

SCAPPOOSE ADVENTIST SCHOOL

P. O. BOX 889, Scappoose, OR 97056

Phone 503-543-6939 Fax: 503-543-6944

Office Use Only

Start Date _____

Deposit Amount \$ _____

Check # _____

Date _____

Enrollment Application 2010-2011

Student Information

				Grade:	_____
Legal Name:	_____	Age:	_____	<input type="checkbox"/> M	<input type="checkbox"/> F
	Last First M.I. Goes By				
Address:	_____	Phone:	_____		
	Street City State Zip				
Mailing Address:	_____				
	(Only if different from above)				
Birth Date:	_____	Place of Birth:	_____		
		(City)	(State)	(Country)	
Home Church:	_____	<input type="checkbox"/> Baptized	Baptized Date:	_____	
Previous School:	_____	Address:	_____		

Family Information

Marital Status of Parents:	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Single Parent
Student Lives With (Check all that apply)					
<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Step Father	<input type="checkbox"/> Step Mother	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Guardian

Father

Name:	_____	Employer:	_____	Occupation:	_____
Home Address:	_____				
	<input type="checkbox"/> (Address is same as above)				
Home Phone:	_____	Cell Phone:	_____	Work Phone:	_____
Email:	_____				
Religious Affiliation:	_____	<input type="checkbox"/> Baptized	Home Church:	_____	

Mother

Name:	_____	Employer:	_____	Occupation:	_____
Home Address:	_____				
	<input type="checkbox"/> (Address is same as above)				
Home Phone:	_____	Cell Phone:	_____	Work Phone:	_____
Email:	_____				
Religious Affiliation:	_____	<input type="checkbox"/> Baptized	Home Church:	_____	

Stepparent

Name: _____ Employer: _____ Occupation: _____
Home Address: _____
 (Address is same as above)
Home Phone: _____ Cell Phone: _____ Work Phone: _____
E-mail: _____
Religious Affiliation: _____ Baptized Home Church: _____

Guardian

Name: _____ Employer: _____ Occupation: _____
Home Address: _____
 (Address is same as above)
Home Phone: _____ Cell Phone: _____ Work Phone: _____
E-mail: _____
Religious Affiliation: _____ Baptized Home Church: _____

If there are any custody restrictions regarding your family that impact your student in this school, please inform us.

Emergency Contact (s)

Mr. Name Mrs. _____ Relationship: _____ Permission to pickup
Home Phone: _____ Cell Phone: _____ Work Phone: _____

Mr. Name Mrs. _____ Relationship: _____ Permission to pickup
Home Phone: _____ Cell Phone: _____ Work Phone: _____

Mr. Name Mrs. _____ Relationship: _____ Permission to pickup
Home Phone: _____ Cell Phone: _____ Work Phone: _____

Mr. Name Mrs. _____ Relationship: _____ Permission to pickup
Home Phone: _____ Cell Phone: _____ Work Phone: _____

Mr. Name Mrs. _____ Relationship: _____ Permission to pickup
Home Phone: _____ Cell Phone: _____ Work Phone: _____

Medical Consent

I hereby give permission for my child to receive emergency medical care. Information on this document may be made available to health care providers. I understand that every effort will be made to contact me if my child is ill or injured.

Student's Full Name: _____ Grade: _____

* Physician's Name: _____ Phone: _____

* Parent's/Guardian's Signature: _____ Date: _____

* Other contact person who may authorize treatment in case of an emergency.

* Name: _____ Phone: _____

Other

* Do you give permission to have your student's name and picture published in the yearbook and other school publications? Yes No

* Do you give permission to have your name and address along with your student's name published in the school directory? Yes No

* Do you give permission to have your student's picture used in marketing materials for promoting/advertising the school? Yes No

Student Pledge

I accept that my participation at Scappoose Adventist School is a privilege. I have read and understand the Mission Statement and Guiding Principles. I pledge myself to apply the Guiding Principles in my life and conduct. I choose to uphold all school policies at all school functions and live by the guidelines of the handbook and any other regulations which may be deemed necessary by the administration or school board. I will actively cooperate with the redemptive discipline process of this school.

* Signed: _____ Date: _____

Parent Contract

I have read the Handbook and am in agreement with the Mission Statement and Guiding Principles. I will actively support these and the regulations in the handbook or any other regulation deemed necessary by the administration or school board.

I pledge myself to work with the school, not only to meet these goals, but also to maximize my child's educational experience. My financial obligation is clearly understood and I agree to pay my child's account each month, unless I arrange otherwise with the school administration or finance committee in advance.

*Signed: _____ Date: _____