Application for Admission
Brentwood Adventist Christian School

Today's Date

Child's Full Legal Name:

Last | First | Middle

Grade Entering | Gender | Child's NAD Student ID | Place of Birth | Date of SDA Baptism

Month/Day/Year Date of Birth | Years/Months Age on Aug. 1 | Ethnic Origin (For Statistical Purposes Only) | Preferred Name

Home Address, City, State, Zip Code | Mailing Address (if different)

Family Information:

Legal name of parent or guardian with whom the student is living*:	Father		Mother	
Phone and Email	Home	Mobile	Home	Mobile
	Email		Email	
Occupation				
Church Membership	Denomination/Church		Denomination/Church	

*If there is a custody arrangement between the courts and the parents and/or legal guardians, a copy of such should be provided to the school for the purpose of student safety.

Initial

In case of emergency, accident, or serious illness, if the school is unable to contact me, I hereby authorize the school to take direction from and/or bring the child to the physician listed. My child may be released to the individual listed to be brought home and may____ may not____ accompany the child to the medical facility indicated on the Consent to Treatment form.

Doctor's name | Phone | Address

Relative's or Neighbor's Name | Phone | Address

Please initial each line below:

_____ I agree to meet my monthly financial obligations to the school.

_____ I agree to cooperate with the school board and teachers by avoiding adverse criticism of any teacher or school policy in the presence of the students.

_____ I have read the school handbook and agree to support each regulation of the school.

_____ I hereby authorize the school board to send, upon request, the permanent records to the next school to which my child may enroll.

Signature of Parent or Legal Guardian | Full Name and Relationship to Student | Date

Consent to Treatment
Brentwood Adventist Christian School

Only school staff or designated volunteers will have access to this completed form. This form must be filled out at the beginning of each school year to cover the activities for the school year. A copy of each student's form must be taken on off-campus activities.

Student's Full Name: _____

_____ Age _____ Date of Birth (month/day/year)

Address: _____

Parent/Guardian Information:

Father/Guardian: _____

_____ Business Phone _____ Home Phone _____ Mobile Phone

Email: _____

Mother/Guardian: _____

_____ Business Phone _____ Home Phone _____ Mobile Phone

Email: _____

Please describe allergies to substances and medications: _____

If on regular medication, please specify:_____ _____ Date of Last Tetanus Shot

Please give the name of your local family physician to be called in case your child becomes ill or has an accident at school and you cannot be reached:

_____ Family Physician Name _____ Office Phone

Physician's Office Address: _____

Hospital Network Preference: _____

Please give the name of a relative or friend who has consented to assume the responsibility of your child in case of illness or accident until you can be reached. In case of any changes in the named person, notify the school in writing.

Name:_____ Relationship:_____ _____ Phone

Address: _____

The above emergency contact may_____ may not _____ pick child up from school and/or accompany the child to the listed medical care center.

The above named student is _____ is not _____ currently covered by health insurance.

_____ Health Insurance Company _____ Policy Number

If emergency service involving medical action or treatment is required and the parent cannot be reached for consent, the parents hereby consent to the rendering of such emergency medical service for the above named student as shall be necessary in the medical opinion of the doctor rendering service. If a medical emergency outside of the Bismarck area occurs, the nearest medical facility will be used, otherwise the listed facility above will be used. A photo static copy of this authorization shall be considered as effective and valid as the original.

_____ Signature of Parent or Legal Guardian _____ Name and Relationship to Student _____ Date