

Caldwell Adventist Elementary School

Learning, Faith, Citizenship, and Life
Education for Earth, Preparation for Heaven
Application Checklist 2024-2025

All items must be complete and submitted prior to starting school.

Student's Name: _____ Date Submitted: _____

All New and Returning Students

- | | |
|--|--|
| <input type="checkbox"/> Application | <input type="checkbox"/> Student Pledge |
| <input type="checkbox"/> Financial Agreement Signed and Paid | <input type="checkbox"/> Service Agreement |
| <input type="checkbox"/> Medical Release | <input type="checkbox"/> BASE (if applicable) |
| <input type="checkbox"/> List of Authorized Pick-Up Persons | <input type="checkbox"/> Handbook Read and Signed |
| <input type="checkbox"/> Technology Use Policy Agreement | <input type="checkbox"/> Scholarship Application (If applicable) |
| <input type="checkbox"/> Cell Phone Declaration | |

New Student Admission Criteria

Before a child will be considered for admission to CAES, all the above forms plus the following must be completed and submitted to the CAES Office. If admitted during the school year, the student may start school the first week of the following month.

- | | |
|---|---|
| <input type="checkbox"/> Recommendation Form | <input type="checkbox"/> Certified Birth Certificate |
| <input type="checkbox"/> Records Transferred from Previous School | <input type="checkbox"/> Latest grade/progress report |
| <input type="checkbox"/> Complete Immunization Records | <input type="checkbox"/> Doctor's Physical Form |
- Interviews: Schedule a parent and student interview with the school administrator and/or with the designated teacher (the student interview may also include an academic evaluation).
- Each Student's application will be reviewed by the CAES Admissions Committee for Admittance Approval. Once approved, parents will be notified by phone and email.

Age of Entry

- | | |
|--|--|
| <input type="checkbox"/> PreK must be 4 by September 1 st | <input type="checkbox"/> Kindergarten must be 5 by September 1 st |
|--|--|
- First Grade must be 6 years old before September 1st. First Grade students must have a physical examination before the first day of school.

For Office use only:

Student ID:

Admissions Approval Date: _____

Deposit Paid: _____

Enrollment Package Complete: Yes No

Entrance Fee Paid: _____

1st Month Tuition Paid: (Amount): _____

Total Amount Paid: _____

NOTES: _____

Caldwell Adventist Elementary School's Calendar 2024 – 2025

August

5 Admissions 6pm
 16 Registration, Parent Information, and School Dedication/Prayer Walk 2pm-6pm
 19 Admissions 6pm
 20 **First Day of School for 1st-8th 12:30 DISMISSAL**
 26 **First Day of School for PreK – Kindergarten Full Day**
 26 Board Meeting 7pm

September

2 **NO SCHOOL: Labor Day**
 3 **12:30 Dismissal: Professional Development**
 9-11 7th – 8th Outdoor School
 16-27 MAP Testing 3rd-8th
 25 Board Meeting 7pm
 28 Church Visit: Waterhouse @ Nampa SDA
 30-Oct. 3 5th – 6th Outdoor School
 TBD Picture Day @ Gem State
 TBD Tee and Hoodie Orders

October

Sept. 30-3 5th – 6th Outdoor School
 7-11 Week of Prayer
 17 Shake Out Drill
 17 **12:30 Dismissal: Professional Development**
 17 Autumn Fest 5-7pm
 18 1st Quarter Ends
 19 Church Visit: Springer @ Caldwell SDA
 28 Board Meeting 7pm
 31 **12:30 Dismissal: Parent/Teacher Conferences**
 TBD Fundraiser Begins

November

1 **NO SCHOOL: Parent/Teacher Conferences**
 2 Church Visit: McPherson @ Gem State SDA
 18 Board Meeting 7pm
 25-29 **NO SCHOOL: Thanksgiving Break**
 27 **12:30 Dismissal: Professional Development**
 TBD Yearbook Advertising Fundraiser

December

2 **12:30 Dismissal: Professional Development**
 6 Decorating Day
 7 Church Visit: Travis @ Nampa SDA
 19 Christmas Program 7pm
 20 Christmas Parties
 23-Jan. 3 **NO SCHOOL: Christmas Break**
 NO Board Meeting

January

6 **12:30 Dismissal: Professional Development**
 10 2nd Quarter Ends
 13-31 MAP Testing 3rd-8th
 18 Church Visit: Waterhouse @ Caldwell SDA
 20 **NO SCHOOL: Martin Luther King Jr. Day**
 23 Winter Sports Day
 27 Board Meeting 7pm
 30 Winter Sports Day
 TBD 5th-8th GSAA Choral Festival

February

3 Readathon Pledge Collection Begins
 6 Winter Sports Day
 17 **NO SCHOOL: Presidents' Day**
 18-19 **NO SCHOOL: Teacher Inservice**
 21 Spelling Bee 11am
 22 Church Visit: Springer @ Gem State SDA
 24 Board Meeting 7pm

March

3-7 Read Across America Readathon
 9 Church Visit: McPherson @ Nampa SDA
 17-21 Spirit Week
 17 Board Meeting 7pm
 21 3rd Quarter Ends
 24-28 **NO SCHOOL: Spring Break**
 31 **12:30 Dismissal: Professional Development**
 TBD 7th-8th GSAA Academy Day
 TBD Spring Fest

April

10 **12:20 Dismissal: Optional Parent/Teacher Conferences**
 11 **NO SCHOOL: Optional Parent/Teacher Conferences**
 14-18 Week of Prayer
 14-May 9 MAP Testing 3rd-8th
 24 Pre-k & Kindergarten Preview Morning
 24 **12:30 Dismissal: Professional Development**
 24 Open House 6-7:30pm
 26 Church Visit: Travis @ Caldwell SDA
 28 Board Meeting 7pm

May

1 Track and Field
 5-9 Teacher Appreciation Week
 8 **12:30 Dismissal: Professional Development**
 8 Spring/Talent Program 7pm
 10 Church Visit: Waterhouse @ Gem State SDA
 19 Board Meeting 7pm
 26 **NO SCHOOL: Memorial Day**
 28 End of Year Celebration
 29 8th Grade Graduation @ Caldwell SDA Church 7pm
 29 **12:30 Dismissal: Last Day of School**
 30 Snow Make-up Day
 June 8 Constituency Meeting 5:30pm

Caldwell Adventist Elementary School

Application for Admission 2024-2025

ALL APPLICATIONS ARE SUBJECT TO
SCHOOL BOARD APPROVAL

Student Information

Full Name: _____
First, Middle, Last

Address: _____

City, State, ZIP: _____

Phone: (____) _____

Grade Entering: _____

Student Lives With: Father Mother
Guardian/Grandparent Please specify: _____

Date: _____

Male/Female: Male Female

Birthdate: _____ Age: _____

Birth State or Country: _____

Race/Ethnicity: _____

Church Membership: _____

Baptized Seventh-Day Adventist? Yes No

Baptism Date: _____

Parent/Guardian #1: _____

Relationship: _____

Address (if different than student) _____

City, ST, ZIP: _____

Church Membership: _____

Day Phone: (____) _____

Email: _____

Employer: _____

Occupation: _____

Baptized Seventh-Day Adventist? Yes No

Parent/Guardian #2: _____

Relationship: _____

Address (if different than student) _____

City, ST, ZIP: _____

Church Membership: _____

Day Phone: (____) _____

Email: _____

Employer: _____

Occupation: _____

Baptized Seventh-Day Adventist? Yes No

My child will need BASE (Before and After School Experience)
 YES NO

BASE hours: 7am-8:15am; 3:45pm-4:30pm; Fridays: 12:45pm-4:30pm

Note: The BASE rate is \$5.00 per hour.

Emergency Contact Name: (other than parent/guardian)

Emergency Contact Phone: _____

FIELD TRIPS

"I give permission for my child to participate in all planned field trips during the school year. I understand that notification will be given in advance of field trips regarding place, date, time, purpose, and cost (if any)."

YES NO

Signature: _____

PHOTOS & VIDEOS

"I give permission for my child to be included in any school projects using photographs and audio/video recordings for print, school display, video, audio, and/or school website and school Facebook page uses."

I give consent to all the above YES NO
I give consent to church promo videos YES NO
I give consent to the yearbook only YES NO

Signature: _____

PARENTAL AGREEMENT

"I agree to read and abide by the policies outlined in the School Handbook if my child is accepted for enrollment."

Parent/Guardian Signature: _____ Date: _____

For Office Use Only

BASE: YES NO

Student ID: _____

Board Approval Date: _____

Enrollment Package Complete: YES NO

Notes: _____

Caldwell Adventist Elementary School

Authorized Pick-Up Consent 2024-2025

Student Name: _____

The following list of person(s) are approved to pick up my child(ren) from school:

Name(s)	Relationship

(Photo identification may be requested at pick up.)

"I give permission for my child to be picked up from school by the person(s) listed above."

Parent/Guardian Signature: _____ Date: _____

Caldwell Adventist Elementary School

Learning, Faith, Citizenship, and Life
Education for Earth, Preparation for Heaven

2024–2025 Entrance Fees & Tuition Rates

Entrance Fees

Due Dates <i>(For Entrance Fee Discount)</i>	May 31	July 1	After July 1
	\$269	\$294	\$319

- Entrance fees cover the cost of curriculum materials for your student.
To be eligible for this discount, application and \$100 deposit must be submitted by the above dates.

Tuition Rates: August - May

Pre-K/Kindergarten	Annual	Semi-Annual	Monthly
Full-Day	\$3,500	\$1,750	\$350
Half-Day	\$2,600	\$1,300	\$260
Grades 1st – 8th	Annual	Semi-Annual	Monthly
Per Student <i>(Multiple Student Discount available)</i>	\$4,500	\$2,250	\$450

- Monthly payments run for 10 months from August–May. Semi-annual payments are due in August and January. Annual payments are due in August.
- **Entrance fees and the first month's tuition are due before the first day of school. Monthly payments are due on the 20th of each month and are late after the 20th of the month. Late payments will be subject to a \$10 fee charged to your account. Past due accounts will be reviewed and may be sent to collections. Diplomas and transcripts will not be released until your account is paid in full.**
- Financial assistance may be available. Please fill out the scholarship application and return to the Business Manager (office@mycaes.org) to apply for financial assistance.

Tuition Discounts

- **Constituent Discount:** Members of Caldwell SDA Church, Nampa SDA Church, or Gem State Church will get a tuition discount of \$1,000 per 1st–8th student each school year. *For members of other area churches, check with your local church if they will offer or match this discount.*
- **Multiple Student Discount:** Families with multiple students attending will receive a percentage discount equal to the number of students attending. *(i.e. 2 students = 2% discount, 3 students = 3% discount, etc.) This discount is only available for family members living within the same household.*
- Accounts that prepay for the entire year by the first day of school will be given a 3% discount.
- Accounts that prepay each semester (*August & January*) will be given a 2% discount.

Lunch tickets

Hot Lunch is \$4 per meal. There may be additional charges for seconds.

Before and After School Experience (BASE)

AM BASE is open from **7am-8:15am**, PM BASE is open from **3:45pm-4:30pm** The cost of BASE, per child, is \$5.00 per hour. Charges will be added to your account at the end of each month. There will be no BASE for holidays or non-school days, this includes snow days.

Caldwell Adventist Elementary School

Learning, Faith, Citizenship, and Life
Education for Earth, Preparation for Heaven

2024–2025 Financial Policies

PAST DUE ACCOUNT POLICY

Families are expected to honor their signed financial agreement and to pay according to its terms. Families will receive a monthly financial statement about their account. Should a financial problem arise that needs special consideration, it is the family's responsibility to notify the school business manager and/or principal as soon as possible. Only accounts in good standing will be eligible for financial aid. Accounts that are past due may be assessed a finance charge unless other payment arrangements have been made with the business manager.

Delinquent accounts will be handled according to the steps outlined below:

1. Accounts that are **45 days** past due will be asked to meet with the business manager and/or the principal to discuss the situation. The business manager will work with the family to create a new payment plan to keep the account in good standing.
2. Accounts that are **90 days** past due and not in good standing will be asked to meet with the finance committee to develop a reasonable repayment plan. Failure to meet with this committee when scheduled will result in immediate suspension from the school and a letter of demand for full payment or further collection action will be taken, and the student will not be allowed to return to school until the account is paid in full.
3. Accounts that are **120 days** past due and not in good standing will be sent via certified mail a pre-collection letter with a 30-day due date to respond by. If no response or payment is received within 30 days, the account will be sent to a collection agency.

REFUND POLICY

Refunds will be issued upon request only. The request must be received within the school calendar year they were originally paid. All transactions that are over 180 days old are not eligible for a refund. *Some events and fees are non-refundable, including registration deposits, field trips, and hot lunch fees.*

LATE FEE POLICY

Payments received after the 20th of the month are subject to a \$10.00 late fee.

Caldwell Adventist Elementary School

Learning, Faith, Citizenship, and Life
Education for Earth, Preparation for Heaven

2024–2025 Financial Agreement

Name: _____ Email: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Church Membership: _____ (Optional)

Student Name(s): _____ _____ _____	Grade: _____ _____ _____	Please select your payment plan: <input type="checkbox"/> Monthly (10 months, August-May) <input type="checkbox"/> Semi-annual (Due August & January) <input type="checkbox"/> Annual (Due August)
--	--	--

Entrance Fee	# / Students	Total
Deposit: \$100 / student		
Entrance Fee: \$ 269 (Before May 31) / \$294 (Before July 1) / \$319 (per student)		

Tuition	# / Students	Total
Pre-K / Kindergarten: (\$3,500 / student)		
Half day Pre-K/Kindergarten: (\$2,600 / student)		
1st – 8th Grade: (\$4,500 / student)		

Discounts	# / Students	Total
Constituent Discount: (\$1,000 / 1st–8th student)		
Multiple Student Discount: (2% for 2 students 3% for 3 students etc.)		
Scholarship: PFE or HISPANIC		
Additional Scholarship/Sponsorship:		
Prepayment Discount: (3% annual 2% semi-annual)		

Totals	Total
Total — Entrance Fees:	
Total — Tuition:	
Total — Discounts:	
Total monthly / semi-annual / annual:	

Total to start school:	
------------------------	--

TERMS OF AGREEMENT:

I agree to pay for the 2024–2025 school year tuition total of \$ _____, for: **a full year payment, or a full semi-annual payment, or 10 monthly payments** (August through May). I understand these payments are due by the 20th of the month and are considered late after the 20th of the month. Late payments will be subject to a \$10 charge. Diplomas and transcripts will not be released until my account is paid in full. **Accounts must be kept current for my child(ren) to be granted the privilege of attending CAES. I understand, accept, and agree to the following terms and conditions of the school handbook and the financial policies.**

Signature of Responsible Party

Date

Caldwell Adventist Elementary School

Medical Release 2024-2025

Student Name: _____

Current Health: Good Other If other, please explain: _____

Allergies: Yes No If yes, please list/severity: _____

Medications to Treat Allergies: _____

Medical Conditions: _____

I give permission for my child to receive the following medications during school hours by the Caldwell Adventist Elementary School Office Staff: (Additional consent forms are required for all other medications that need to be administered at school.)

Acetaminophen (Tylenol): Yes ___ Amount to Give. No Ibuprofen (Advil): Yes ___ Amount to Give. No

Benadryl: Yes ___ Amount to Give. No

Parent/Guardian Signature: _____ Date: _____

Primary Care Physician: _____ Phone #: _____

Physician Address: _____

Dentist: _____ Phone #: _____

Dentist Address: _____

CONTINUING CONSENT TO TREATMENT AND AUTHORIZATION TO RELEASE INFORMATION

"I, the undersigned parent or guardian of _____, 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 _____, M.D., 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 any other physician is called by the school or organization.

It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and authorizes Caldwell Adventist Elementary School or the physician to exercise their best judgment regarding the requirement 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 or organization entrusted with custody of said minor.

I hereby authorize any hospital, physician, or other person who has attended or examined the minor to furnish to General Conference Insurance Service, or its representative, any and all information with respect to any illness, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records. A photocopy of this authorization shall be considered as effective and valid as the original."

Parent/Guardian Signature: _____ Date: _____

This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d and 45 CFR 160 through 164.

2317 Wisconsin Avenue, Caldwell, Idaho 83605 | office@mycaes.org

(208) 459-4313 PH | (208) 459-0357 FAX

Caldwell Adventist Elementary School

Learning, Faith, Citizenship, and Life
Education for Earth, Preparation for Heaven

Acceptable Technology Use Policy

Students Name: _____ Grade: _____

Technology and computer usage are an integral part of curriculum of Caldwell Adventist Elementary School. Students will be using computers daily for learning, practicing skills, and completing assignments.

Because computers are such a vital part of school life, students will be expected to treat the computer hardware, software, and internet access with respect. All hardware and software setups, configurations, and class data are to be left as the user found it at the time of log-on. If any problems arise, users are to notify the teacher or principal immediately. If any changes are necessary to the software or hardware configurations, they must be made in the presence of a teacher or principal.

All users are responsible for their own hard drive space and any work that is generated. Additionally, users are also accountable for any email account used at CAES. This includes any messages received or sent. Teachers or administrators may request to view students' work or messages to ensure responsible usage of computer software and hardware. As far as possible, confidentiality of work will be maintained. However, if a user is found to be in violation of the guidelines for computer usage, then further actions, such as loss of computer rights for the year, may be taken.

Students are expected to respect all copyright issues regarding software, information, and attributions of authorship. Users who knowingly transfer information or copy from unacknowledged sources may lose computer privileges for the year.

No software or disks are allowed to be brought from home. Students who need to email or use flash drives to transfer work from home to school will be allowed to do so under the supervision of the computer lab instructor, teacher or principal.

Internet usage is a privilege at CAES. Students are expected to conduct themselves with integrity and confidentiality when using this tool. The following uses of the internet will not be permitted at CAES.

1. Providing ANY personal or financial information for themselves or any other person to another party.
2. Accessing, uploading, downloading, distributing, or transmitting pornographic, obscene, sexually explicit, or violent materials.
3. Vandalizing, damaging, or disabling the property of another person or organization.
4. Using profane, obscene, offensive, rude, abusive, threatening, harassing, racially offensive, or inflammatory language.

I have read, understood, and agree to abide by this usage policy for computers at Caldwell Adventist Elementary School. I understand that I am responsible for my actions and generated work while using the computers at CAES.

Student Signature: _____ Date: ____/____/____

Parent/Guardian Signature: _____ Date: ____/____/____

Caldwell Adventist Elementary School

Learning, Faith, Citizenship, and Life
Education for Earth, Preparation for Heaven

Cell Phone Declaration 2024–2025

Student name: _____

Student cell phones are encouraged under the right circumstances. Please note whether your child will be bringing a cell phone to school this year.

Will student be bringing a cell phone to school? YES NO

Are there parental controls installed on the phone? YES NO

We have received and agree to abide by the school cell phone policy.

Parent signature: _____ Date: _____

Student signature: _____ Date: _____

Caldwell Adventist Elementary School

Learning, Faith, Citizenship, and Life
Education for Earth, Preparation for Heaven

Student Pledge

2024-2025

_____ I have read (or my parent has read to me) the rules as outlined in the CAES handbook. I agree to support them cheerfully.

_____ I recognize that it is a privilege to be a student at CAES, and I will do the following to make CAES a better school.

_____ I will love Jesus.

_____ I will be kind.

_____ I will be respectful.

_____ I will be responsible.

_____ I will be safe.

Student Signature

Date

I agree to do everything I can to help my child uphold this pledge and make his/her experience at school the best that it can be.

Parent Signature

Date

Caldwell Adventist Elementary School

Learning, Faith, Citizenship, and Life
Education for Earth, Preparation for Heaven

Service Program Policy

Caldwell Adventist Elementary School has been in existence for over 60 years due to the support and dedication of constituents, parents, teachers, and friends in the community.

Our school is dependent upon each family's participation and assistance. Research has clearly shown that effective schools are schools in which parents are involved in the education of their children. Through *Service*, families can share their time and talents with the school.

Each Family is asked to give a minimum of **20 hours** per school year. Parents, grandparents, adult relatives, or friends of the family can complete a family's hours. The *Service* hours are volunteer hours.

Families can record their Service hours in the binder at the front office. The Business Manager will keep track of your hours. **Families that complete and record all 20 hours will receive a \$200.00 credit on their last statement.**

All volunteers must complete the Verified Volunteers background check and training, which can be done online at www.ncsrisk.org/adventist.

The staff at CAES thanks you for your time and dedication to our school. If you have any questions please reach out to the front office.

I understand the **Service Program Policy** and agree to do my share to help CAES.

Signature: _____ Date: _____
Parent/Legal Guardian

Your Information:

Phone Number: _____ Best time to reach you? _____
Email address: _____

What ages do you enjoy working with? _____

Do you have a special talent, skill or specific training that could be beneficial to our school? (i.e. play a musical instrument, speak another language, work with computers, etc.)

See reverse side to let us know how you'd like to help Caldwell Adventist Elementary School.

2317 Wisconsin Avenue, Caldwell, Idaho 83605 | office@mycaes.org

(208) 459-4313 PH | (208) 459-0357 FAX

Caldwell Adventist Elementary School

Learning, Faith, Citizenship, and Life
Education for Earth, Preparation for Heaven

Here are some of the ways to Volunteer here at CAES. Please check the opportunities that you are interested in. All Volunteers must have an approved background check before working with any students.

- Room Parent
 - Art
 - School Picnic
 - Teacher Appreciation
 - Home and School Leader
 - Event Planning
 - Afterschool BASE program
 - Computers
 - Coaching a sport (afterschool hours)
 - Cleaning of building/grounds
 - Yearbook
 - Grading papers
 - Reading to students (during school day)
 - Field Trip Chaperone
 - Tutoring Students
 - Recess supervision (Lunch hour)
 - Booths at Fall Fest and/or Spring Fest
 - Other:
-
-

2317 Wisconsin Avenue, Caldwell, Idaho 83605 | office@mycaes.org

(208) 459-4313 PH | (208) 459-0357 FAX

Caldwell Adventist Elementary School

Learning, Faith, Citizenship, and Life
Education for Earth, Preparation for Heaven

For Office use only

Service Hours Recorded

Name: _____ **Student's Name:** _____

Activity: _____

Date: ___/___/___ Admin. Initial: _____

Activity: _____

Date: ___/___/___ Admin. Initial: _____

Activity: _____

Date: ___/___/___ Admin. Initial: _____

Activity: _____

Date: ___/___/___ Admin. Initial: _____

Activity: _____

Date: ___/___/___ Admin. Initial: _____

Activity: _____

Date: ___/___/___ Admin. Initial: _____

Activity: _____

Date: ___/___/___ Admin. Initial: _____

Activity: _____

Date: ___/___/___ Admin. Initial: _____

Activity: _____

Date: ___/___/___ Admin. Initial: _____

Activity: _____

Date: ___/___/___ Admin. Initial: _____

Activity: _____

Date: ___/___/___ Admin. Initial: _____

Registration for Regular BASE Use 2024-2025

Student's Name: _____

Allergies:

Does your child use an EpiPen prescribed by their doctor in case of allergic reaction? Yes/No

Parent/Legal Guardian Name: _____ Relationship: _____

Phone: _____ Cell #: _____

Place of employment: _____

Days/Hours Working: _____

Parent/Legal Guardian Name: _____ Relationship: _____

Phone: _____ Cell #: _____

Place of employment: _____

Days/Hours Working: _____

Please list all persons authorized to pick up your child/children:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Caldwell Adventist Elementary School Financial Aid Scholarship Application

Today's date: _____

To be considered for financial aid, you must fill out this application and submit the necessary documentation. Application must be complete before consideration.

Student's Name(s)	Grade Entering

Parent's Name(s)	Phone Number	Email Address

I am applying for the following scholarships.

- _____ Hispanic Scholarship (There is an additional application.)
- _____ PFE (There is an additional application.)
- _____ Single Parent Scholarship
- _____ New Student Scholarship
- _____ Worthy Student Scholarship

Parent Asset Information

Current value of cash, checking, and savings: \$_____

*Please submit your most current W2(s) with application.

Family residence: own _____ rent _____

Monthly payment: _____

Please select from below any other circumstances we should know that may aid us in making our decision.

- Loss of job
- Recent separation/divorce
- Change in family living status
- Change in work status
- Bankruptcy
- Income reduction
- Illness or injury
- Death in family
- High debt
- High medical expenses
- Other (please explain) _____

If awarded funds:

- I commit to ensuring my student(s) adhere to all school policies in the CAES Parent & Student Handbook.
- I commit to supporting my student(s)' education by doing what is deemed necessary by his/her classroom teacher (such as daily homework, outside reading requirements, etc.).
- I commit to helping my student(s) put forth his/her best effort to maintain a C average or higher.
- I commit to getting my student(s) to school regularly and on time.

____If I fail to adhere to these commitments, I understand that my student(s)' scholarships may be revoked.

____I understand that my child must be registered before submitting my scholarship application. Funds awarded will be applied directly to my student's 2024-2025 monthly tuition.

Parent signature: _____ Date: _____

Caldwell Adventist Elementary School

Learning, Faith, Citizenship, and Life
Education for Earth, Preparation for Heaven

For all new students and for those students entering First and Seventh Grades.

School Year: _____ Date: _____ Entering Grade: _____

Student's Name: _____

To be completed and signed by examiner:

Exam: Height _____	Weight _____
Vision _____	Hearing _____
Skin _____	Orthopedic _____
Physical Maturity _____	Extremities _____
Respiratory _____	Neuro _____

Allergies: _____

Comments on unsatisfactory conditions: _____

Does this child have any health condition that would make his/her attendance at CAES a risk to other students?

Does this child have any condition(s) that would be a hazard to him/her while attending CAES?

Does this child have special needs or are they receiving special services?

Examiner, please fill in all information on the back of the form and sign

Caldwell Adventist Elementary School

Learning, Faith, Citizenship, and Life
Education for Earth, Preparation for Heaven

Additional Comments:

I have examined _____ and recommend him/her as being physically able to compete in supervised athletic activities. This student is exempt from the following activities due to health problems:

Date: _____

Examined By: _____

Physician's Office: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Examiners signature: _____

Upon completion, this form is to be returned to the school office.

Caldwell Adventist Elementary School

Learning, Faith, Citizenship, and Life
Education for Earth, Preparation for Heaven

2024-2025 Recommendation Form

Student Name: _____ Grade entering: _____

Please complete this survey to the best of your ability.

Person completing this form: _____

Email Address: _____

Relationship to student: _____

How long have you known this student: _____

Please rate the student using the scale provided. For responses of 2 or lower, please comment.	1=poor 2=average 3=excellent	Comments
Achievement		
Attendance		
Attitude		
Motivation		
Positive Influence		
Respectful		
Responsible		
Social Skills		
Work Habits		

Overall impression of student: (please check one)

Highly recommend

Recommend

Recommend with reservation Comments: _____

Do not recommend Comments: _____

Signature _____

Date _____

Upon completion of this form, please submit via

Email to: office@mycaes.org,

FAX: (208) 459-0357,

Mail to: 2317 Wisconsin Avenue, Caldwell, Idaho 83605

REQUEST FOR STUDENT RECORDS

Date: _____

Previous School: _____

Address _____

City, State, Zip: _____

Phone Number: _____ Fax: _____

Attention Register or Student Records Department:

Student's Name: _____

Date of Birth: _____ Grade: _____

Please fax the information below as soon as possible so that we can complete the registration process. Thank you for your prompt attention to this request.

Please fax the following items:

- | | |
|---|--|
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> IEP/Special Ed/Psychological reports | <input type="checkbox"/> Discipline Records |
| <input type="checkbox"/> Any and all school related reports | <input type="checkbox"/> Current Report Card |

Please forward all school records indicated to:

Lizzy Jarrett

Business Manager/ Administrative Assistant
Caldwell Adventist Elementary School
2317 Wisconsin Avenue | Caldwell Idaho
Phone: 208-459-4313, **FAX:** 208-409-9357