



54287 Columbia River Highway, Scappoose, OR 97056  
Phone (503) 543-6939 Fax (503) 543-6944

web: [www.sasonline.org](http://www.sasonline.org)

**DAYS/WEEK STUDENT WILL ATTEND SCHOOL (Select One):**

**2-Days**

**3-Days**

**5-Days**

**FOR OFFICE USE ONLY:**

\_\_\_\_\_ Application Fees 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 (select) M    F		Age		Grade: 2020-2021		Birth Date		Birthplace	
Last School Attended/Year				Mailing Address			Denomination/Church		
Ethnicity (select) <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    Yes    No Receives Statement    Yes    No		
Email Address				Work Phone			Cell Phone		
Secondary Parent/Guardian				Relationship to Student			Receives Grades    Yes    No Receives Statement    Yes    No		
Home Address				City, State, Zip			Home Phone		
Email Address				Work Phone			Cell Phone		
EMERGENCY CONTACT/AUTHORIZED PICK UP LIST									
Other Contact (optional)				Relationship to Student			Authorized to pick up child Yes    No		
Home Address				City, State			Zip		
Cell Phone				Home Phone			Work Phone		
Other Contact (optional)				Relationship to Student			Authorized to pick up child Yes    No		
Home Address				City, State			Zip		
Cell Phone				Home Phone			Work Phone		
Other Contact (optional)				Relationship to Student			Authorized to pick up child Yes    No		
Home Address				City, State			Zip		
Cell Phone				Home Phone			Work Phone		

## PERSONAL INFORMATION

Has your student had his/her vision and hearing checked by a health care 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 that we should be aware \_\_\_\_\_

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
- Making time as needed at home to help my child succeed
- Volunteering my talents or time to benefit the school as I am able
- Communicating questions or concerns directly to the teacher
- Supporting the school's vision
- Accepting financial responsibility

Signed \_\_\_\_\_

Date \_\_\_\_\_

## STUDENT DIRECTORY & SCHOOL PROMOTION

May your family be included in the Scappoose Adventist School Student 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**

<b>Person Responsible for Payment of Student's Account</b>		<b>Social Security # (Required)</b>		<b>Relationship to Student</b>
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 #	
<b>Other Person (if any) Responsible for Payment of Student's Account</b>		<b>Social Security # (Required)</b>		<b>Relationship to Student</b>
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 #	

**Payment Schedule**

( ) Full Week enrollment – \$3,700/year (\$391/mo. for 9 mo. + 1 mo. @ \$185), Sept. through June

( ) 3 Days/Week - \$2,220/year (\$235/mo. for 9 mo. + 1 mo. @ \$111), Sept. through June

( ) 2 Days/Week - \$1,480/year (157/mo. for 9 mo. + 1 mo. @ \$74), Sept. through June

**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 20<sup>th</sup> 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 (select)

Advil      Aspirin      Benadryl      Tylenol      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 17, 2021 (Oregon State Exclusion Day) if their records on file are incomplete.

Will you need Interim Child Care from Noon until 3PM? ( ) Yes ( ) No

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.