



## Salisbury Adventist School: Registration Packet

305 Rudolph Road, Salisbury, NC 28146, (704) 633-1282

Church Membership (if any):	Date:
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### STUDENT INFORMATION

Is the student baptized? Yes or No	If so, when?	Place of Birth:	Birthdate: / /	Age:	Sex (circle one): Male or Female
Street Address:			Social Security #:	Primary Phone #: ( )	
P.O. Box (if applicable):	City:	State:		Zip code:	
Transfer School (if applicable):	School Address:		Phone #:		
			Fax #:		

### PARENT/GUARDIAN INFORMATION

Mother Name:	Birthdate: / /	Address (if different):	Primary Phone #: ( )
Email Address:	Occupation:	Employer:	Employer Phone #: ( )
Relationship to student (circle one): Natural Mother   Step-Parent   Legal Guardian   Grandparent   Foster Parent			
Father Name:	Birthdate: / /	Address (if different):	Primary Phone #: ( )
Email Address:	Occupation:	Employer:	Employer Phone #: ( )
Relationship to student (circle one): Natural Father   Step-Parent   Legal Guardian   Grandparent   Foster Parent			

### ALTERNATE EMERGENCY CONTACT

Name:	Relationship to student:	Phone #:	Alt. Phone #:
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**Preferred Method of Communication:**  
  Text  
  Email  
  Printed Notes  
 In Person/Home Visits



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### MEDICAL INFORMATION

It is important that the staff at Salisbury Adventist School be aware of any potential life threatening illnesses that your child may have.

Does the student suffer from  Asthma  Diabetes  Bee/wasp Allergy  Latex Allergy

Other Allergies \_\_\_\_\_

Other \_\_\_\_\_

Last physical exam \_\_\_\_\_ (copy must be on file in office for new students)

Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

### Photo/Electronic Release

PARENT/GUARDIAN: I, , the parent/guardian of the abovementioned student attending Salisbury Adventist School, authorize the use of my child/children's photograph to be used for file identification, church and school publications, and marketing.

Student's Name \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Participation Information

Student plans to participate in (check all that apply):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Spelling Tests | <input type="checkbox"/> School Fairs               | <input type="checkbox"/> Seasonal Programs |
| <input type="checkbox"/> Memory Verses  | <input type="checkbox"/> Church Leadership Programs | <input type="checkbox"/> Book It           |



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For Parents who wish to stay in the classroom, or to volunteer on Field Trips, please follow these directions to become certified as a 'Verified Volunteer.'

**Step 1:** Go to [www.ncsrisk.org/adventist](http://www.ncsrisk.org/adventist) and [click on the first-time registrant button](#)

**Step 2:** Select the Union and Conference where you work or volunteer

**Step 3:** Create a user ID and a password you can easily remember. It's recommended to use your email address for your user name.

Please create a user ID and password that you will use to access your account.  
Please create your user ID and your password. Please use your email address as your user ID.  
Your password must be at least 8 characters long.  
Your password must be at least 8 characters long.  
Your password must be at least 8 characters long.

**Step 4:** Please provide the information requested on the screen. (Note: Do not click the back button or your registration will be lost).

**Step 5:** Select your primary location where you work or volunteer and click continue. If you work or volunteer in another location, please select 'Yes' and then select the location.

Please select the primary location where you work or volunteer.  
Primary location: Please select  
Continue

**Step 6:** Select your role(s) within the organization (multiple may be selected).

**Step 7:** Click on the green circle to begin the online training. Upon completion, the last screen will allow you to print a certificate.

Training  
Online Training Modules  
Online Training Modules  
Click Here to Begin Training

### Additional Details:

Once the online training and the submission of your background check is completed, you can [login to your account](#) and click on 'My Report' to view your online training, retrieve a certificate, and view your background check completion date. You can also access 'Update My Account' to update your personal information.

**Step 8:** Please read the instructions regarding the details of the online training and then proceed. Select 'Click Here' to begin the online training (Note: Training can take up to one hour).



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### Registration Instructions Adventist Child Protection Screening

[Click here](#) for a detailed video on the registration process

**Step 9:** Upon completion of your online training, you will be instructed to complete your background check. Please complete the steps within the background check process (Note: The background check will only take 5-10 minutes).



**Only click ONE time!!**

**Step 10:** If you are a volunteer, you will be directed to complete the Verified Volunteers Background Check by clicking on 'Complete the Verified Volunteers Background Check'. Verified Volunteers will require you as a volunteer to claim your account using three pieces of information – email address, home zip code and date of birth. You will then be redirected to the Verified Volunteers platform to confirm the details required for the background check.



#### Additional Background Check Information:

- Enter your full LEGAL name – Not an alias or nick name
- You will be giving consent to run the background check on Step 3
- The Fair Credit Reporting Act governs all background checks – We are NOT checking your credit report. Use of the word "credit" references the law. You can print a copy of that consent form.

**Step 11:** Review and complete the consent form.



**Step 12:** Confirm the information is correct and click submit. Once the background check has been successfully processed you will be notified via email.

Questions? Please contact us via email at [AdventistSupport@verifiedvolunteers.com](mailto:AdventistSupport@verifiedvolunteers.com) or 1-855-326-1860 (toll free)