of Employment: _____		
Occupation: _____			Occupation: _____		
Business phone: _____			Business phone: _____		
SDA Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Marital Status? <input type="checkbox"/> Yes <input type="checkbox"/> No	SDA Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Marital Status? <input type="checkbox"/> Yes <input type="checkbox"/> No

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**Individuals authorized for student pick up:**

(1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

(3) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

**Unauthorized for student pick up:**

(1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

(3) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Student's destination after school:

\_\_\_\_\_

Has your child ever been suspended, expelled or dismissed from a school due to unsatisfactory conduct or academics? If yes, explain:

(Give school, dates and reasons)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STUDENT CONTRACT:**

**I have read and agree with the ideals and standards set forth in the Ephesus Junior Academy's most recent handbook. I, with the help of God, will order my personal living and conduct in harmony with these principles. My signature pledges my cooperation and loyalty, if admitted, as a student.**

\_\_\_\_\_  
STUDENT'S SIGNATURE

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**EMERGENCY RELEASE FORM**

In the event of a natural disaster the following information will be used:

1. I/We, the parent(s)/guardian(s) of \_\_\_\_\_, hereby give my/our consent to Ephesus Junior Academy to release my/our child(ren) to any of the following persons:

- a) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_
- b) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

2. In the event that none of the above named people are available (initial A or B)

- a) \_\_\_\_\_ release my child to any adult person whom she/he recognizes favorably.
- b) \_\_\_\_\_ do not release my child to any adult person whom she/he recognizes favorably.

3. I/We understand that if no recognizable adults are available and that if safety requires it, my child may be transported by \_\_\_\_\_ to a central location designated by the school. In case of doubt, the staff reserves the right to refuse releasing a child to anyone other than a parent.

4. Under no circumstances is my/our child to be released to the following persons:

- a) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_
- b) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

5. An out-of-state emergency contact:

- a) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

6. I/We hereby authorize Ephesus Junior Academy to provide or attempt to obtain first aid and other emergency medical services by trained personnel, should it become necessary.

\_\_\_\_\_  
Parent/Guardian Signature & Date

\_\_\_\_\_  
Parent/Guardian Signature & Date

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**OFFICE USE ONLY**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Position: \_\_\_\_\_

Child has been picked up by \_\_\_\_\_, and has been taken to \_\_\_\_\_  
\_\_\_\_\_, and may be reached at \_\_\_\_\_.

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**CONSENT TO EMERGENCY MEDICAL TREATMENT**

**STUDENT INFORMATION**

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_

SS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

A) FATHER'S NAME \_\_\_\_\_ Natural Step Guardian (please circle one)

ADDRESS \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

B) MOTHER'S NAME \_\_\_\_\_ Natural Step Guardian (please circle one)

ADDRESS \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

**MEDICAL INFORMATION**

FAMILY PHYSICIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

MY CHILD IS ALLERGIC TO \_\_\_\_\_

\_\_\_\_\_

DATE OF LAST TETANUS SHOT \_\_\_\_\_

**If emergency service involving medical action or treatment is required and neither the parent nor the family physician can be reached for consent, the parents hereby consent to the rendering of such emergency medical service for the above named student as shall be necessary in the medical opinion of the doctor rendering the service. The child will be transported to the hospital nearest the school premises. This authorization is given pursuant to local state civil code.**

\_\_\_\_\_  
Parent/Guardian Signature & Date

\_\_\_\_\_  
Parent/Guardian Signature & Date

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## STUDENT MEDICAL RECORD

**\*INSTRUCTIONS – Parents, complete this side of the form. Have your family physician complete the other side. All students in grades K4-8 must have a physical examination.**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN \_\_\_\_-\_\_\_\_-\_\_\_\_ GRADE \_\_\_\_\_  
MM DD YY

ADDRESS \_\_\_\_\_

\_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

**HISTORY – Past illnesses and allergies. Please check all that apply.**

ALLERGIES: _____	CANCER: _____	HEART DISEASE: _____
ASTHMA: _____	CHICKEN POX: _____	MEASLES: _____
HAY FEVER: _____	DIABETES: _____	RHEUMATIC FEVER: _____
INSECT BITES: _____	DIPHTHERIA: _____	SCARLET FEVER: _____
PENICILLIN: _____	EAR INFECTIONS: _____	TUBERCULOSIS: _____
OTHER DRUGS: _____	EPILEPSY: _____	WHOOPING COUGH: _____

**Explain briefly other factors such as surgeries, serious accidents or injuries, congenital defects, speech defects, vision problems that may affect the child's school experience.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IMMUNIZATIONS – Obtain immunization record from your child's physician. Submit with the registration package.**

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## PHYSICIAN'S EXAMINATION

STUDENT NAME \_\_\_\_\_

BLOOD PRESSURE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

NUTRITIONAL STATUS AND GENERAL APPEARANCE OF CHILD \_\_\_\_\_

RECOMMENDATIONS FOR ADDITIONAL MEDICAL/DENTAL CARE \_\_\_\_\_

This student may participate in a normal physical education program, which includes activities such as running, jumping and tumbling.  Yes  
 No

If the student must be restricted from participating in activities such as named above, please indicate physical activities that may be permitted: \_\_\_\_\_

ORGAN/SYSTEM	NORMAL	ABNORMAL	NO EXAM	EXPLAIN ABNORMALITIES
Nervous system/reflexes				
Skin				
Eyes/ vision/ glasses				
Ears/ hearing				
Nose and throat				
Mouth/ teeth / speech				
Glands				
Cardiovascular/ heart				
Chest / lungs				
Abdomen / hernias				
Abdomen / tenderness				
Abdomen / enlargement				
Extremities				
Spine / back				
Scoliosis				
Posture				
Genitourinary				

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_ MD

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_\_\_

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## RECOMMENDATION FOR ADMISSION

**Instructions for the Applicant** - Please print the information in the applicant section below, then submit the form to the principal, counselor or teacher at the last school in which you were enrolled.

Applicant: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Address: \_\_\_\_\_ School Year: \_\_\_\_\_

\_\_\_\_\_ Today's Date: \_\_\_\_\_

Instruction for the principal, teacher or counselor: The applicant listed above has applied for admission to Ephesus Junior Academy. Please evaluate the student's eligibility by completing the information below. All information given will be treated with strict confidence. Return the completed form to the Secretary, Ephesus Jr. Academy, 3700 Midlothian Turnpike, Richmond, VA 23224.

Please use a check mark to indicate your opinion.

Characteristics	Excellent	Good	Fair	Poor	N/A
Academic Potential					
Academic Achievement					
Initiative					
Effort					
Oral Expression					
Written Expression					
Ability to work independently					
Ability to work with others					
Attendance					
Positive influence on peers					
Emotional stability					

How long and in what capacity have you known the applicant? \_\_\_\_\_

Please provide any additional information about the applicant which may be helpful: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SCHOOL NAME \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_

STREET ADDRESS

CITY / STATE / ZIP CODE

DATE

SIGNATURE/POSITION

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**CHURCH/PASTOR RECOMMENDATION FORM**

STUDENT NAME \_\_\_\_\_ GRADE APPLYING FOR \_\_\_\_\_

How well do you know this individual?    \_\_\_ considerably    \_\_\_ occasional  
   \_\_\_ fairly well            \_\_\_ records only

\*\*\*\*\*  
Please check the adjectives that closely describe the applicant's standing on the items listed below:

**LOYALTY TO LEADERSHIP**

\_\_\_ disloyal  
\_\_\_ satisfactory  
\_\_\_ loyal and dependable

**CHRISTIAN EXPERIENCE**

\_\_\_ antagonistic  
\_\_\_ disinterested/passive  
\_\_\_ active

**CHURCH ATTENDANCE**

\_\_\_ never attends  
\_\_\_ attends sporadically  
\_\_\_ attends regularly

**PERSONAL APPEARANCE**

\_\_\_ careless  
\_\_\_ neat, clean  
\_\_\_ well groomed

**FINANCIAL**

\_\_\_ parents meet financial obligations  
\_\_\_ parents need special consideration with financial arrangements  
\_\_\_ parents do not meet financial obligations

Do you recommend this applicant as a desirable student in a Christian School?    Yes    No    RESERVATIONS

Explain:

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CHURCH NAME \_\_\_\_\_

CHURCH ADDRESS \_\_\_\_\_

STREET ADDRESS

CITY / STATE / ZIP CODE

DATE

SIGNATURE/POSITION

PLEASE RETURN THIS FORM IMMEDIATELY TO THE ADDRESS ABOVE. THIS INFORMATION WILL BE KEPT CONFIDENTIAL



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**RELEASE OF INFORMATION**

This is a request for the release of confidential information for the following student who has applied to Ephesus Junior Academy.

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Previous School Attended:

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

**Records Requested:**

- 1) Academic (grades and Cumulative School File, Test Scores)
- 2) Health (Shot records and Medical Reports)
- 3) Birth Certificate and Social Security Card
- 4) Disciplinary/Behavioral Records
- 5) IEP – Individualized Educational Program, etc.

I give permission for my child's records to be sent to Ephesus Junior Academy.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

*Please forward the requested records to:*

**Ephesus Junior Academy  
 3700 Midlothian Turnpike  
 Richmond, VA 23224  
 (804) 233-4582 phone  
 (804) 291-9180 fax**

# EPHESUS JUNIOR ACADEMY

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## COMPUTERS/INTERNET USAGE POLICY

Ephesus Junior Academy's goal is to provide a safe environment for students as they conduct education research over the Internet. A filtering device has been installed to eliminate inappropriate language, materials and pictures. In inappropriate materials slip through this filtering system, students must report this immediately to the teacher.

In order to use the computers at Ephesus Junior Academy, students, parents and legal guardians must agree to abide by the rules in the school's Computers/Internet Usage Policy.

Rules for using the Internet:

- Do not damage computers, computer systems or computer network.
- Report all problems immediately to the instructor.
- Do not use another person's files or work.
- Do not violate copyright laws, ask your teacher before downloading anything from the Internet.
- Do not give out personal or family information on the Internet.
- Do not use inappropriate/obscene language.
- Do not send or display offensive or threatening messages or pictures.
- Use of the Internet should be directly related to the educational purposes of the school.

Violation of the rules may result in suspension or loss of computer privileges. Disciplinary as well as legal action may also be taken.

Student's Name \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

As the parent or legal guardian of the minor student above, I grant permission to access networked computer services such as electronic email and the Internet. I understand that individuals and families may be held liable for violations. I understand that some materials on the Internet may be objectionable, but I accept responsibility for the student that is named above, to follow when selecting, sharing or exploring information.

Parent/Legal Guardian's Name \_\_\_\_\_

Parent/Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

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## STATEMENT OF COLLABORATION AND RESPECTFULNESS

Providing a safe and orderly environment for learning is a recognized hallmark of quality schools. In addition to offering academic excellence in a Christian atmosphere, Ephesus Junior Academy will enforce strict policies regarding respectfulness and non-violence. Students and parents are asked to sign a pledge of support and collaboration as part of the school registration process.

Students enrolled at Ephesus Junior Academy can be assured that they will not have to endure fighting, bullying, threats, cruel teasing, inappropriate touching or any other deliberate acts of aggression or harassment that cause them physical or emotional discomfort. Because Ephesus Junior Academy is committed to providing an environment where Christian character is developed and valued, any acts that belittle any fellow human being will not be tolerated. Conflict-resolution is introduced as early as Kindergarten in order to prevent students from resorting to disrespect or violence as a pattern for problem solving. Anyone engaging in deliberate acts of aggression or harassment against others will be asked to seek enrollment elsewhere.

Ephesus Junior Academy upholds four principles, which form the foundation for the school's conduct.

1. I must respect and reverence God and all things sacred.
2. I must respect and protect others.
3. I must respect myself.
4. I must respect time and property.

Parents should function as partners in the educational process, with teachers and administrators working together to create the best possible school. This partnership must include mutual trust, continued open communication and collaboration, with concerted focus on the best interests of the child.

### **WHAT PARENTS CAN EXPECT FROM ADMINISTRATION & TEACHERS AT EPHESUS JUNIOR ACADEMY**

- We will treat your child with dignity and respect.
- We will conduct a daily devotional period designed to encourage a friendship between your child and Jesus Christ
- We will respond quickly to your questions and concerns.
- We will hold your child accountable for his/her behavior and his/her responsibilities.
- We will regularly send home a newsletter or other parent communication.
- We will provide an academic program to prepare your child to feel successful and to BE successful.
- We will preserve and nurture self-esteem.
- We will grade student work promptly and maintain a current record of your child's progress.
- We will encourage your child to strive for excellence.
- We will not embarrass your child to make him/her feel "put down"
- We will respond to your child's academic, emotional, social, and physical needs with loving care to the best of our ability.

### **WHAT ADMINISTRATORS & TEACHERS CAN EXPECT FROM PARENTS & CHILDREN AT EPHESUS JUNIOR ACADEMY**

- Your child will come to school having had breakfast and adequate rest.
- Your child will come to school dressed in the required uniform of appropriate size and fit.
- Your child will have completed his/her homework to the best of his/her ability.
- An adult will screen your child's entertainment.
- Your child will not be pulled from school for extended periods of time or family vacations.
- Your child will not bring meat on the school premises at any time.
- Your child will have been taught to use only appropriate and pure language.
- You will treat your child's teacher with respect and uphold him/her to your child.
- You will support the school's philosophy of education.
- Your child will be kept at home when ill.
- You will make appointments with your child's teacher(s) ahead of time, so as not to disrupt your child's classroom instruction.
- Your child will be expected to participate in any media promotions regarding pictures, videos, DVD's, etc.

We have read the statement of respectfulness and collaboration adopted by this school and understands that meeting its requirements is a condition of continued enrollment at Ephesus Junior Academy. We have the remainder of the school handbook and agree to uphold and follow all school guidelines and policies, whether specifically written or verbally expressed for the school year.

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STUDENT'S SIGNATURE / DATE

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PARENT'S SIGNATURE / DATE

# ***Parental Consent for Field Trips, Travel, & Treatment Participation and Release of Liability***

This form will be on file at the school office for the current school year. An additional Permission to Participate form will be sent home prior to each off-campus trip.

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I give permission for my child, to participate in all sports and school sponsored trips away from the school premises throughout the current school year. Students will be accompanied by a teacher and will be under adequate supervision. I understand that I will be given at least 48 hours notice of all trips away from the school premises. I further understand that I may revoke permission for a specific field trip by written notice hand-delivered to the principal more than one day prior to the trip.

Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. I understand that there are risks/dangers involved in participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event, I assume to assume responsibility for those ordinary and reasonable risks associated with travel activities. I agree to hold harmless Ephesus Junior Academy, its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I request that the school contact me. If the school cannot reach a parent/guardian after conscientious effort, I give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I give permission for school staff to call paramedics immediately and then contact me as soon as possible thereafter.

I authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care, which is in the best judgment of a licensed physician or dentist, is deemed advisable. I agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I also agree to be financially responsible for emergency medical transportation.

*If child lives with both parents, the release must be signed by both parents/guardians*

Please supply the following emergency medical information:

Home Phone \_\_\_\_\_ Work Phone No. \_\_\_\_\_

In case I am not available, call \_\_\_\_\_ at \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Phone No. \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

(Please print clearly)

***Note: A copy of this completed form must be carried on all school trips.***

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## PARENTAL/GUARDIAN CONSENT FORM

We are sending you this parental consent form to both inform you to request permission for your child's photo/image to be published on the school's web site.

**As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we as schools do want to celebrate your child and his/hers work. The law requires that we ask for your permission to use information about your child.**

Pursuant to law, we will not release any personally identifiable information without prior written consent form you as parent of guardian. Personally identifiable information includes student names, photo or image, residential addresses, e-mail address, phone number and locations and times of class trips.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the principal and such rescission will take effect upon receipt by the school.

Check one of the following choices:

- I/We GRANT permission for a photo/image that includes this student without any other personal identifiers to be published on the school's public Internet site.
- I/We GRANT permission for this student's photo/image and name to publish on the school's public Internet site.
- I/We DO NOT GRANT permission for photo/image that includes this student to be published on the school's public Internet site.
- I/We Grant permission for photo/image that includes this student to be published in newspaper, magazines, or other publication.
- I/We DO NOT GRANT permission for photo/image that includes this student to be published in newspaper, magazines, or other publication.

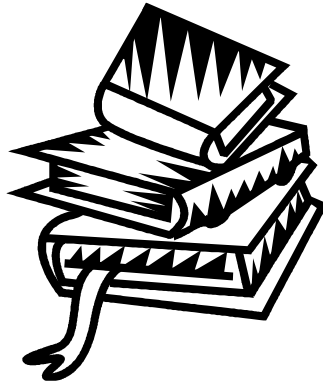
Student's Name:(please print)\_\_\_\_\_ Student's Grade:\_\_\_\_\_

Print name of Parent/Guardian: (print)\_\_\_\_\_

Signature of Parent/Guardian: (sign)\_\_\_\_\_

Relation to Student:\_\_\_\_\_ Date:\_\_\_\_\_

# ***TEXTBOOK RENTAL AGREEMENT***



The textbook rental fee is part of the registration fee. When applying the parent of the applicant agrees to replace any one or all textbooks that are issued to the applicant if they are damaged, destroyed or lost. The damage is assessed by a representative of the school.

Pupil's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_