

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

web: www.sasonline.org

## 2019-2020 K-8<sup>th</sup> GRADE APPLICATION

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

STUDENT INFORMAT	ΓΙΟΝ							
Student's Name (Last, First, Middle)		Family E	Family Email Address			Home Phone		
Physical Address			City		State		Zip	
Mailing Address (if different	ent)		City		State		Zip	
	-··· <b>·</b> /		City		otato	2.19		
	Γ.	I		l		l		
Gender (circle)  M F	Age	Grade: 2	019-2020	Birthdate		Birth	place	
Last School Attended/Yea	) r	Mailing	Mailing Address		Denomination/Church			
Last School Attended/ fed	<b>1</b> 1	Ivialilig	Address		Denomin	Denomination/Church		
Ethnicity (circle) optional							5 10 11	
Asian African Americ	an African Caribbean	Caucasia	n East Indiar	n Hispanic	Native An	nericar	n Pacific Islande	r.
FAMILY INFORMATION	ON — If there are any cu	stody rest	rictions that ir	npact your s	student, pled	ase inj	form us and atta	ıch
legal documents.								
Primary Parent/Guard	ian	Relation	ship to Student			Receives Grades (circle) Yes No		
•						Receives Statement (circle) Yes No		
Email Address		Work Ph	ione		Cell Pho	ne		
Construction Paramet (Construction		Dolationship to Student			Pagaiya	Crade	es (circle) Yes	No
Secondary Parent/Guardian		Relation	Relationship to Student			Receives Grades (circle) Yes No Receives Statement (circle) Yes No		
Home Address		City, State, Zip				Home Phone		
5 11 4 11					C II DI			
Email Address Wor		Work Ph	Nork Phone		Cell Phone			
EMERGENCY CONTA	CT/AUTHORIZED PICK	UP LIST						
Other Contact (option			ship to Student		Authoriz	ed to r	pick up child (circle	 <u>2</u> )
Cinci Contact (opinon	,		- p		Yes	No	•	,
Cell Phone		Home Pl	hone		Work Ph	one		
Cell Filone		Home Fi	none		VVOIKFII	one		
Other Contact (optional)		Relation	ship to Student		Authori	zed to	pick up child (circl	e)
					Yes	No		
Cell Phone		Home Phone			Work Ph	Work Phone		
Other Contact (optional) Re		Relation	Relationship to Student		Authori	Authorized to pick up child (circle)		
					Yes	Yes No		
Cell Phone		Home Pl	hone	one		Work Phone		
		Home i none						
Other Contact (optional)		Relationship to Student			Authoriz	Authorized to pick up child (circle)		
					Yes	No		
Cell Phone		Home Pl	hone		Work Ph	one		

PERSONAL INFORMATION		
Has your student had his/her vision and hearing checked by a healthcare provider within the pas	t 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?		( ) No
		( ) No
Has your student ever been suspended or asked to withdraw from school?	, ,	( ) 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 have their eyes and ears tested. Health professionals recommend students entering 6th Grade be STUDENT PLEDGE		tudents
STODENT FEEDGE		
As a student of Scappoose Adventist School, I will:		
show respect to all		
demonstrate a positive and caring attitude		
<ul> <li>do my best in school</li> <li>use my strengths and abilities to serve others</li> </ul>		
take responsibility for my actions		
care for school property		
complete my work and prepare for tests		
seek help when I encounter problems		
<ul> <li>uphold the principles and guidelines of Scappoose Adventist School</li> </ul>		
Signed: Da	ate	
PARENT PLEDGE		
Understanding that the school has created a community to help students excel spiritually, acader agree to be a partner with the school by:	mically, physically and emo	otionally, I
<ul> <li>providing adequate sleep and nutrition for my child and making time as needed at home</li> <li>volunteering 4 hours per quarter (16 hours per school year) per two-parent family; 2 however) per single-parent family</li> </ul>		er school
<ul> <li>communicating questions or concerns directly to the teacher</li> </ul>		
supporting the school's vision		
accepting financial responsibility		
Signed D	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 v of Scappoose Adventist School. I hereby give consent to the use of any photographs or videos of publication or for promotional activities.		
Signed	ate	

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	Driver's License
			State	Number
Other Person (if any) Responsible for Paymen	t of	Social Security No. (e	essential)	Relationship to Student
Student's Account				
Home Address		City, State, Zip		Home Phone
Trouble / todal ess		city, state, zip		Trome Thome
Date of Birth		Email Address		Cell Phone
Employer		Position		Work Phone
Work Address City, State,		· · · · · · · · · · · · · · · · · · ·		Driver's License
Work Address	City, State,	, Zip		
Work Address	City, State,	, Zip	State	Driver's License Number
Payment Schedule	City, State,	, Zip		
			State	
Payment Schedule	ten equal p	payments, September -	State - June)	
Payment Schedule  ( ) 10-Month Payment Plan (Tuition is divided into	o ten equal p	payments, September - al payments, August –	- June)	
Payment Schedule  ( ) 10-Month Payment Plan (Tuition is divided into	o ten equal p o eleven equ twelve equa	payments, September - al payments, August – al payments, July – Jun	- June)	
Payment Schedule  ( ) 10-Month Payment Plan (Tuition is divided into ( ) 11-Month Payment Plan (Tuition is divided into ( ) 12-Month Payment Plan (Tuition is divided into ( ) Single Payment Plan with a 3% discount (One p	o ten equal p o eleven equ twelve equa	payments, September - al payments, August – al payments, July – Jun	- June)	
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Payment Schedule  ( ) 10-Month Payment Plan (Tuition is divided into ( ) 11-Month Payment Plan (Tuition is divided into ( ) 12-Month Payment Plan (Tuition is divided into ( ) Single Payment Plan with a 3% discount (One propayments: Statements are sent by email on the 25th of the monot received by the 10th of each month. Arrangement finance committee.	ten equal position eleven equal twelve equal payment due enth. Paymer the ents other the	payments, September - al payments, August – al payments, July – Jun s September 1st) ant is due on the 1st. A l	State  - June)  June)  e)  ate charge of \$20 will be requested in writing	number  De assessed if payment is gand approved by the
Payment Schedule  ( ) 10-Month Payment Plan (Tuition is divided into ( ) 11-Month Payment Plan (Tuition is divided into ( ) 12-Month Payment Plan (Tuition is divided into ( ) Single Payment Plan with a 3% discount (One p Payments: Statements are sent by email on the 25th of the monot received by the 10th of each month. Arrangements	ten equal position equal twelve equal twelve equal payment due ents other the grayments of the payments of the grayments of t	payments, September - al payments, August – al payments, July – Jun e September 1st)  Int is due on the 1st. A lean those stated must lean those stated to r satisfactory arrange	State  - June)  June)  e)  ate charge of \$20 will be requested in writing ool immediately. The seements are not made by	De assessed if payment is g and approved by the chool will do all it can do by the 20 <sup>th</sup> of each
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Payment Schedule  ( ) 10-Month Payment Plan (Tuition is divided into ( ) 11-Month Payment Plan (Tuition is divided into ( ) 12-Month Payment Plan (Tuition is divided into ( ) Single Payment Plan with a 3% discount (One p Payments: Statements are sent by email on the 25th of the monot received by the 10th of each month. Arrangement finance committee.  Families experiencing temporary difficulty in making to work with the family in an understanding mannemonth, the student will be placed on financial suspending the superior of the ending balance ever approved.	ten equal position eleven equal twelve equal ayment due to the entry other the entry other the entry of any mention and nothe Scappooen if any additional entry	payments, September - al payments, August – al payments, July – Jun e September 1st)  Int is due on the 1st. A lean those stated must leave those stated must leav	State  June)  June)  ate charge of \$20 will be requested in writing cool immediately. The sements are not made been the account is clear of the above named trams/funding does not come.  Date	Number  De assessed if payment is gand approved by the chool will do all it can do by the 20 <sup>th</sup> of each red.  Student. I/we understand t come through or is not

Name of Physician  Name of Dentist  Hospital Preference  Phone  List any restrictions or allergies to drugs or food	CONTINUING CONSENT TO TREATMENT AND AUTHORIZATION TO RELEASE INFORMATION					
List any restrictions or allergies to drugs or food	Name of Physician	Phone				
List any restrictions or allergies to drugs or food	Name of Dentist	Phone				
List medications taken regularly	Hospital Preference	Phone				
I, the undersigned parent/guardian of	List any restrictions or allergies to drugs or food					
I, the undersigned parent/guardian of	List medications taken regularly					
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 Date Date	List any other pertinent medical information					
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	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.					
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Parent or Guardian Signature Date		counter medications such as (circle)				
	Other ( ) Yes ( ) No ( ) Call me before	e you give the medication				
Witness	Parent or Guardian Signature Da	te				
	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.