

Caldwell Adventist Elementary School

Application for Returning Student

ALL APPLICATIONS
ARE SUBJECT TO
SCHOOL BOARD APPROVAL

Full Student Name: _____
 Male/Female: Male Female
 Student Baptism Date: _____
 Father Adventist? Yes No Mother Adventist? Yes No
 Address: _____
 City, State, ZIP: _____

Grade Entering: _____
 ID#: (Office Use Only) _____
 Birthdate: _____ Age _____
 Birth Country or State: _____
 Race/Ethnicity: _____
 Home Phone: (____) _____

Parent/Guardian #1: _____
 Relationship: _____
 Address: _____
 City, ST ZIP: _____

Day Phone: (____) _____
 Email: _____
 Employer: _____
 Occupation: _____

Parent/Guardian #2: _____
 Relationship: _____
 Address: _____
 City, ST ZIP: _____

Day Phone: (____) _____
 Email: _____
 Employer: _____
 Occupation: _____

Doctor Name: _____

Doctor Phone: _____

Additional Emergency Contact: _____

Emergency Contact Phone: _____

Health: _____
 Allergies: _____ Blood Type: _____
 Medications: _____
 Medical Conditions: _____

Current Church Membership: _____
 Include Family Address/Phone/Email info in the School Directory? YES NO

FIELD TRIPS

"I give permission for my child to participate in all planned field trips during the school year. I understand that notification will be given in advance of field trips regarding place, date, time, purpose, and cost (if any)."

Signature: _____

PHOTOS & VIDEOS

"I give permission for my child to be included in any school projects using photographs and audio/video recordings for print, school display, video, audio, and/or school website and school Facebook page uses."

Signature: _____

CONTINUING CONSENT TO TREATMENT AND AUTHORIZATION TO RELEASE INFORMATION

"I, the undersigned parent or guardian of _____, a minor, do hereby consent to any X-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of _____, M.D., 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 reasonable effort will be made to contact the doctor listed above before any other physician is called by the school or organization.

It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize Caldwell Adventist Elementary School or the physician to exercise their best judgment regarding the requirement 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 custody of said minor.

I hereby authorize any hospital, physician, or other person who has attended or examined the minor to furnish to General Conference Insurance Service, or its representative, any and all information with respect to any illness, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records. A photocopy of this authorization shall be considered as effective and valid as the original."

Parent/Guardian Signature: _____ Date: _____

This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d and 45 CFR 160 through 164.

PARENTAL AGREEMENT

"I agree to read and abide by the policies outlined in the Statement of Faith and the School Handbook if my child is accepted for enrollment."

Parent/Guardian Signature: _____ Date: _____