

EVAS Registration Checklist

Student Name: _____

The following must be completed and returned for **ALL STUDENTS**:

- Registration Fee – To be paid in the office
- Student Application (2-sided)
- Consent to Treatment
- Emergency Release Form
- Student Medical Record (K, 4th , 7th only)
- Parent Attendance Agreement
- Academic Agreement
- Disciplinary Agreement
- Uniform Policy & Dress Code
- List of Persons Authorized to Provide Rides Form
- Photographic Model Release
- Financial Policy
- Financial Plan Form – To be filled out in office with secretary

4th and 7th Graders must have a new Medical Form signed by their doctor

New Students Only

- Student Medical Form/ Signed by Doctor
- Immunization Record
- Original Birth Certificate

STUDENT APPLICATION

PACIFIC UNION CONFERENCE OF SEVENTH-DAY ADVENTIST SCHOOLS

Grade applying for _____ Date of application _____

1. Full legal name of student _____ Sex _____
LAST FIRST MIDDLE NICKNAME

2. Date of birth _____ Place of birth _____ Age _____
MO. DAY YR.

Check document submitted to verify birthdate for child entering transitional kindergarten, kindergarten or first grade

Birth certificate Notarized statement
 Hospital statement Passport or visa

Verified by _____
SCHOOL OFFICIAL

3. Student living with: Father Mother Stepfather Stepmother

Other _____
SPECIFY

Home address _____ P.O. Box _____
NUMBER STREET

_____ Telephone _____
CITY ZIP

4.

Legal names of those checked in #3	Denom. affiliation	Church where membership held	Languages used at home	Occupation	Business Phone

5. Is this student sponsored by an Adventist church member? Yes No

Is this student a baptized member of the Adventist church? Yes No

If yes, indicate year baptized _____ Church where membership is held _____

If student has some other church affiliation, specify _____

6. School last attended _____
NAME OF SCHOOL ADDRESS TELEPHONE

7.

Names of other children in family	Sex	Age	Check if living at home	School child is attending

OFFICE USE ONLY

Name _____
 Enter dates Documents received - _____
 Verification of birthdate _____
 Transcript(s) _____

Grade enrolled _____
 Room assigned _____
 Withdrew _____

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OFFICE USE ONLY

Name _____

Enter dates Documents received - _____

Verification of birthdate Transcript(s) _____

Grade enrolled _____

Room assigned _____

Withdraw _____

Pacific Union Conference CONSENT TO TREATMENT

Only designated staff, such as the school nurse or physician, will have access to the completed form. This form will be stored in a locked file.

This form must be filled out at the beginning of each school year to cover the activities for the school year. A copy of each student's form must be taken on off-campus activities.

Student Name _____

Age _____ Date of Birth _____
Mo. Day Yr.

Address _____

Parent/Guardian's Name _____

Father/Guardian Business Phone _____ Home Phone _____

Mother/Guardian Business Phone _____ Home Phone _____

Please describe allergies to substances and medication. _____

If on regular medication, please specify. _____

Date of last tetanus shot _____

Please give the name of your local family physician(s) to be called in case your son or daughter becomes ill or has an accident at school and you cannot be reached.

1. Family Physician _____ Office Phone _____
Address _____

2. Family Physician _____ Office Phone _____
Address _____

Hospital Preference _____ Telephone _____

Please give the names of two relatives or friends who have consented to assume the responsibility of your son or daughter in case of illness or accident until you can be reached. In case of any changes in the named persons, notify the school in writing.

1. Name _____ Telephone _____
Address _____

2. Name _____ Telephone _____
Address _____

If emergency service involving medical action or treatment is required and neither the parent/guardian nor the family physician can be reached for consent, the parent/guardian hereby consents to the rendering of such emergency medical service for the above named student as shall be necessary in the medical opinion of the doctor rendering the service. This authorization is given pursuant to the local state Civil Code.

Signature of Parent or Guardian _____ Date _____

EAST VALLEY ADVENTIST SCHOOL

3554 North Maine Ave.

Baldwin Park, CA 91706

Tel.: (626) 960-4751

EMERGENCY RELEASE FORM

Child's Name _____ Teacher _____ Grade _____

Home Address _____

Home Telephone _____

In case of an emergency for which it would be necessary to close the school, I hereby give E.V.A.S. my consent to release my child to any of the following persons.

1) Name _____ Relationship _____

Address _____ Telephone _____

2) Name _____ Relationship _____

Address _____ Telephone _____

If none of the above named individuals are available (check one):

Release my child to any adult person whom he/she recognizes favorably.

Do not release my child to anyone not named above.

An out-of-state emergency contact is:

Name _____ Relationship _____ Tel. _____

I hereby authorize East Valley Adventist School personnel, that in the case of an emergency, to release my child as I have already stated or to act according to what they see the situation require for the safety of my child.

Parent or Guardian Signature _____ Date _____

.....
OFFICE USE ONLY

Child has been picked up by: _____ and taken to the following location _____

Telephone _____ Date _____ Time _____

STUDENT MEDICAL RECORD

Only designated staff, such as the school nurse or physician, will have access to the completed form. This form will be stored in a locked file.

Name _____ Birth Date _____

Address _____

Name of Father _____ Name of Mother _____

History (past illnesses and allergies. Please check those he/she has had.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Rheumatic Fever | Allergies:
<input type="checkbox"/> Asthma
<input type="checkbox"/> Hay Fever
<input type="checkbox"/> Insect Bites
<input type="checkbox"/> Penicillin
<input type="checkbox"/> Other Drugs |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Scarlet Fever | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Tuberculosis | |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Whooping Cough | |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Ear Infections | |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Measles | | |

Explain briefly factors such as surgeries, serious accidents or injuries, congenital defects, which may affect the child's school experience.

Indicate physical problem by check: Hearing Heart Sight Speech

Other _____

SPECIFY

IMMUNIZATIONS – An official record of immunizations must accompany this medical record for all students entering school for the first time in the United States regardless of grade level. Records considered official are:

- State Immunization Record
- Health Provider Record – must have signature, stamp, or initials next to each date.
- Physician's Record
- County Health Department Record
- Official Immunization Record from another state
- School Immunization Record

LABORATORY RECORD

TB SKIN TESTS	Type*		Dates Given	Given By	Date Read	Read By	Impression	
	<input type="checkbox"/>	PPD Mantoux					<input type="checkbox"/>	Positive
<input type="checkbox"/>	Other _____					<input type="checkbox"/>	Negative	
<input type="checkbox"/>	PPD Mantoux					<input type="checkbox"/>	Positive	
<input type="checkbox"/>	Other _____					<input type="checkbox"/>	Negative	
<input type="checkbox"/>	PPD Mantoux					<input type="checkbox"/>	Positive	
<input type="checkbox"/>	Other _____					<input type="checkbox"/>	Negative	

*If required by school entry, must be Mantoux unless exception granted by local health department

CHEST X-RAY Film date: _____ Impressing: normal abnormal

Person is free of communicable tuberculosis yes no

Signature/Agency _____

PHYSICIAN'S EXAMINATION*

Height _____ Weight _____ Blood Pressure _____

	Normal	Abnormal	Not Examined	
Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explain Abnormalities _____
Eyes, vision, glasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ears, hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nose and throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mouth, teeth, speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Glands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chest, lungs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cardiovascular, heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Abdomen, enlargement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
tenderness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
hernia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Spine, back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Scoliosis for Grade 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Posture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Extremities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Genitourinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nervous System, reflexes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nutritional status and general appearance of the child				_____

Recommendations for additional medical or dental care _____

This student may participate in a normal physical education program which includes such activities as running, jumping, tumbling. Yes No

If student must be restricted from participating in activities such as are listed above, please indicate physical activities that may be permitted.

Date _____ Physician's Signature _____

Address _____

*To be completed by the family physician and kept on file at the school for all children, a) entering school for the first time, b) at grade seven (this should include the scoliosis examination), c) at least once in grades nine through twelve, d) at other grades when required by the Conference Board of Education.



Parent Attendance Agreement

School attendance is important for the success of every student. Excessive tardiness and absences are detrimental to the student's daily progress. For this reason, it is important that you make every effort to ensure that your child is in regular class attendance. Please initial each statement below showing that you have read and understand the following terms of the East Valley Adventist School Attendance Policy:

____ A Student should be in attendance of school for a total amount of time that is not less than 10% of a 185 day school year. In other words, a student should not be absent in excess of 18 days during a complete school term from August to June.

____ A legitimate doctor's note should be given for extended periods of absence due to illness. Such a note should be produced no later than the first day when the child returns to class in order to be counted as an excused absence. In case of illness, or hospitalization, parents should contact the school within a 48-hour period.

____ Family outings, vacations, doctor visits, dental and/or optometry appointments, etc., are not viewed as legitimate reasons for an excused absence. Every attempt should be made to plan doctor visits and family vacations around the student's school schedule.

____ Any student who accumulates more than 5 days of unexcused absences within a grading period, may be forced to withdraw from EVAS, pending a school board decision.

____ Any student who accumulates more than 20 days of excused or unexcused absences during the course of the school year may: A) be forced to withdraw from EVAS or B) be held in the same grade for the following school year according to California State Law.

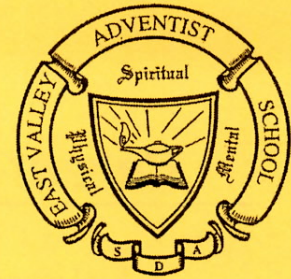
If you have read and initialed this attendance policy, and further agree to abide by such terms, please sign and date below in the space provided.

Print Student's Name: _____

Print Parent/Guardian's Name: _____

Sign: _____ Date: _____

Academic Agreement



East Valley Adventist School wants to ensure that your child is achieving to his/her utmost academic potential. Please initial each section after you have read it:

____ Every student is required to turn in assignments that have been completed in a neat and appropriate manner.

____ Every student is required to turn in properly completed assignments on their due date.

____ Each assignment should reflect the student's honest and best attempt at completing the required task. Parents are encouraged to help students with their assignments, but not to do the work for the children.

____ Parents should supply the student with the correct materials, information and support that is necessary and within the appropriate time frame in order to complete each task. This includes taking your child to the library or acquiring necessary materials for special reports and projects.

____ If a student fails to turn in assignments on a regular basis and as a result his/her achievement scores fall below 60% in one or more classes throughout the grading period, EVAS may ask this student to withdraw from school for the following reasons: 1) due to the persistent, continuous and willful act of not completing assignments, 2) due to negligence and an unwillingness to do assignments, 3) failure to improve after the teacher has discussed the student's academic status with the parents.

____ The teacher is not responsible for giving a failing student extra time to complete the work that was not finished in the time specified. The teacher is not responsible to give extra credit work to a student that is having problems completing assignments in a timely manner. It is the responsibility of each student to complete assignments as they are given.

____ Extra time for the completion of an assignment will be given for all valid, excused absences. The time given will not extend beyond one day after the close of a grading period if such a time is seen as sufficient for completing all of the course work. If the excused absence was close to the end of a grading period, the time allotted for the completion of such work should not extend beyond three weeks into a new grading period.

____ Students who fail to bring the necessary books and materials to class on a daily basis may be sent home until the proper materials are once again available.

If you have read this academic policy, understand what you have read and agree to abide by such rules, please assign and date below:

Please Print Student Name: _____

Please Print Parent/Guardian's Name: _____

Sign _____ Date _____



Disciplinary Agreement

Please initial section after you read it.

_____ East Valley Adventist School will absolutely not tolerate any student who: 1) threatens to inflict harm to another student or teacher, 2) assaults another student or teacher, 3) who propagates or acts upon beliefs that are based on prejudice and biased against other students who are of a different race, color, or belief, 4) who acts in a lewd and or, sexually/physically inappropriate manner, either by him/her-self, and or, with other students or teachers, 5) who uses or distributes illegal substances and weapons.

_____ We believe that each student should rule him/herself by the choices he/ she makes. Therefore, each student is responsible for his/ her own actions regardless of the provocation, influence, or impetus given by other students and or people. Each student is to stand as an individual whose decisions reflect the personal choice one has made.

_____ All major disciplinary action is subject to the decision of the disciplinary committee and will be considered on an individual basis. Disciplinary action will be taken considering the individual's needs, the act itself, and other such factors. This may mean that in some cases, the action taken may not be considered as usual, or, regular. In extreme cases, such as that of expulsion, the school board may be asked to advise on the situation.

_____ Repeated failure to complete assignments in the classroom or at home is seen as disciplinary problem and will be treated as such, according to the Academic Agreement.

_____ Disruption of class will not be permitted.

_____ Academic integrity is expected at all times.

_____ Failure to comply with the school uniform policy will be seen as a disciplinary problem and will be dealt with in the following manner: 1) First offense – student will be sent home with a notice, 2) Second offense – Student will not be allowed into the classroom, parent will be contacted to come and pick up student, 3) Third offense – the same action as the second offense will be applied followed by one day of school suspension, and a parent/teacher conference, 4) Ensuing offenses will result in more severe action. A monetary penalty of \$5.00 per offense may be applied to students who are not in proper uniform.

_____ East Valley Adventist School believes in using redemptive discipline which allows the individual student to reconcile the wrongdoing and to further change his/ her future course of action. This type of discipline is a process rather than executive action. The process seeks to instill in each student an intrinsic valued of what is right and wrong. Discipline, then, is not meant to simply punish the student, but rather to allow the individual the opportunity to make a new and better choice. If an executive disciplinary action must be taken it will be done so usually only after repeated attempts to bring the student back to a greater understanding of what it means to work, and live with others, in a cooperative, loving, and respectful environment. However, in some cases the student may commit an act that will not allow EVAS the opportunity to enact such forms of redemptive discipline (see above, no tolerance clause). In these cases disciplinary action will be swift and final.

If you have read and understand the above statements, and further agree to abide by them, please sign and date below.

Print Student's Name: _____

Print Parent/Guardian's Name: _____

Sign: _____

Date: _____



Uniform Policy & Dress Code

East Valley Adventist School strives to be an institution that upholds the highest Christian standards of modesty in dress. We believe that our attire should be worthy of the God we serve and should exemplify the ideals of a healthy Christian. Furthermore, we believe that students should be free from having to worry about fashion and the distractions that come from such pursuits (whether they have or don't have the "right" style, if they can afford or cannot afford what is in vogue, etc.). Finally, we believe that our attire should help to create an atmosphere of learning, respectability and high standards, preparing for service to mankind and for the professional environments that they will one day be a part of.

In order to help us reach our goals in standards of dress and presentation, EVAS has implemented the following Uniform Policy and Dress Code:

1. Individuals enrolled in EVAS and their parents will agree that students may only wear uniforms that have been approved by the school and may only purchase them from the company that the school has contracted with.
 - A. Parents and students agree to accept the disciplinary actions (including possible fines) that may result from not complying with the uniform policy.
 - B. Parents and students agree that EVAS has the right to enforce its Uniform Policy and Dress Code.
2. Individuals enrolled in EVAS and their parents will agree that students will wear the correct uniform on the required days and special occasions. This applies, but is not limited to, Chapel Days, school field trips, special events/presentations, and physical education class for Grades 5-8.
3. Individuals enrolled in EVAS and their parents will agree that students will not use jewelry or anything that would resemble jewelry (wrist bands, ankle bands, etc.) at school or during any school-sponsored activity (field trips, church visitations, special presentations, etc.)
4. In an effort to maintain modesty and age appropriateness, students will agree to not use fingernail polish or makeup.
5. Individuals enrolled in EVAS and their parents will agree that students should maintain good personal hygiene and proper grooming. This includes, but is not limited to, regular bathing, combed/brushed hair, neat/clean fingernails (clipped to a proper length), washed face and hands and fresh clothes.

6. Due to safety and insurance liability issues, students are not allowed to wear open-toed footwear, shoes that have no heel or shoes that have open slots or that do not cover the entire foot.

7. Individuals enrolled in EVAS and their parents will agree that ***Free Dress Days*** does not imply that there is no dress code. Clothes should continue to be to the standards of the dress code, exemplifying the same high principles that have already been expressed. This includes, but is not limited to, shirts with writing, logos, designs, and so on, that are deemed to be inappropriate and/or not exemplifying the standards/beliefs of our institution. Also, clothes that are either too loose fitting (baggy pants, sagging waistline), too tight fitting, shirts that are not full length covering the midriff, tank top shirts, etc., are all examples of what is not acceptable as free dress wear.

8. Individuals enrolled in EVAS and their parents will agree that the enforcement of this policy is subjective and under the criteria of the Administration, Faculty and the EVAS School Board. Also, that the school has the right to enforce or create rules regarding the *Uniform Policy and Dress Code* as the need may arise.

Individuals enrolled in EVAS and their parents will agree to accept and abide by the rules specified in the ***Uniform Policy and Dress Code***. Parents should sign below, stating that you have and agree to abide by the rules stipulated.

Print Student's Name: _____ Grade: _____

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____
(If there are two legal guardians of a child, both must sign.)

**Students from Grades 5-8 must also sign showing that they read, understood and promise to abide by the uniform policy.*

Student Signature: _____



EAST VALLEY ADVENTIST SCHOOL

List of Persons Authorized to Provide Rides to My Student Lista de Personas Autorizadas para Transportar a Mi Alumno 2017-2018

Student Name/Nombre de Alumno _____ Grade/Grado _____

**The following persons are authorized to give a ride to my student:
Las siguientes personas están autorizadas para transportar a mi alumno:**

Name/Nombre _____ Phone/Teléfono: _____

Relationship to the student/Relación al alumno: _____

Name/Nombre _____ Phone/Teléfono: _____

Relationship to the student/Relación al alumno: _____

Name/Nombre _____ Phone/Teléfono: _____

Relationship to the student/Relación al alumno: _____

Name/Nombre _____ Phone/Teléfono: _____

Relationship to the student/Relación al alumno: _____

Name/Nombre _____ Phone/Teléfono: _____

Relationship to the student/Relación al alumno: _____

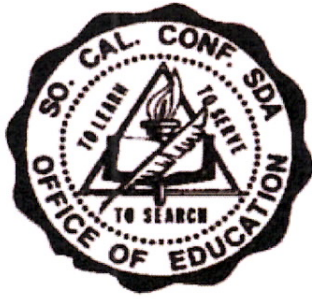
PLEASE NOTE THAT IF A PERSON NOT NAMED ON THIS LIST COMES TO PICK UP YOUR STUDENT, EVAS IS NOT AUTHORIZED TO RELEASE YOUR CHILD TO THAT PERSON.

POR FAVOR TOMEN EN CUENTA QUE SI UNA PERSONA QUE NO ESTA NOMBRADA EN ESTA LISTA VIENE A RECOGER A SU ALUMNO, EVAS NO ESTA AUTORIZADA PARA ENTREGAR A SU ALUMNO A ESA PERSONA.

Mother's Signature/Firma de Mama _____ Date/Fecha _____

Father's Signature/Firma de Papa _____ Date/Fecha _____

Guardian's Signature/Firma de Guardian: _____ Date/Fecha _____



Southern California Conference Schools
OFFICE OF EDUCATION

PHOTOGRAPHIC MODEL RELEASE

STUDENT NAME: _____ GRADUATION YEAR: _____

The undersigned hereby declares that he/she understands that Southern California Conference has taken, or will take his/her photograph(s) and/or video(s) during the course of his/her enrollment at his/her school. The photograph(s) and/or video(s) will be used by the conference for its own educational and public relations purposes, including but not limited to its internet web site and additional promotional brochures and materials.

The Southern California Conference shall retain the negative(s), positive(s), digital image(s), video(s), or any other format of said photograph(s) and/or video(s) as its own property.

Furthermore, the undersigned consents to the use of said photograph(s) and/or video(s) and any format of them prior to their use.

If the undersigned is under the age of eighteen (18), his/her parent or legal guardian has read and understands the foregoing and consents to all the terms herein.

Student Signature

Date

The student/model is under the age of eighteen (18) and the undersigned is his/her parent or legal guardian and approves and consents to all of the foregoing.

Parent/Guardian Signature

Date