

Caldwell Adventist Elementary School

Application for Admission 2023-2024

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

Unlimited BASE (Before and After School Experience) YES NO
If yes, please read and sign the Unlimited BASE form.

Note: If BASE is used you will be billed \$5.00 per hour.

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: _____

Emergency Contact Name: (other than parent/guardian)

Emergency Contact Phone: _____

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 of the above 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

Unlimited BASE: YES NO

Student ID: _____

Board Approval Date: _____

Enrollment Package Complete: YES NO

Notes: _____

Caldwell Adventist Elementary School

Authorized Pick-Up Consent 2023-2024

Student Name: _____

The following is a list of person (s) that are approved to pick up my child 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: _____

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Medical Release 2023-2024

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.