

IF FILLING THIS
OUT ONLINE--
PRINT TO PDF!
DON'T
DOWNLOAD.

ARDMORE ADVENTIST ACADEMY

RETURNING STUDENT-----PRE-REGISTRATION FORM

1. **FAMILY NAME** _____ Date _____

2. **NEW INFO?** Is there any change in address, phone number, baptisms, doctor, emergency contact, or other information since the beginning of last year? ___ **YES** ___ **NO**
(If yes, record it at the end of this form or give us paperwork.)

3. **Which children** are applying for this year? (Fill the form at the end for a new child entering school if parent information is the same as your other children.)

Student 1: _____ Gr. ____ Student 2: _____ Gr. ____

Student 3: _____ Gr. ____ Student 4: _____ Gr. ____

4. **Transportation:** List the persons who have your permission to transport your child(ren). *Just list names if AAA already has their phone #'s.*

Person or Specify: Mr.& Mrs. (family name)	Relation to Child	Phone Number

5. **Texts:** Preferred phone numbers for text messages from the school: _____

6. **Time:** Except in emergencies, AAA will try not to call you before ____ a.m. or after ____ p.m.

7. **Email:** Current preferred email if the school needs to send you something:

8. **Medical:** List medical problem/medication/etc. or changes AAA needs to remember.

9. Will your **CONSENT TO MEDICAL TREATMENT CONTINUE** this year and INCLUDE ALL OF YOUR SCHOOL CHILDREN (including any new students)? ___ **YES** ___ **NO** (contact teacher)

10. **Insurance:** CONTINUE current NSURANCE? ___ **YES** ___ **CHANGE** (fix below)

Present Health Insurance Company _____

Group Number

Policy Number

Children covered

11. Is any student living with a parent/guardian that is different from last year or that is different from the other siblings? This student _____ lives with _____

12. Uniform/T-shirt sizes:

STUDENT NAME	UNIFORM SHIRT SIZE	COLOR REQUESTS

13. PERMISSIONS: I give permission for the all of my children who are enrolled at school to:

a) Take walks in the area surrounding the school without prior notification from the school?	__Y__N
b) Ride with a teacher on walks, on field trips, or to be brought somewhere after school if needed? (You are not under pressure to agree to this. Notify the school of exceptions.)	__Y__N
c) Allow photos or videos of my child to be used for school advertising or newsletter/news release/public news, other brochures/papers/tv/internet/media form?	__Y__N
d) Allow photos of my child to be used in the yearbook (with full name)?	__Y__N
e) <u>Allow</u> photos/articles listing of my child's name in school/SDA/NAD newsletters, publications, <u>internet</u> ?	__Y__N
f) Allow photos or videos of my child to be used on the school/Conf/SDA//NAD websites?	__Y__N
g) Allow photos or videos of my child to be used in a parent-accessible drive?	__Y__N
h) Allow photos/videos of my child to be used on school/Conference/SDA/NAD-related facebook's?	__Y__N
i) Allow my child to go use the internet at school (I will make myself aware of the restrictions in the handbook and the possible consequences and possible dangers if my child does things he/she is not supposed to.)	__Y__N
j) Allow my child to use computers at school (again complying with handbook restrictions). I will talk with my child about my own restrictions for internet/computer usage.	__Y__N

14. I pledge to cooperate with the school to uphold the regulations of the school and teach my child to respect God and be courteous to school personnel and fellow students and their families. I may not personally agree to the same standards in my private life, but I will support the school's need and authority to regulate public behavior at school. I will bring any issues I have to those in charge and, as a matter of courtesy, will not post complaints about the school/church/ religion/students/staff on facebook or other internet locations. My students and I will abide by the regulations in the handbook.

Parent Permission/Pledge Signed: _____ Date: _____

Sign a paper copy or type your name here online (which will count as an electronic signature when validated by completing the rest of the application process).

IF FILLING THIS OUT ONLINE--PRINT TO PDF! DON'T DOWNLOAD.

15. **No-mark shoes:** We need no-streak shoes for the gym. Please also consult the handbook when buying other clothes for school, if you are not sure what it says.

16. **Asbestos Free:** In accordance with the Asbestos Hazard Emergency Response Act, you and those connected with you are hereby notified that the new Ardmore Adventist Academy building was constructed asbestos free. You may see these records by contacting the principal.

17. **Medical information:** The school needs a copy of validation/directions for prescriptions/medications or medical alteration of the program the child needs at school (no nurse on duty).

Students entering grade 4, 7, or 9 have to fulfill requirements for a medical exam and get new up-to-date immunization records. The doctor will have an acceptable form.

VOLUNTEERING: Please list how you would like to help/volunteer, if given the chance:

<input type="checkbox"/> Tutor	<input type="checkbox"/> Grading	<input type="checkbox"/> Cleaning	<input type="checkbox"/> Garden	<input type="checkbox"/> Grounds	<input type="checkbox"/> Food
<input type="checkbox"/> Sports/PE skills	<input type="checkbox"/> Science/nature	<input type="checkbox"/> Computers/electronic			
<input type="checkbox"/> History/social studies	<input type="checkbox"/> Practical arts:	_____			
<input type="checkbox"/> Teach a class/give a talk	_____	<input type="checkbox"/> Other:	_____		

NEW CHILD IN THE FAMILY TO ATTEND SCHOOL:

**I UNDERSTAND THAT THE NEW STUDENT FROM MY FAMILY IS UNDER THE <u>SAME OBLIGATIONS</u> AND WITH THE <u>SAME PERMISSIONS</u> AS MY OTHER CHILDREN:	
New Student: _____	Soc.Sec.# _____
<small>(Full legal name)</small>	<small>(Nickname)</small>
Grade _____ Birth date ___/___/___	Place of Birth _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F
Student's home church (if any): _____	Baptism date (year) _____
Special ed/special needs: What: _____	Where _____ When _____
Gifted or other program: What: _____	Where _____ When _____
Special talents/instructions: _____	
Adults this student lives with (circle all that apply):	<u>Mother</u> <u>Father</u> <u>Step Mother</u> <u>Step Father</u>
Others: _____	
<small>(Names & relationships)</small>	

IF FILLING THIS OUT ONLINE--PRINT TO PDF! DON'T DOWNLOAD.

