



Adventist Education
A JOURNEY TO EXCELLENCE

| | | |
|----------------------------------|--------|------|
| First | Middle | Last |
| STUDENT'S FULL LEGAL NAME | | |

Student Enrollment Application for Alaska Conference Seventh-day Adventist Schools

STUDENT INFORMATION

| Grade entering | Gender | Age as of August 20 | Date of Birth | Baptized SDA? | Place of Birth | Social Security # | Ethnic Origin |
|----------------|----------------|---------------------|-------------------------------|---------------------------------|----------------|-------------------|--|
| | male female | ___ yrs ___ mo | ___/___/___ (mo / da / yr) | yes no If yes, which church? | city state | | AK Native Asian Hispanic Afro-American Caucasian South Pacific Other _____ |

| FATHER / GUARDIAN (full legal name) | SDA Church Member? | Telephone | Occupation | Home Address |
|-------------------------------------|---------------------------------|----------------------|------------|--|
| | yes no If yes, which church? | Home Work Cell | | Physical address Mailing address |

| MOTHER / GUARDIAN (full legal name) | SDA Church Member? | Telephone | Occupation | Home Address |
|-------------------------------------|---------------------------------|----------------------|------------|--|
| | yes no If yes, which church? | Home Work Cell | | Physical address Mailing address |

| EMERGENCY CONTACT INFORMATION | | LAST SCHOOL ATTENDED | | Notice of Nondiscrimination The Seventh-day Adventist Church in all of its church schools, admits students of any race to all the rights, privileges, programs, and activities generally accorded or made available to students at its schools, and makes no discrimination on the basis of race, color, ethnic background, country of origin or sex in administration of education policies, applications for admission, and extracurricular programs. |
|-------------------------------|-----------|----------------------|----------------|---|
| Neighbor/Local Relative | Telephone | Name | Phone () - | |
| Neighbor/Local Relative | Telephone | Address | | |

NPUC 3004.88

| |
|---|
| Registration Checklist ___ Birth certificate ___ Current immunization record ___ Current TB test record ___ Physical (new and 1st graders) ___ Consent to Treatment ___ Financial Agreement ___ Registration Fee ___ First month's tuition |
|---|

| | | | |
|--|-------|------------------|-------|
| Commitment of Student and Parent | | | |
| I understand and am in harmony with the rules and policies as stated in the current School Handbook. I recognize that rules adopted by the school administration and publicly announced will be as binding as those printed in the Handbook. | | | |
| _____ | _____ | _____ | _____ |
| Student Signature | Date | Parent Signature | Date |

Name of School Here



| | | |
|----------------------------------|--------|------|
| First | Middle | Last |
| STUDENT'S FULL LEGAL NAME | | |

Information for Emergency Medical Care

STUDENT INFORMATION

| | | | |
|--------------------------------------|-------------------|---------------------|-------|
| Date of Birth | Social Security # | Preferred Physician | |
| ____ / ____ / ____ (mo / da / yr) | | Name | Phone |

| | | |
|--------------------------------------|-----------|---|
| Medications taken on a regular basis | Allergies | Medical conditions—diabetes, seizures, heart condition. . . |
| | | |

Consent to Treatment and Authorization to Release Information

I, the undersigned parent or guardian of the above named student, a minor, do hereby consent to any x-ray examination, anesthetic, medical and/or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of the above named physician or any physician the school or organization 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 the school or organization calls any other physician.

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 the Alaska Conference Seventh-day 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 the school or organization entrusted with the custody of said minor.

I hereby authorize any hospital, physician, or other person who has attended or examined the minor to furnish to student accident insurance carrier, or its representative, any and all information with respect to any illness, medical history, consultation, x-ray, prescriptions or treatment, and copies of all hospital or medical records. A photo static copy of this authorization shall be considered as effective and valid as the original.

Date _____ Signed _____ Witness _____
 Relationship to student: mother—father—legal guardian

Name of School Here