



Student Application Information

Grade the student will be entering: _____ Enrollment Date: ___/___/___

Last name: _____ First name: _____ Middle name: _____

Home address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Public school district in which the student resides: _____

Current age: _____ Date of birth: ___/___/___ Gender: Male/Female (circle one)

Place of birth: (city/state) _____ Race: _____

Please check one of the following statements that apply to your child:

- A. Child lives with natural parent(s) or with legally adoptive parents.
- B. Parents are divorced or legally separated. Child resides with parent that has legal custody by court order.*
- C. Parents are divorced or legally separated. Parents have joint custody by court order.*
- D. Child lives with a guardian who has been granted legal custody by court order.*
- E. Child lives with foster parents. (You must have a representative of the custodial agency with you and all necessary court orders, proof of district responsible for education costs, and previous school records at time of enrollment. The child will not be enrolled without meeting the above requirements.)
- F. Child is over 18 years, lives apart from the parents, and is self-supporting.
- G. Foreign student.

*IT IS OHIO LAW THAT EACH PARENT PROVIDE A CERTIFIED COPY OF ANY CHILD CUSTODY ORDER OR DECREE WHICH HAS BEEN ISSUED WITH RESPECT TO THE STUDENT. THE CUSTODIAL PARENT OF SUCH STUDENT MUST ALSO PROVIDE THE SCHOOL WITH CERTIFIED COPIES OF ANY LATER COURT ORDERS WHICH MODIFY THE ORIGINAL CUSTODY ORDER OR DECREE. [Ohio Revised Code 3313.672 (B)]

Is student a baptized member of the Seventh-day Adventist church? YES NO

Has the student used any of the following within the past year? Alcohol Tobacco
 Controlled Substances.

Has the student been under any serious discipline measures during the past year? (i.e., suspended, expelled) YES NO if yes, please explain: _____

Condition of health: Excellent Good Poor

Is this student currently on an IEP? Yes No

Name, Address, and telephone of previous school (including Home School Program) if applying for the first time to NOAA: _____

Are you presently in debt to any other school? _____ if yes, name of school _____

If applying to NOAA for the first time, students in Grade 6 and above, please provide three (3) recommendations on the forms provided. At least one recommendation must be from a teacher, counselor, or administrator from the most recent school attended.

Family Information

<u>List of Information</u>	<u>Father/Legal Guardian</u>	<u>Mother/Legal Guardian</u>
Name		
Home Address (if different from above)		
Home Telephone		
Cell Phone		
E-mail address		
Occupation		
Employer/Business Address		
Business Telephone/extension		
Church Membership: Denomination/City/Church		

Our student record policy allows NOAA (unless you request in writing otherwise) to release directory information including student name, address, telephone number, date, and place of birth, honors and awards, date of graduation and provide other SDA schools with student names, address, GPA, and test scores.

If parent(s) or legal guardian(s) cannot be reached in an emergency, please notify:

Name: _____ Telephone: _____

Relationship to student: _____

Name: _____ Telephone: _____

Relationship to student: _____

List of person(s) to whom this child can be released: (please print)

I/We hereby certify that we have read this information contained in this application, and to the best of our knowledge, the answers given are correct. I/We am/are acquainted with the philosophy and regulations of Northern Ohio Adventist Academy and agree to support them while enrolled at the school. NOAA reserves the right to withhold transcript, grades, cumulative folder information and diploma until financial obligation to NOAA is paid in full. As the parent(s)/legal guardian(s) of the student, I/we agree to assume the responsibility for the payment of the school account.

I/we have read the NOAA School Handbook and Code of Conduct (available at www.northernohioadventistacademy.org) and acknowledge acceptance of all policies/regulations as set forth. Parent(s) and/or legal guardian(s) ***must*** sign below. I/we hereby also authorize the release of my/our child's photograph for school publications, i.e., calendar, bulletin, website, etc. Thank you for your cooperation.

Student Signature (grade 6 and above): _____ date: _____

Father/Guardian signature: _____ date: _____

Mother/Guardian signature: _____ date: _____

Medical Update – required annually **School Year:** _____

Student Name: _____ Birthdate: _____ Grade: _____

Contact Information

Parent/guardian 1: _____	Phone _____	Phone _____
Parent/guardian 2: _____	Phone _____	Phone _____
Additional contact: _____	Phone _____	Phone _____
Additional contact: _____	Phone _____	Phone _____

Consent to Treat

I authorize the additional contact people listed to pick up and transport the above named student should that student become ill or injured and I am unable to be reached. I also authorize EMS and hospital staff to transport and treat the above named student in the event of an emergency.

Parent/guardian signature _____ Date _____

Provider information

Physician _____	Phone _____
Dentist _____	Phone _____
Insurance Carrier _____	Insurance ID _____

Required forms:

- Immunization record for all new and Kindergarten students, updated **Tdap** for all 7th grade students
- Medication Authorization Form for all students with prescription medications (Epi Pens, Inhalers, and all other routinely prescribed medications required at school or on school-related trips)

(Please submit these required forms before/on the first day of school. Note the Med Auth. Form requires a physician's signature.)

Prescription Medications *(please provide the physician signed Medication Authorization Form for school or trip purposes.)*

___ Epi Pen _____
___ Inhaler _____
___ Other Medication: _____
Please list other meds _____

*dose, frequency and special instructions will be provided on the required Med Auth form.

Medical Conditions		
___ Anaphylaxis	<u>Please list specific allergen(s):</u>	<u>Please list typical reaction to allergen</u>
Allergies:		
___ Food	_____	_____
___ Insect	_____	_____
___ Environmental	_____	_____
___ Asthma	___ Diabetes	___ Epilepsy
___ Vision	wears ___ glasses	___ contacts
___ Hearing	wears ___ aides	

Over-the-Counter Medication is permitted with parent permission (please sign to permit or decline)

___ I authorize permission for the above named student to receive Over-the-counter medication if needed and as directed on the package label. Please do NOT give _____ weight _____

___ I DECLINE, please do NOT give this student ANY Over-the-counter medication.

Parent/guardian signature _____ Date: _____