



54287 Columbia River Highway, Scappoose, OR 97056
 Phone (503) 543-6939 Fax (503) 543-6944
 web: www.sasonline.org

FOR OFFICE USE ONLY:	
_____	Application Fee Paid
_____	Financial Clearance/QB
_____	Acceptance/Renweb
_____	Student ID
_____	Start Date

STUDENT INFORMATION					
Student's Name (Last, First, Middle)		Family Email Address		Home Phone	
Physical Address			City	State	Zip
Mailing Address (if different)			City	State	Zip
Gender (circle) M F	Age	Grade: 2019-2020	Birthdate	Birthplace	
Last School Attended/Year		Mailing Address		Denomination/Church	
Ethnicity (circle) <i>optional</i> Asian African American African Caribbean Caucasian East Indian Hispanic Native American Pacific Islander					
FAMILY INFORMATION – <i>If there are any custody restrictions that impact your student, please inform us and attach legal documents.</i>					
Primary Parent/Guardian		Relationship to Student		Receives Grades (circle) Yes No Receives Statement (circle) Yes No	
Email Address		Work Phone		Cell Phone	
Secondary Parent/Guardian		Relationship to Student		Receives Grades (circle) Yes No Receives Statement (circle) Yes No	
Home Address		City, State, Zip		Home Phone	
Email Address		Work Phone		Cell Phone	
EMERGENCY CONTACT/AUTHORIZED PICKUP LIST					
Other Contact (optional)		Relationship to Student		Authorized to pick up child (circle) Yes No	
Cell Phone		Home Phone		Work Phone	
Other Contact (optional)		Relationship to Student		Authorized to pick up child (circle) Yes No	
Cell Phone		Home Phone		Work Phone	
Other Contact (optional)		Relationship to Student		Authorized to pick up child (circle) Yes No	
Cell Phone		Home Phone		Work Phone	
Other Contact (optional)		Relationship to Student		Authorized to pick up child (circle) Yes No	
Cell Phone		Home Phone		Work Phone	

PERSONAL INFORMATION

Has your student had his/her vision and hearing checked by a healthcare provider within the past year? () Yes () No

Are you aware of any medical concerns or issues that could affect your student's experience? () Yes () No

Are you aware of any academic challenges or needs that could affect your student's progress? () Yes () No

Are you aware of any behavioral issues that could affect your student's success? () Yes () No

Has your student ever been suspended or asked to withdraw from school? () Yes () No

Please explain the details of all "yes" answers to the above questions _____

Note: Because vision and hearing impairments may greatly impact a student's ability to learn, we request all Kindergarten students have their eyes and ears tested. Health professionals recommend students entering 6th Grade be tested as well.

STUDENT PLEDGE

As a student of Scappoose Adventist School, I will:

- show respect to all
- demonstrate a positive and caring attitude
- do my best in school
- use my strengths and abilities to serve others
- take responsibility for my actions
- care for school property
- complete my work and prepare for tests
- seek help when I encounter problems
- uphold the principles and guidelines of Scappoose Adventist School

Signed: _____

Date _____

PARENT PLEDGE

Understanding that the school has created a community to help students excel spiritually, academically, physically and emotionally, I agree to be a partner with the school by:

- providing adequate sleep and nutrition for my child and making time as needed at home to help my child succeed
- volunteering 4 hours per quarter (16 hours per school year) per two-parent family; 2 hours per quarter (8 hours per school year) per single-parent family
- communicating questions or concerns directly to the teacher
- supporting the school's vision
- accepting financial responsibility

Signed _____

Date _____

SCHOOL DIRECTORY & PROMOTION

May your family be included in the 2019-2020 Scappoose Adventist School Directory? () Yes () No

I recognize that school activities are often photographed and/or videotaped. These photos and videos may be used in the promotion of Scappoose Adventist School. I hereby give consent to the use of any photographs or videos of my child to be used in any school publication or for promotional activities.

Signed _____

Date _____

FINANCIAL AGREEMENT

Person Responsible for Payment of Student's Account		Social Security No. (essential)	Relationship to Student
Home Address		City, State, Zip	Home Phone
Date of Birth		Email Address	Cell Phone
Employer		Position	Work Phone
Work Address	City, State, Zip	Driver's License State	Driver's License Number
Other Person (if any) Responsible for Payment of Student's Account		Social Security No. (essential)	Relationship to Student
Home Address		City, State, Zip	Home Phone
Date of Birth		Email Address	Cell Phone
Employer		Position	Work Phone
Work Address	City, State, Zip	Driver's License State	Driver's License Number

Payment Schedule

- () 10-Month Payment Plan (Tuition is divided into ten equal payments, September – June)
- () 11-Month Payment Plan (Tuition is divided into eleven equal payments, August – June)
- () 12-Month Payment Plan (Tuition is divided into twelve equal payments, July – June)
- () Single Payment Plan with a 3% discount (One payment due September 1st)

Payments:

Statements are sent by email on the 25th of the month. Payment is due on the 1st. A late charge of \$20 will be assessed if payment is not received by the 10th of each month. Arrangements other than those stated must be requested in writing and approved by the finance committee.

Families experiencing temporary difficulty in making payments should contact the school immediately. The school will do all it can do to work with the family in an understanding manner. If payment or satisfactory arrangements are not made by the 20th of each month, the student will be placed on financial suspension and may return to school when the account is cleared.

My signature below verifies that I/we agree to pay the Scappoose Adventist School bill for the above named student. I/we understand that I/we are responsible for the ending balance even if any additional assistance programs/funding does not come through or is not approved.

Signature _____ Date _____

Signature _____ Date _____

CONTINUING CONSENT TO TREATMENT AND AUTHORIZATION TO RELEASE INFORMATION

Name of Physician	Phone
Name of Dentist	Phone
Hospital Preference	Phone

List any restrictions or allergies to drugs or food _____

List medications taken regularly _____

List any other pertinent medical information _____

I, the undersigned parent/guardian of _____, a minor, do hereby consent to any and all necessary medical treatment and hospital services that may be required in the event of an emergency or injury. If it is reasonable to do so, the school office will try and reach the above mentioned physician for advice for treatment. It is further understood that I, the parent/guardian, will be notified of incident as soon as reasonably possible.

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 the custody of said minor.

We 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 copy of this authorization shall be considered effective and valid as the original.

I give permission to Scappoose Adventist School faculty to give my student over the counter medications such as (circle) Advil, Aspirin, Benadryl, Tylenol or cough drops.

Other _____ () Yes () No () Call me before you give the medication

Parent or Guardian Signature _____ Date _____

Witness _____

State law requires that all children in public and private schools, preschools, Head Start and certified child care facilities have up-to-date immunizations, or have a religious or medical exemption. Children will not be able to attend school or child care starting February 5, 2020 (Oregon State Exclusion Day) if their records on file are incomplete.

Will you need Before & After School Child Care? () Yes () No If you opt out of this program, emergency after school care will be provided up to 3x/year without student enrollment, but at a higher hourly rate.