



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 CONTACTS

Name:	Relationship to student:	Phone #:	Alt. Phone #:
Name:	Relationship to student:	Phone #:	Alt. Phone #:



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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: _____



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STUDENT HANDBOOK AGREEMENT

Student Name: _____

Parent/Guardian: I, _____, the parent/guardian of the abovementioned student attending Salisbury Adventist School, agree to read, explain, and discuss the SAS Student Handbook with my child before school begins. I also agree to support the rules, philosophies, and standards of SAS as stated in the Student Handbook. If I perceive that any changes should be made to the Student Handbook, I will not undermine the school/teachers by discussing it with my child or my friends but will follow the proper channels: 1) Principal, 2) School Board Chair, and 3) School Board.

Parent/Guardian Signature: _____ **Date:** _____

Student: I, _____, as a student of Salisbury Adventist School, pledge to read and discuss the SAS Student Handbook with my parents. I understand that the rules and standards of SAS have been designed for the good of all students and will therefore willingly and cheerfully follow them.

Student Signature: _____ **Date:** _____



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PICK UP AND DROP OFF RELEASE FORM

I, _____, give my permission for the Salisbury Adventist School workers to release my child(ren) to the following persons. I agree that a photo ID will be required by said persons before my child will be released.

Provide names of children attending:

Student Name: _____

Student Name: _____

Student Name: _____

Student Name: _____

Release to: _____ Relationship: _____

Release to: _____ Relationship: _____

Release to: _____ Relationship: _____

Release to: _____ Relationship: _____

Parent's name (printed): _____ Cell phone: ____ - ____ - ____

Signature: _____ Date: _____



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PARENT VOLUNTEER FORM

Salisbury Adventist School (SAS) is a family community where we all pitch in to make the school year a success. Parent involvement not only benefits the school and individual classrooms, but is an integral component of your child's achievement in school. Besides our dependence on your participation, research shows the following benefits to getting involved at your child's school:

- When parents are involved, students achieve more.
- When parents are involved, students exhibit more positive attitudes and behavior.
- School programs that involve parents outperform identical programs without parent and family involvement.

We ask that you fill out the following information and pick at least one area that fulfills our expectation and desire to have you be a part of the SAS school family.

Name: _____ Phone: _____

Email: _____

Child's Grade Level(s): _____

Circle one or more of the following:

1. Classroom Helper a. Teacher aide (Copying, cutting..) b. Reading buddy c. Tutor d. Art assistant e. Field Trip Driver

2. Hot Lunch a. Team member

3. Home and School Team a. Communication b. Fundraising c. Event set-up d. Event Clean-up e. Refreshments

4. Marketing a. Delivering brochures b. Planning c. Events d. Communication e. Design f. Booths (Shifts, Set-up, Take-down)

5. Maintenance a. Small repairs b. Plumbing c. Carpentry d. Landscape upkeep e. Technology f. Cleaning projects

6. Yearbook a. Photographer b. Collect Ads c. Editing d. Technology

7. Office a. Communication b. Phone calls c. Thank you cards d. Design e. Assistant



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EMERGENCY CONSENT TO TREAT

Salisbury Adventist School
305 Rudolph Road
Salisbury, NC 28146
704-633-1282

School Year 2016- 2017

Grade:

INFORMATION

Student's Full Name:

Home Phone Number:

Mother's Name:

Work Phone Number:

Cell Phone Number:

Father's Name:

Work Phone Number:

Cell Phone Number:

(Please supply the following guardian information if applicable.)

Legal Guardian Name:

Work Phone Number:

Cell Phone Number:

Physician's Name:

Office Number:

Choice of Hospital:

We, the undersigned parents/legal guardian, of the student do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital services that may be rendered. It is understood that reasonable effort will be made to contact the parents/guardian and the physician listed above before any other physician is called by the school. It is understood that this consent is given in advance of any specific diagnosis or treatment which might be required.

Current Family Health Insurance Company and Policy Number

Policy Number:

Group #

Parent(s) Signatures

Date Signed: _____



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STUDENT RECORDS RELEASE

Date: _____

School of Last Attendance: _____

Mailing Address: _____

Phone: _____ Fax: _____

I hereby authorize the release and transfer of the following records for the students named below to the Salisbury Adventist School:

- Cumulative Record
- Transcripts
- Attendance Records
- Assessments (Academic, psychological, medical)
- Birth Certificate
- Health & Immunization Records
- Grades (to date of withdrawal)
- Applicable IEP's

Signature of Parent/Legal Guardian: _____

Name	Date of Birth	Grade Entering
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Thank you for your prompt attention in this matter.

Principal: _____ Date of Request: _____



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III. IMMUNIZATION RECORD (TO BE COMPLETED ONLY BY HEALTH CARE PROVIDER)

Enter date of EACH dose – Mo/Day/Year					
VACCINE	# 1	# 2	# 3	# 4	# 5
DTaP, DTP, DT					
Polio					
Hib					
Hepatitis B					
MMR			STATE LAW REQUIRES THE FOLLOWING MINIMUM DOSES: 5 DTaP, DTP, or DT doses (If 4th dose is after 4th birthday, 5th dose is not required; DT requires medical exemption.) 4 POLIO VACCINE doses (If 3rd dose is after 4th birthday, 4th dose is not required.) 1-4 Hib doses (Series complete If at least 1 dose given on/after 15 months and before 5 years of age; not required after age 5.) 3 Hep B doses (Children born on or after July 1, 1994 are required to have 3 doses.) 2 Measles doses (at least 30 days apart; 1st dose on/after 12 months of age) 1 Mumps dose (on/after 12 months of age) 1 Rubella dose (on/after 12 months of age) 1 Varicella dose (Children born on or after April 1, 2001 without documented history of disease)		
Measles					
Mumps					
Rubella					
Varicella					
Exemptions from N. C. State Immunization Law require that a statement must be on file at school in student's permanent record. Exemptions must meet requirements of the law. Consult your local health department.					
<input type="checkbox"/> Medical <input type="checkbox"/> Religious Exemption					

IV. HEALTH ASSESSMENT

Please provide additional information about illnesses or developmental problems checked on the reverse side. Also, provide information about any other important health conditions.

In your opinion, will any of the above illnesses or conditions affect the child's performance in school? If so, specify:

What specialized care is the child receiving related to these problems? _____

List any allergies that the child has (e.g., food, insect stings, medicine, etc.): _____

What type of allergic reaction occurs? _____

Does this child take medication on a regular basis? Yes No If yes, list medication, dose, and possible side effects.

Does this medication need to be given at school? Yes No If yes, list frequency and duration: _____

Does this child need a special diet? Yes No If yes, specify modifications: _____

Please list any additional medical care that is indicated for this child at this time: _____

Signature of Health Care Provider _____ Date: _____

Address: _____ Phone No.: _____



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STUDENT PROFILE

2018/2019

Student Name: _____

Has the student ever skipped or repeated a grade? If yes, please explain the circumstances.

Has the applicant ever been enrolled in any special programs? Including but not limited to the following:

_____ Academically Gifted _____ Learning Disability If yes, please explain.

Has the applicant ever been suspended, expelled, or dismissed from any school or academic program? If yes, please explain. _____

In order to better serve your child, should we be aware of any educational evaluations, learning style needs or a medical history that may influence your child's performance in the classroom?

Are there any physical limitations that might interfere with the applicant's ability to do school work or participate in physical activities, that the school should be aware of?

_____ Yes _____ No If yes, please explain.

What do you hope that an education at Salisbury Adventist School will provide for your child? Please describe the educational environment that you are seeking for your child, areas in which you would like your child to grow, as well as immediate and long term goals for the education of the student. Attach a separate sheet if needed.

Please list your child's major strengths and interests.

List the biggest reason you are applying to SAS?

How did you hear about SAS?



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AM I FINISHED? REGISTRATION CHECKLIST

- Registration Form: New Student
- Copy of Birth Certificate
- Handbook & Photo Release Form
- Pick-up/Drop off Form
- Parent Volunteer Form (Mother or Guardian 1)
- Parent Volunteer Form (Father or Guardian 2)
- Consent to Treat Form
- Immunization Records (Use Doctor's form OR the one provided)
- Physical/Health Exam (Use Doctor's form OR the one provided)
- Student Profile Page
- Registration Fees (\$350 due by July 29 at the BBQ, transfer students ASAP)
- First Month's Tuition (due by the August 13, or on the first of each month)
- Verified Volunteer's Training (for all parents wishing to volunteer during school hours/on field trips/within the classroom)

-go to <https://www.verifiedvolunteers.com>