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# ARDMORE ADVENTIST ACADEMY

## NEW STUDENT FORM

1. **FAMILY NAME** \_\_\_\_\_ Date \_\_\_\_\_

2. **Which children** are applying?

**Student 1:** \_\_\_\_\_ Soc.Sec.# \_\_\_\_\_  
(Full legal name) (Nickname)

Grade \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_ Place of Birth \_\_\_\_\_ Gender \_\_\_ M \_\_\_ 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): Mother Father Step Mother Step Father

Others: \_\_\_\_\_  
(Names & relationships)

**Student 2:** \_\_\_\_\_ Soc.Sec.# \_\_\_\_\_  
(Full legal name) (Nickname)

Grade \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_ Place of Birth \_\_\_\_\_ Gender \_\_\_ M \_\_\_ 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): Mother Father Step Mother Step Father

Others: \_\_\_\_\_  
(Names & relationships)

**THE END OF THIS DOCUMENT HAS ADDITIONAL FORMS IF YOU HAVE MORE STUDENTS.**

3. **ADDRESS:**

Family address of the above children:

\_\_\_\_\_

*(Note: If any child does not reside here, please give that child's name with his/her address on a separate sheet of paper attached to this document.)*

**4. LIST THE PRIMARY "PARENTS" THE CHILD(REN) LIVE WITH:**

**Legal Name:** \_\_\_\_\_ Religion \_\_\_\_\_ Baptized? \_\_\_ Y \_\_\_ N

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Accepts texts? \_\_\_ Y \_\_\_ N Language: \_\_English \_\_Spanish Other \_\_\_\_\_

Work phone: \_\_\_\_\_ Occupation/training \_\_\_\_\_ Employed? \_\_\_ Y \_\_\_ N

Other emergency phone: \_\_\_\_\_

**Legal Name:** \_\_\_\_\_ Religion \_\_\_\_\_ Baptized? \_\_\_ Y \_\_\_ N

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Accepts texts? \_\_\_ Y \_\_\_ N Language: \_\_English \_\_Spanish Other \_\_\_\_\_

Work phone: \_\_\_\_\_ Occupation/training \_\_\_\_\_ Employed? \_\_\_ Y \_\_\_ N

Other emergency phone: \_\_\_\_\_

**Is there another parent entitled to receive grades and school information? List that person below:**

**Legal Name:** \_\_\_\_\_ Religion \_\_\_\_\_ Baptized? \_\_\_ Y \_\_\_ N

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Accepts texts? \_\_\_ Y \_\_\_ N Language: \_\_English \_\_Spanish Other \_\_\_\_\_

Work phone: \_\_\_\_\_ Occupation/training \_\_\_\_\_ Employed? \_\_\_ Y \_\_\_ N

Other emergency phone: \_\_\_\_\_

**5. TIME:** The school should not call you before \_\_\_\_\_ a.m. or after \_\_\_\_\_ p.m. unless an emergency.

**6. TRANSPORTATION:** List ALL persons or husband-wife couples who have your permission to transport your child(ren) to and from school and on other school trips as needed:

PERSON or Mr. & Mrs. (family name)	Relation to Child	Phone Number

**7. UNIFORM/T-SHIRT SIZES**

STUDENT NAME	SHIRT SIZE	COLOR REQUESTS

**8. SIBLINGS:** Please list other children who live at home, but are not to be enrolled at this school:

NAME	Gender	Birthdate	Name of school he/she attends, if any

**9. 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

**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).*

**10. 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: _____
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## 11. LEGAL NOTICES AND OTHER INFORMATION

Initial this when you have read the information below: \_\_\_\_\_

1. **No-mark shoes:** Students need no-streak shoes for the gym and hallways. They also need tennis type shoes for recess. Please also consult the handbook when buying other clothes for school.

2. **Lunches:** Be sure to read the handbook requirements for lunches. Certain foods are not to be brought in lunches. The school has some microwaves, but they are not to be used for foods containing meat/fish. Caffeine and heavy sweets are to be avoided.

3. **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.

### 4. **New students only: New students need the following items:**

- (a) \_\_\_\_\_ Consent-to-Treat form completed
- (b) \_\_\_\_\_ Request-for-School-Records form filled out
  
- (c) \_\_\_\_\_ Interview with school personnel concerning admission
- (d) \_\_\_\_\_ Financial papers filled out and financial arrangements made.
  
- (e) \_\_\_\_\_ Birth certificate (we can make a copy for you) or other legal form of ID and proof of place/date of birth (passport, state ID, birth hospital statement, visa, certain notarized statements, etc.) The student may possibly attend classes, but is not considered legally registered until we have this in some form.
  
- (f) \_\_\_\_\_ Up-to-date medical exam (can be done the first month of school--the doctor's form is considered to be an appropriate form).
- (g) \_\_\_\_\_ Current immunization records - required by the State of Oklahoma
- (h) \_\_\_\_\_ Copy of prescriptions or other validation for any medications the child must take at school with any medical alteration of the program needed.  
(Note that school personnel are not usually trained as medical personnel.)



## CONSENT FOR EMERGENCY MEDICAL TREATMENT

**I, the undersigned, agree to the following:**

**1. LAWFUL CONSENT:** I am a lawful guardian of the child(ren) listed below and there are no court orders now in effect that would prohibit me from giving consent for emergency medical treatment for my child(ren) prior to the actual need.

**2. CHILDREN:** The following children are included in this consent for treatment:

<p>a. Child's Full Name: _____ Date of Birth ____/____/____</p> <p>Social Security # _____ Date of last tetanus booster: _____</p> <p>Allergies _____</p> <p>Current medications _____</p> <p>Current medical conditions _____</p> <p>Special instructions _____</p>
<p>b. Child's Full Name: _____ Date of Birth ____/____/____</p> <p>Social Security # _____ Date of last tetanus booster: _____</p> <p>Allergies _____</p> <p>Current medications _____</p> <p>Current medical conditions _____</p> <p>Special instructions _____</p>
<p>c. Child's Full Name: _____ Date of Birth ____/____/____</p> <p>Social Security # _____ Date of last tetanus booster: _____</p> <p>Allergies _____</p> <p>Current medications _____</p> <p>Current medical conditions _____</p> <p>Special instructions _____</p>
<p>d. Child's Full Name: _____ Date of Birth ____/____/____</p> <p>Social Security # _____ Date of last tetanus booster: _____</p> <p>Allergies _____</p> <p>Current medications _____</p> <p>Current medical conditions _____</p> <p>Special instructions _____</p>

**3. FAMILY PHYSICIAN:** Please give the name of your local family physician to be called in case your child becomes ill or has an accident and you cannot be reached:

_____	_____	_____
<i>Family Physician Name</i>	<i>Clinic Name</i>	<i>Doctor's Phone #</i>
_____		_____
<i>Physician's Office Address</i>		<i>Hospital Preference if possible</i>

**4. INSURANCE:**

The above named child(ren) is _____ is not _____ covered by health insurance.	
_____	
<i>Present Health Insurance Company</i>	
_____	_____
<i>Group Number</i>	<i>Policy Number</i>

**5. STATEMENT OF CONSENT FOR TREATMENT:**

**If emergency service involving medical action or treatment is required and a parent/guardian cannot be reached for consent quickly enough, the parents hereby consent to the rendering of such emergency medical service for the child(ren) listed as shall be deemed necessary in the opinion of the medical personnel rendering service, including transport to medical facility.**

**Furthermore, I will assume the financial responsibility to care for the expenses and/or arrange for insurance to care for the expenses. (This consent to treatment be effective immediately and will remain in effect for all school related activities on or off campus and for consecutive school years for each child who is a student at this school unless a parent/guardian changes or revokes this document and notifies the school in writing. Remember to notify the school of any changes.)**

_____	_____	_____	_____
<i>Signature of Parent or Guardian</i>	<i>Date</i>	<i>Cell Phone</i>	<i>Work/Other Phone</i>

*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). You may also be asked for a physical signature later when school starts, depending on the needs of medical offices.)*

**6. PREFERRED PARENT/GUARDIAN TO CONTACT IN AN EMERGENCY:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Special instructions \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Special instructions \_\_\_\_\_

Other ways to contact this/these parents in an extreme emergency: \_\_\_\_\_

**7. ALTERNATE EMERGENCY CONTACTS:** Please name of those whom you authorize to assume responsibility for your child in case of illness/accident or other need until you can be reached.

Name: _____ Relation to children: _____		
_____	_____	_____
<i>Mobile Phone</i>	<i>Work Phone</i>	<i>(Home Phone)</i>
Name: _____ Relation to children: _____		
_____	_____	_____
<i>Mobile Phone</i>	<i>Work Phone</i>	<i>(Home Phone)</i>

**8. ADD ANY ADDITIONAL INFORMATION FOR THE DOCTOR OR TEACHER:**

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# REQUEST FOR EDUCATION RECORDS



Address of the school the student(s) last attended:

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TO WHOM IT MAY CONCERN:

Please send the educational records (including academic, medical, psychological, testing, child identification, disciplinary, and other pertinent records) for the student(s) named below to:

**Registrar**  
**Ardmore Adventist Academy**  
**154 Beaver Academy Rd.**  
**Ardmore, OK 73401**

Please send the records for the child(ren) listed below:

_____	_____
(Child's Full Name)	(Birthdate)
_____	_____
(Second child's Full Name)	(Birthdate)
_____	_____
(Third child's Full Name)	(Birthdate)

I agree with the above directive.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature Validation of School Official)

*(NOTE: Federal Statute entitled: Privacy Rights of Parents and Students:  
Schools may send a student's educational records to officials of other schools or school systems in which the students seeks or intends to enroll upon condition that the parents be notified and have an opportunity to challenge the content of the record.)*



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**ADDITIONAL STUDENTS FORMS:**

**Student 3:** \_\_\_\_\_ Soc.Sec.# \_\_\_\_\_  
(Full legal name) (Nickname)

Grade \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_ Place of Birth \_\_\_\_\_ Gender \_\_\_ M \_\_\_ 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): Mother Father Step Mother Step Father

Others: \_\_\_\_\_  
(Names & relationships)

**Student 4:** \_\_\_\_\_ Soc.Sec.# \_\_\_\_\_  
(Full legal name) (Nickname)

Grade \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_ Place of Birth \_\_\_\_\_ Gender \_\_\_ M \_\_\_ 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): Mother Father Step Mother Step Father

Others: \_\_\_\_\_  
(Names & relationships)

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