



TILLAMOOK ADVENTIST SCHOOL

APPLICATION/REGISTRATION CHECKLIST

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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 [1<sup>st</sup>-8<sup>th</sup>](signed by student(s) and parent/guardian)
- \_\_\_\_\_ Media Usage Consent Form
- \_\_\_\_\_ Record Release (K-8<sup>th</sup>)

**AFTER** acceptance, **BEFORE** student may attend

- \_\_\_\_\_ Pay Entrance Fee
- \_\_\_\_\_ Sign financial contract
- \_\_\_\_\_ (Administrative sign-off)

**OFFICE USE ONLY**-----

Application:    accepted    denied    Date: \_\_\_\_\_    Date email sent: \_\_\_\_\_

Registered By: \_\_\_\_\_

\_\_\_\_\_ Online Volunteer Application



# 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.
- 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: \_\_\_\_\_



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.

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**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

Name: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

### Parent/Guardian #2

Name: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_



# CONSENT TO TREATMENT

## MEDICAL INFORMATION FOR STUDENT

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

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### 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

Details: \_\_\_\_\_

Bee Sting Allergies:  Yes  No

Severity of Allergy: \_\_\_\_\_

Antidote Name: \_\_\_\_\_

Food Allergies:  Yes  No

Details: \_\_\_\_\_

Environmental Allergies:  Yes  No

Details: (grass, cats, bandage materials, etc.) \_\_\_\_\_



# COMPLIANCE FORM

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. 6)
- Personal Property (pg. 6)
- Personal Technology Devices (pg. 7)
- Search and Seizure (pg. 7)
- Dressing for Success (pg. 7)
- Code of Conduct (pg.9)
- Relationship Guidelines (pg. 9)
- Honor Roll (pg. 11)
- Academic Honesty (pg. 11)
- Sports (pg. 11)
- Student Illness (pg. 13)
- Safety (pg. 14)
- Students Leaving School Grounds (pg.14)
- 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.

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: \_\_\_\_\_



## TILLAMOOK ADVENTIST SCHOOL

Dear TAS Applicant,

When you become part of the TAS family, we ask that you complete a required amount of Service Hours. These hours help make sure the school has the resources and funds needed to host school and community events, support teachers, and maximize any funds we raise. We have many opportunities for parents to help with and be involved in your student's education experience!

Parents with students in grades K - 8th need to complete twenty (20) Service Units per year. Parents with PreK students and single parent families are responsible for ten (10) Service Units per year. Family members are able to contribute to required Service Hours.

Parents will be responsible for entering the units they earn on the Service Program Log. This can be done online via the link provided, or via our Service Program QR code, both of which are available on the school website. ([www.tillamookadventistschool.org/hands](http://www.tillamookadventistschool.org/hands) ). These hours will be billed at the rate of \$10 per hour for any non-completed hours on the end-of-year statement.

"Individuals must go through an online approval process before they can volunteer at the school. Student safety is of the utmost importance and our insurance requires a thorough background check." (TAS Handbook pg 14) The link to our online volunteer approval program is on the 'Home & School' tab on the TAS website.

We thank you for your willingness to help make our school an amazing place for each of your students!

Sincerely,

TAS Home & School Association