

# Application Form

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

Parent/Guardian Name: \_\_\_\_\_

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Office Use Only:*

Student ID #: \_\_\_\_\_  Renweb

Circle Current Grade: K, 1, 2, 3, 4, 5, 6, 7, 8

# Enrollment Application

## For **NEW** Students



**Educators Delivering GREAT education that is:**

- G**od-Centered,
- R**esults-oriented, in an
- E**nvironment that nurtures
- A**ligned with Adventist and national standards, and a
- T**eam effort

A Seventh Day Adventist K-8 Grade School



**JOURNEY TO EXCELLENCE**

2629 Horseshoe Drive South Naples, FL 34104

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**Academic Year:**

**FOR OFFICE USE ONLY**

**Student Enrollment Form**

**PLEASE PRINT CLEARLY.**

Name of Staff Completing Form:		Date:
Student #:	Date of Application:	Grade:
<input type="checkbox"/> Birth Verification (Certificate received?)	<input type="checkbox"/> Health Exam Valid?	<input type="checkbox"/> Entrance Test
<input type="checkbox"/> Immunization Certificate Valid?	<input type="checkbox"/> Records Requested?	<input type="checkbox"/> Records Received?

**Student Information**

Full Legal Name: \_\_\_\_\_

Date of Birth: MM / DD / YY      Age: \_\_\_\_\_      Gender:  M  F      Social Security #: - - -

Residence Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
*All school mailings will be sent to this address.*

Mailing Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
*Complete ONLY if different than residence address.*

Birthplace: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_      Birth Country if other than US: \_\_\_\_\_

Ethnicity (optional):  Asian    African American    Caucasian Non-Hispanic    Black Non-Hispanic    Hispanic  
 American Indian/Alaskan Native    Pacific Islander    Multiracial    Other

**PARENT/GUARDIAN INFORMATION:**

If parents are divorced or separated, who has legal custody of the child?  Mother  Father  Both  Other: \_\_\_\_\_

**Check all that apply:**

**PARENTS' STATUS:**    Married    Separated    Divorced    Remarried    Single    Deceased (  Mother    Father )

**STUDENT LIVES WITH:**    Mother    Father    Step-mother    Step-father    Both Parents    Grandparent    Foster Parent

**MOTHER/GUARDIAN INFORMATION:**

<input type="checkbox"/> 100% <input type="checkbox"/> 50% <input type="checkbox"/> Weekends only <input type="checkbox"/> Report Card <input type="checkbox"/> Mailing list only <input type="checkbox"/> No Contact	Mother or Guardian:	Authorized <input type="checkbox"/> Yes   Legal <input type="checkbox"/> Yes   Shared <input type="checkbox"/> Yes Pickup <input type="checkbox"/> No   Custody <input type="checkbox"/> No   Custody <input type="checkbox"/> No
	Home Address:	<b>Call: <input type="checkbox"/> First   <input type="checkbox"/> Second   <input type="checkbox"/> Don't Call</b> Work Phone: (____) _____ Extension: _____ Cell Phone: (____) _____ Home Phone: (____) _____ Email address: _____ <input type="checkbox"/> Home <input type="checkbox"/> Work
	<i>Complete ONLY if different than STUDENT's Residence address.</i>	
	Occupation:	
	Place of Employment:	
	Relationship to student:	
Spouse's Name:	<i>Complete ONLY if STUDENT's Guardian.</i>	
	<i>if different than father</i>	

**FATHER/GUARDIAN INFORMATION:**

<input type="checkbox"/> 100% <input type="checkbox"/> 50% <input type="checkbox"/> Weekends only <input type="checkbox"/> Report Card <input type="checkbox"/> Mailing list only <input type="checkbox"/> No Contact	Father or Guardian:	Authorized <input type="checkbox"/> Yes   Legal <input type="checkbox"/> Yes   Shared <input type="checkbox"/> Yes Pickup <input type="checkbox"/> No   Custody <input type="checkbox"/> No   Custody <input type="checkbox"/> No
	Home Address:	<b>Call: <input type="checkbox"/> First   <input type="checkbox"/> Second   <input type="checkbox"/> Don't Call</b> Work Phone: (____) _____ Extension: _____ Cell Phone: (____) _____ Home Phone: (____) _____ Email address: _____ <input type="checkbox"/> Home <input type="checkbox"/> Work
	<i>Complete ONLY if different than STUDENT's Residence address.</i>	
	Occupation:	
	Place of Employment:	
	Relationship to student:	
Spouse's Name:	<i>Complete ONLY if STUDENT's Guardian.</i>	
	<i>if different than mother</i>	

**GUARDIAN CARE INFORMATION:**

Is Student in foster care placement?    Yes    No      If yes, name of guardian: \_\_\_\_\_

\*If yes, please provide proof of legal guardianship.\*

Court ordered custody/restraint documentation provided?    Yes    No      If yes, must submit signed court order prior to enrollment.

**STUDENT LANGUAGE INFORMATION:**

Is a language other than English used at home? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, what language:</b> _____
Does the student have first language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, what language:</b> _____
Does the student most frequently speak a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, what language:</b> _____
In which language do you prefer to be contacted either in writing or by phone? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Creole
Has your child been in attendance in a U.S. school for less than 3 full years? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, date entered U.S. school:</b> /     /

**EDUCATIONAL BACKGROUND:**

List the schools/Preschool student has attended in the past other than NACS (beginning with the most recent):			
<b>School:</b> _____	Grade(s) Attended: _____	Phone: ( _____ ) _____	
Mailing Address: _____			
<b>WITHDRAWAL DATE:</b> _____	City _____	State _____	Zip _____
Reason for leaving: _____			
<b>School:</b> _____	Grade(s) Attended: _____	Phone: ( _____ ) _____	
Mailing Address: _____			
<b>WITHDRAWAL DATE:</b> _____	City _____	State _____	Zip _____
Reason for leaving: _____			
Was student in any Exceptional Education program at previous school, i.e. Speech, IEP/504 Plan <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was student in an ESL program at previous school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has student ever been arrested resulting in charge or juvenile justice action? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, see Principal.</b>			
Has student been suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, what school?</b> _____ <b>When?</b> _____			
Has student been expelled? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, what school?</b> _____ <b>When?</b> _____			

**CHURCH INFORMATION:**Is Student a baptized Adventist?  Yes  No | If yes, date of baptism: \_\_\_\_\_

Are you a Seventh Day Adventist? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>*SDA (Seventh Day Adventist Church)</b>
Mother, if applicable: SDA <input type="checkbox"/> Yes <input type="checkbox"/> No Other: _____	Location of Church Membership: _____	
Father, if applicable: SDA <input type="checkbox"/> Yes <input type="checkbox"/> No Other: _____	Location of Church Membership: _____	
Student, if applicable: SDA <input type="checkbox"/> Yes <input type="checkbox"/> No Other: _____	Location of Church Membership: _____	
Where do you, ( <i>Mother</i> ), attend church? _____	Where do you, ( <i>Father</i> ), attend church? _____	

**Teacher Recommendation Contact Information:**

A thorough evaluation of this student is part of our admission process. Please add a recommendation contact from the last school your child attended. This application will not be considered complete without this information.

Teacher's Name: _____	Title: _____
<b>School:</b> _____	Grade(s) Attended: _____ Phone: ( _____ ) _____
Street Address: _____	
_____	City _____ State _____ Zip _____

**PARENT/GUARDIAN ACKNOWLEDGEMENT OF ENROLLMENT APPLICATION & INFORMATION RECEIVED:**

I certify that the enrollment information supplied on all documents is true, accurate and complete:				
_____ / _____ / _____			Date:	_____ / _____ / _____
Parent/Guardian Signature	Parent /Guardian Printed Name	Relationship	MM	DD YY



This order is valid only for current School Year: /



Student's Name: Date of Birth: / / Gender:  M  F Student's Grade: Student's Age:

**MEDICATION AUTHORIZATION FORM:**

This form must be fully completed in order for the required medication to be administered. A new medication administration form must be completed at the beginning of each school year, for each medication, and each time there is a change in medication, dosage, or time of administration of the medication.

Prescription medication must be in a container labeled by the pharmacist or prescriber.

**PRESCRIBER'S AUTHORIZATION/MEDICATION INFORMATION:**

**This Section to be filled out by Physician ONLY.**

Allergies:

Medical Condition for which medication will be required for student in school:

Name of Medication: Prescription: Over-the-Counter (non-prescription):

Route to administer (please check one):  Oral (BY MOUTH)  Topical (ON THE SKIN)  Inhaled (BREATHED)  Subcutaneous (INJECTED)

Other (describe):

Dosage: Frequency: Time of Day: (ex. 11:00 A.M.)

Is this a new medication?  Yes  No If yes, the first dose must be administered at home.

Special Instructions:

**Prescription medications require healthcare provider signature below:**

Physician's Name (Print): Physician's Phone Number:

Physician's Signature: Date: Fax Number:

I have prescribed the student to self-carry MDI, pancreatic enzymes, EPI-PEN, or other life saving medications described on this page.

**EMERGENCY CARE PERMISSION AND AUTHORIZATION OF SHARING OF INFORMATION:**

When a child suffers any injury or illness while in school, an immediate and continuing effort will be made to contact the parent(s) or legal guardian(s) of that child. In the case of serious injury or illness, first aid will be rendered in accordance with school policies. If I cannot be reached by telephone, in the event of an emergency involving the above named student, please call Emergency Services.

I (We) further authorize school officials to share any of the above named student's medical information with any treating physician, medical specialist, EMT personnel, first responders, and/or first aid personnel if the sharing of the above named student's medical information is necessary to provide the above named student with any necessary medical services due to serious illness, accident, and/or injury.

**Parent/Guardian Initial Acceptance here:**

*An immediate and continuing effort will be made to contact the parent(s) or legal guardian in case of serious injury or illness.*

**PARENT/GUARDIAN AUTHORIZATION:**

- 1. I give permission for my child's doctor to be contacted for information regarding the administration of the medication listed on this form.
- 2. I authorize the above medication to be administered as described or prescribed during school or after-school programs


Parent/Guardian Name Printed:

Parent/Guardian Signature: Date: / /


Home phone: Business Phone: Emergency Phone:

Student's Name:	Student's Grade:	Student's Age:
Last	First	Middle

**FIELD TRIP/TRANSPORTATION CONSENT AND Release/Permission for Use of Student Picture(s):**

 I hereby give permission for my child to go on school sponsored field trips. I understand that I will be notified of each event and that the students will be well supervised at all times. I do not hold the school and the staff liable, except as covered by insurance.  Yes  No

My child may ride in transportation arranged by NACS in connection with school activities.  Yes  No

 I hereby give permission for my child's picture to be used in promotional materials for Naples Adventist Christian School. I understand that I will be notified each time when and where a picture is published.  Yes  No

It is understood that use of pictures will not produce royalties to my child/me.  Yes  No

			Date:			
Parent/Guardian Signature	Parent /Guardian Printed Name	Relationship	MM	DD	YY	

**PICK-UP RELEASE:** PLEASE PRINT CLEARLY.

If unable to pick up your child(ren) and arrangements have been made, please list the names of individuals authorized to pick your child(ren); (LOCAL ADULT(s) - **MUST BE 18+ years of age**).; list in order of preference. Always notify the school if unable to pick up your child(ren).

Last Name	First Name	Primary Contact #	Relationship	Authorized Pick Up.
1		<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H		<input type="checkbox"/> Yes
		<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H		<input type="checkbox"/> Yes
3		<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H		<input type="checkbox"/> Yes
4		<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H		<input type="checkbox"/> Yes
5		<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H		<input type="checkbox"/> Yes
6		<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H		<input type="checkbox"/> Yes
7		<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H		<input type="checkbox"/> Yes
8		<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H		<input type="checkbox"/> Yes
9		<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H		<input type="checkbox"/> Yes
10		<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H		<input type="checkbox"/> Yes

**CONTRACTUAL AGREEMENT:**

Applicant's Pledge and Contract

I agree to comply with the philosophies, standards, and guidelines of Naples Adventist Christian School.

Parent/Guardian's Contract

I understand that Naples Adventist Christian School shall have the right, in its sole discretion, to dismiss my student if he/she fails to achieve satisfactory educational performance or either my student or I fail to comply with such regulations and policies. I understand my financial obligation to Naples Adventist Christian School and I contractually agree to pay my child's account balance each month unless otherwise arranged in advance, in writing, with the school. I further understand that all transcripts and academic or other records prepared by Naples Adventist Christian School will not be released until I complete my contractual and financial obligations.

I certify that the enrollment information supplied on all documents is true, accurate and complete:

			Date:			
Parent/Guardian Signature	Parent /Guardian Printed Name	Relationship	MM	DD	YY	