

Frontenac Seventh-day Adventist Elementary School



Application for Admission

School Year: _____

Student Name(s):

Student Address:

Date of Birth: _____ Gender: _____ Age: _____
Student SS#: _____ Grade entering: _____

Church Affiliation: _____

Baptized? Yes _____ No _____

Date: _____

Previous School Attended: _____

Physical disabilities or limitations:

Medical concerns (ADD/ADHD, asthma, allergies, diabetes, etc):

School district: _____

Transportation to school: _____ From school: _____

Parent Information

Mother/guardian: _____

Address: _____

Email: _____

Phone #: _____ Occupation: _____ Work #: _____

Church Affiliation: _____ Language spoken at home: _____

Father/guardian: _____

Address (if different): _____

Email: _____

Phone #: _____ Occupation: _____ Work #: _____

Church Affiliation: _____ Language spoken at home: _____

Emergency Contact Information

List in priority order parent contact information for use in an emergency:

Person: _____ Phone: _____

Person: _____ Phone: _____

List in priority order persons to be contacted if a parent/guardian is unavailable:

Person: _____ Phone: _____

Person: _____ Phone: _____

Person: _____ Phone: _____

Person: _____ Phone: _____

List persons who have permission to remove the student from school (your child will not be allowed to leave with anyone not listed without written or phone permission):

Person: _____ Phone: _____

Person: _____ Phone: _____

Person: _____ Phone: _____

Person: _____ Phone: _____

Do you give the school permission to publish your family's address and phone number in the school's directory and online directory for other families to view?

Yes _____ No _____

Do you give the school permission to use your child's photo in marketing materials for the school such as brochures and PowerPoint presentations?

Yes _____ No _____

Emergency instructions (for if school closes):

Any other special instructions:

Commitment to Uphold School Standards

I understand that the objective of this Seventh-day Adventist School is to help students develop a personal relationship with Jesus Christ while obtaining a Christian Education.
I pledge to cooperate with all printed and announced regulation.

Student SignatureDate

I am in harmony with the regulations and policies of this school. I will encourage my child to cooperate with the principles and spirit of the school.

Parent SignatureDate

Medical Information

Child 1: _____

Doctor's Name: _____ Phone #: _____

Known allergic reactions (to medications, bandage materials, etc): _____

Medical conditions and medications taken (such as asthma, heart, etc): _____

Child 2: _____

Doctor's Name: _____ Phone #: _____

Known allergic reactions (to medications, bandage materials, etc): _____

Medical conditions and medications taken (such as asthma, heart, etc): _____

Child 3: _____

Doctor's Name: _____ Phone #: _____

Known allergic reactions (to medications, bandage materials, etc): _____

Medical conditions and medications taken (such as asthma, heart, etc): _____

Child 4: _____

Doctor's Name: _____ Phone #: _____

Known allergic reactions (to medications, bandage materials, etc): _____

Medical conditions and medications taken (such as asthma, heart, etc): _____

Request additional form, if needed.

Continuing Consent to Treatment

We, the undersigned parents or guardians of

_____ do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instruction of _____, MD, (name of physician) or any physician the school may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital.

It is understood that reasonable effort will be made to contact the doctor listed above before any other physician is called by the school.

It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize Frontenac Elementary School, or to the physician, to exercise their best judgment as to the requirements of such diagnosis or treatment.

This consent shall remain in continuous effect until revoked in writing and delivered to the physician named above or to the school entrusted with custody of said minor.

Parent/Guardian signature

Date

Parent/Guardian signature

Date

Financial Agreement Form

School
Year: _____

I, _____, accept the following financial responsibilities
Parent name
For _____.
Student name

Total Monthly	
Cost:	_____
Total Monthly	
Financial Aid:	_____
My Monthly	
Responsibility:	_____

Signature	Date
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Treasurer's Signature	Date
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Supply List

Grades 3-8

3 Composition Notebooks
2 Notebook (graph paper)
Colored pencils
Calculator (7th and 8th grade only)
Flash Drive

All Students

#2 Pencils (Ticonderoga is the preferred brand)
2 Boxes of Tissues
4 Glue sticks
Two packets of lined paper
(Grades 5-8 college rule, Grades K-4 Wide rule)
3 2-pocket folders
1 1-inch Binder
1 package sheet protectors
1 container Clorox Wipes

K-2

1 package washable markers
1 package (24 count) Crayons
1 composition notebook