



TILLAMOOK ADVENTIST SCHOOL
APPLICATION/REGISTRATION CHECKLIST

Checklist for (Student): _____ Grade: _____
(Student): _____ Grade: _____
(Student): _____ Grade: _____
(Student): _____ Grade: _____

Items REQUIRED for Application

- _____ Application Form
- _____ Student Information Form
- _____ Family Information Form (both sides)
- _____ Consent for Testing Form
- _____ Recommendations (3 per student K-8)
- _____ School Entry Health Form
- _____ Birth Certificate (original) *Verified by:* _____ *Date* _____
- _____ Immunization Records *Verified by:* _____ *Date* _____
- _____ Consent to Treatment Form (both sides)
- _____ Compliance Form (signed by student(s) and parent/guardian)
- _____ Acceptable Use Policy [1st-8th](signed by student(s) and parent/guardian)
- _____ Media Usage Consent Form
- _____ Record Release (K-8th)

AFTER acceptance, **BEFORE** student may attend

- _____ Meet with Treasurer to sign financial contract
_____ (*Treasurer sign-off*)

Application: __ *accepted* __ *denied* *Date:* _____
Date letter sent: _____

Registered By: _____

Parents, don't let your child get left behind!

School Year 2020-2021



Oregon law requires the following shots for school and child care attendance*

A child 2-17 months entering
**Child Care or
Early Education** needs*

Check with your child's program or
healthcare provider for required vaccines

A child 18 months or older entering
**Preschool, Child Care, or
Head Start** needs*

4 Diphtheria/Tetanus/Pertussis (DTaP)
3 Polio
1 Varicella (chickenpox)
1 Measles/Mumps/Rubella (MMR)
3 Hepatitis B
2 Hepatitis A
3 or 4 Hib

A student entering
**Kindergarten or
Grades 1-6** needs*

5 Diphtheria/Tetanus/Pertussis (DTaP)
4 Polio
1 Varicella (chickenpox)
2 MMR or 2 Measles, 1 Mumps, 1 Rubella
3 Hepatitis B
2 Hepatitis A

A student entering
Grades 7-12 needs*

5 Diphtheria/Tetanus/Pertussis (DTaP)
1 Tdap
4 Polio
1 Varicella (chickenpox)
2 MMR or 2 Measles, 1 Mumps, 1 Rubella
3 Hepatitis B
2 Hepatitis A

**At all ages and grades, the number of doses required varies by a child's age and how long ago they were vaccinated. Other vaccines may be recommended. Exemptions are also available. Please check with your child's school, child care or healthcare provider for details.*



APPLICATION

PRE-K STUDENTS

PARENTS/GUARDIANS: Complete one application form per student, sign and return it to the school office.

Pre-K hours are M-Th 8-11:30am, Fri 8-12:00pm

STUDENT'S NAME: _____ PRE-K 3 Days/Wk
 PRE-K 5 Days/Wk

Who and/or what influenced you to turn in an application at Tillamook Adventist School?

Why do you want your student to enroll at TAS?

Has your student previously attended pre-school? Yes No
If "Yes," length of time attended: _____

Is your student: Right-Handed Left-Handed Both

Is your student fluent in English? Yes No Somewhat

How often is your student read to at home? _____

Describe your student's general nature (likes, dislikes, special interests and abilities): _____

Describe your student's general attitude about attending school: _____

Describe any concerns that you have regarding your student's readiness for school: _____

Does your student take any medication that may affect his performance at school?
If "Yes," describe: _____

I certify that the above information is true.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



STUDENT INFORMATION

PARENTS/GUARDIANS: Fill in the requested information as completely as possible. Please print clearly.

GENERAL INFORMATION FOR STUDENT #1

LEGAL LAST NAME: _____ SUFFIX (Circle One): Esq. II III Jr. Sr.
LEGAL FIRST NAME: _____ PREFERS TO BE CALLED (Nickname): _____
LEGAL MIDDLE NAME: _____ GENDER: Male Female
BIRTHDATE (MM/DD/YY): _____ GRADE STUDENT WILL BE ENTERING: _____
BIRTH COUNTRY: _____ BIRTH STATE: _____
ETHNICITY (Circle One): Hispanic or Latino, Not Hispanic or Latino

IF BAPTIZED

DATE BAPTIZED: _____ BAPTIZED SEVENTH-DAY ADVENTIST? Yes No _____
NAME OF SCHOOL MOST RECENTLY ATTENDED: _____
SHIRT SIZE: _____ (Children / Youth / Adult)

GENERAL INFORMATION FOR STUDENT #2

LEGAL LAST NAME: _____ SUFFIX (Circle One): Esq. II III Jr. Sr.
LEGAL FIRST NAME: _____ PREFERS TO BE CALLED (Nickname): _____
LEGAL MIDDLE NAME: _____ GENDER: Male Female
BIRTHDATE (MM/DD/YY): _____ GRADE STUDENT WILL BE ENTERING: _____
BIRTH COUNTRY: _____ BIRTH STATE: _____
ETHNICITY (Circle One): Hispanic or Latino, Not Hispanic or Latino

IF BAPTIZED

DATE BAPTIZED: _____ BAPTIZED SEVENTH-DAY ADVENTIST? Yes No _____
NAME OF SCHOOL MOST RECENTLY ATTENDED: _____
SHIRT SIZE: _____ (Children / Youth / Adult)



STUDENT INFORMATION

GENERAL INFORMATION FOR STUDENT #3

LEGAL LAST NAME: _____ SUFFIX (Circle One): Esq. II III Jr. Sr.
 LEGAL FIRST NAME: _____ PREFERS TO BE CALLED (Nickname): _____
 LEGAL MIDDLE NAME: _____ GENDER: Male Female
 BIRTHDATE (MM/DD/YY): _____ GRADE STUDENT WILL BE ENTERING: _____
 BIRTH COUNTRY: _____ BIRTH STATE: _____
 ETHNICITY (Circle One): Hispanic or Latino, Not Hispanic or Latino

IF BAPTIZED

DATE BAPTIZED: _____ BAPTIZED SEVENTH-DAY ADVENTIST? Yes No _____
 NAME OF SCHOOL MOST RECENTLY ATTENDED: _____
 SHIRT SIZE: _____ (Children / Youth / Adult)

GENERAL INFORMATION FOR STUDENT #4

LEGAL LAST NAME: _____ SUFFIX (Circle One): Esq. II III Jr. Sr.
 LEGAL FIRST NAME: _____ PREFERS TO BE CALLED (Nickname): _____
 LEGAL MIDDLE NAME: _____ GENDER: Male Female
 BIRTHDATE (MM/DD/YY): _____ GRADE STUDENT WILL BE ENTERING: _____
 BIRTH COUNTRY: _____ BIRTH STATE: _____
 ETHNICITY (Circle One): Hispanic or Latino, Not Hispanic or Latino

IF BAPTIZED

DATE BAPTIZED: _____ BAPTIZED SEVENTH-DAY ADVENTIST? Yes No _____
 NAME OF SCHOOL MOST RECENTLY ATTENDED: _____
 SHIRT SIZE: _____ (Children / Youth / Adult)



FAMILY INFORMATION

PARENTS/GUARDIANS: Fill in the requested information (front and back) as completely as possible. Please print clearly.

GENERAL INFORMATION

STUDENT(S) NAME(S): _____

PARENT / GUARDIAN #1

PARENT/GUARDIAN #2

RELATION TO STUDENT(S): _____

SALUTATION: (Circle One) Mr. Dr. Mrs. Miss Ms. Mr. Dr. Mrs. Miss Ms.

LEGAL FIRST NAME: _____

LEGAL LAST NAME: _____

SUFFIX: (Circle One) Esq. II III Jr. Sr. Esq. II III Jr. Sr.

HOME ADDRESS: _____ (IF DIFFERENT THAN PARENT #1):

MAIL: _____

STREET: (If Different) _____

CITY, STATE, ZIP: _____

E-MAIL: _____

HOME PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

OCCUPATION: _____

EMPLOYER: _____

CHURCH MEMBERSHIP AT: _____

BAPTIZED ADVENTIST? Yes No Yes No

MAY PICK-UP STUDENT(S)? Yes No Yes No

EMERGENCY CONTACT? Yes No Yes No

RECEIVE GRADES/SCHOOL INFORMATION? Yes No Yes No

RECEIVE TUITION BILLS? Yes No Yes No

PLEASE NOTE: Separated or divorced parents may wish to provide a copy of the court order indicating custodial parent along with any special instructions.



FAMILY INFORMATION

EMERGENCY CONTACT INFORMATION

Please list individuals we should contact in case of emergency when the parents/guardians listed previously cannot be reached.

	<u>CONTACT #1</u>	<u>CONTACT #2</u>
NAME:	_____	_____
RELATION TO STUDENT(S):	_____	_____
WORK PHONE:	_____	_____
HOME PHONE:	_____	_____
CELL PHONE:	_____	_____
MAY PICK UP STUDENT(S)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

PERMISSION TO PICK-UP STUDENTS

Please list individuals other than parents/guardians that have permission to pick your student(s) up from school.

	<u>NAME</u>	<u>RELATION TO STUDENT(S)</u>	<u>PHONE</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

A signed note is required if it is necessary for your student to go home with someone other than those persons on the above list.

A verbal authorization is allowable, to a member of the school staff, for my student(s) to leave with someone not on the above list. Yes No _____ (Initial)

PLEDGE AND PERMISSIONS

- I agree to join my child's teachers as a partner. This means I will do my best to support and encourage his/her teachers, maintain cordial two-way communication, attend school functions and participate in student-parent-teacher conferences.
- My student(s) will ride Tillamook County Transportation District / The Wave
- I give permission for my child to accompany his/her classmates and teacher on official class field trips.
- Per Oregon State law, I agree to keep immunization records for my student(s) up to date and on file at the school.

Signature: _____

Date: _____



CONSENT FOR TESTING

PARENTS/GUARDIANS: TAS tests all new students in order to assess each child's strengths and weaknesses and provide support in meeting the student's educational needs. Please complete this form (one per student) and submit it to the school office. We will have a conference with you after the results are available.

AUTHORIZATION

STUDENT NAME: _____

I grant consent for my student to undergo the following tests. I understand that I will be notified if further testing is required.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

FOLLOW-UP CONFERENCE

(To be completed after testing.)

FURTHER TESTING REQUIRED? Yes No

DATE OF CONFERENCE: _____

MODIFICATIONS RECOMMENDED: Yes No

DESCRIPTION: _____

COMMENTS: _____

I understand the results of my student's tests. I agree to the recommended modifications in the educational program, if any.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



SCHOOL ENTRY HEALTH FORM

To Parent/Guardian: Please complete and sign Part I – Child’s Medical History.

(Please Print)

Name of Child (Last, First, Middle)		Birth Date	Sex
Address (Street)		City and State	Zip
Home Telephone	Cell Phone	Parent/Guardian (Last, First, Middle)	

PART I – CHILD’S MEDICAL HISTORY

To Parent/Guardian: Please check answers to questions 1-7 below in the column on the left. Please explain any ‘Yes’ answers in the space provided below.

1. Yes No Any concerns about general health (eating and sleeping habits, weight, etc.)?
2. Yes No Any other specific illness or social/emotional or behavioral problems?
3. Yes No Any allergies (food, insects, medication, etc.)?
4. Yes No Any prescription medication (daily or occasionally)?
5. Yes No Any problems with vision, hearing, or speech (glasses, contacts, ear tubes, hearing aids)?
6. Yes No Any hospitalization, operation, or major illness (specify problem)?
7. Yes No Any significant injury or accident (specify problem)?

To Parent/Guardian: Please explain any ‘Yes’ answers from above.

I am the parent/guardian of the child named above. I give permission for the information on PARTS I and II of this form provided about my child to be reviewed and utilized only by the staff of this school for the limited purposes of meeting my child’s health and educational needs.

Signature of Parent/Guardian

Date

Partnership for School Readiness Recommendations for Prekindergarten and Kindergarten

To Parent/Guardian: Please obtain the services listed below in order to find any problems. Please work with your health care provider to correct or treat any problems that may reduce your child’s ability to learn in school. **(These services are recommended, but not required.)**

1. Vision Evaluation by optometry if suggested by primary care physician, or if you have concerns about your child’s eyes Date of Exam: _____ Results of Exam: _____ _____ Health Care Provider: _____ (check one) Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/>	Please describe any corrective action for any problems detected and any accommodations required.
2. Comprehensive Dental Examination & Cleaning Date of Exam: _____ Results of Exam: _____ _____ Dentist: _____	Please describe any corrective action for any problems detected and any accommodations required.



CONSENT TO TREATMENT

PARENTS/GUARDIANS: Complete a form (front and back) for each student. Please print clearly.

CONTINUOUS CONSENT TO TREATMENT

We, the undersigned parent or guardian of (student's name) _____ a minor, 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 instructions of (student's physician) _____, M.D., at (physician's phone #) _____ 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.

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 Tillamook Adventist School or 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 the custody of said minor.

We would like to have our student go on all field trips. We recognize that the teacher and those assisting are to use their best judgment in caring for the children while on these trips. We absolve the school and the directing personnel from any legal liability.

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

Current Health Insurance Company: _____

Member #: _____ Group #: _____

Which hospital does your insurance cover? _____

Parent/Guardian's Printed Name: _____ Date: _____

Parent/Guardian's Signature: _____

CONTACT INFORMATION

Parent/Guardian #1

Parent/Guardian #2

Name: _____

Name: _____

Cell Phone #: _____

Cell Phone #: _____

Daytime Phone #: _____

Daytime Phone #: _____



CONSENT TO TREATMENT

MEDICAL INFORMATION FOR STUDENT

Medical Conditions and Medications Taken (such as asthma, heart, etc.):

Oral Medication Policy:

Tillamook Adventist School is authorized to administer oral medication to students during school hours ONLY after a parent/guardian and/or physician has signed a permission form. It is our policy that such medication will only be administered when the failure to receive medication may result in the student being unable to attend school and/or be well enough to participate in learning activities. Please include original instructions with all medications still in their original containers. We define medication to include all drugs, whether prescription or over-the-counter.

I give permission to Tillamook Adventist School to administer any necessary medication according to their policy. I agree to include original instructions with all medications still in their original containers.

Signed: _____ Date: _____

ALLERGY INFORMATION FOR STUDENT

Medication Allergies: Yes No

Explain: _____

Bee Sting Allergies: Yes No

Severity of Allergy: _____

Antidote Name: _____

Food Allergies: Yes No

Explain: _____

Environmental Allergies: Yes No

Explain (grass, cats, bandage materials, etc.) _____



COMPLIANCE FORM

HANDBOOK COMPLIANCE

We, the undersigned, have read, understand, and agree with the philosophy, policies, and procedures as outlined in the following sections of the TAS handbook. We have also explained all of this to our student(s) who also understand(s) and will comply with the handbook.

- Attendance (pg. 5)
- School Property (pg. 6)
- Lost or Damaged Books (pg. 7)
- Personal Property (pg. 7)
- Personal Technology Devices (pg. 7)
- Search and Seizure (pg. 7)
- Dressing for Success (pg. 8)
- Code of Conduct (pg.9)
- Relationship Guidelines (pg. 9)
- Honor Roll (pg. 11)
- Academic Honesty (pg. 12)
- Sports (pg. 12)
- Student Illness (pg. 13)
- Safety (pg. 14)
- Students Leaving School Grounds (pg.15)
- Bullying (pg. 16)
- Sexual Harassment (pg. 17)
- Conflict Resolution Policy (pg. 18)

STUDENT SIGNATURE (ALL GRADES): _____ DATE: _____

STUDENT SIGNATURE (ALL GRADES): _____ DATE: _____

STUDENT SIGNATURE (ALL GRADES): _____ DATE: _____

STUDENT SIGNATURE (ALL GRADES): _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____



MEDIA USAGE CONSENT

PARENTS/GUARDIANS: Please complete this form (one per family) and submit to the school office.

PHOTO, VIDEO, AUDIO, AND COMMENT CONSENT FORM

STUDENT NAMES: 1. _____ 3. _____
2. _____ 4. _____

I understand that any and all comments (by audio recording(s) and/or transcription), photograph(s) or video taken of me and/or my child(ren) by agents, employees or representatives of Oregon Conference of Seventh-day Adventist shall be used in connection with the Oregon Conference of Seventh-day Adventist for any purpose, without compensation to me. The dissemination of information by its departments to the general public.

I hereby irrevocably authorize the Oregon Conference of Seventh-day Adventist to copy, exhibit, publish, distribute, copyright, and reproduce in whole or in part any and all such comments, images, video and audio of me or wherein I appear, in any or all media, including composite or artistic forms and media, as described above for use in promotional materials, whether the use of above materials be for public relations, advertising, or any other legitimate purpose of Oregon Conference of Seventh-day Adventist.

All content and formats collected and distributed on the mentioned mediums are owned by the Oregon Conference of Seventh-day Adventist and reserves the right to use these the collected content in any of its print or electronic publications.

In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my likeness appears. Including but not limited to any liability arising by virtue of any blurring, distortion, alteration, illusion, editing, or use in composite form, whether intentional or otherwise, that may occur in the making or processing of the finished product.

I hereby hold harmless and release and forever discharge the Oregon Conference of Seventh-day Adventist from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I hereby acknowledge that I am 18 years of age or older and have read and understood the terms of this release.

Parent/Guardian's:

Printed Name: _____

Signature: _____

Date: _____