

Redding Adventist Academy

Name _____

Student Application

Grade _____

Grades K-12

2008/2009

The Christian School that Feels like Family

1356 East Cypress Avenue, Redding, CA 96002 Phone (530) 222-1018 Fax (530) 222-4260

Office Use Only

Date Initial			New	<input type="checkbox"/>	Accepted	<input type="checkbox"/>
Application Rec'd	<input type="checkbox"/>	<input type="checkbox"/>	Returning	<input type="checkbox"/>	Denied	<input type="checkbox"/>
Physical (Entry,7)	<input type="checkbox"/>	<input type="checkbox"/>	Birth Cert.	<input type="checkbox"/>	Date	<input type="checkbox"/>
Immunizations Rec'd	<input type="checkbox"/>	<input type="checkbox"/>	CUM File Req.	<input type="checkbox"/>	Date	<input type="checkbox"/>
New Student Interview	<input type="checkbox"/>	<input type="checkbox"/>				
Entrance Test	<input type="checkbox"/>	<input type="checkbox"/>				

Student Information

Last Name	First	Middle	Name Used	Male <input type="checkbox"/>	Female <input type="checkbox"/>	grade
Street/P.O. Box			City	State		Zip
Birthdate	Birthplace	Citizenship	Social Security	Home Phone ()		
Prominent Ethnic Background (For Statistical Purposes Only)		<input type="checkbox"/> American Indian/Alaskan	<input type="checkbox"/> Black	<input type="checkbox"/> Caucasian		Cell Phone/ Pager ()
		<input type="checkbox"/> Asian/ Pacific Islander	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other _____		
Has the student ever been recommended for a special or gifted education program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: when, where, what kind and by whom:				Do not publish in school directory: <input type="checkbox"/> address <input type="checkbox"/> ph Put our cell #'s in directory () ()		
School attended last year	Address (if not RAA)		Phone (if not RAA)	Grade level last year		
Student living with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Grandfather/Grandmother <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Other (If other please explain:						

Parent/Guardian Information

Father's last name	First	Address	City	State	Zip
Home Phone ()	Occupation	Employer	Work Phone ()	Living Together? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Divorced <input type="checkbox"/> Sep.	
Mother's Last Name	First	Address	City	State	Zip
Home Phone ()	Occupation	Employer	Work Phone ()	Living Together? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Divorced <input type="checkbox"/> Sep.	
Other Parent/Guardian Last Name	First	Address	City	State	Zip
Home Phone ()	Occupation	Employer	Work Phone ()	Living Together? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Divorced <input type="checkbox"/> Sep.	
Father's <input type="checkbox"/> Beeper/Pager <input type="checkbox"/> Cell ()	Mother's <input type="checkbox"/> Beeper/Pager <input type="checkbox"/> Cell ()		Other Parent's <input type="checkbox"/> Beeper/Pager <input type="checkbox"/> Cell		

Church Affiliation

Church Denomination (Student)	Church where membership is held	Baptized <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date of baptism:
Church Denomination (Father)	Church where membership is held	Baptized <input type="checkbox"/> Yes <input type="checkbox"/> No	
Church Denomination (Mother)	Church where membership is held	Baptized <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please Continue On Other Side →

General and Financial Information

Name of other child attending Redding Adventist Academy:	Grade	Name of other child attending Redding Adventist Academy:	Grade
Name of other child attending Redding Adventist Academy:	Grade	Name of other child attending Redding Adventist Academy:	Grade
Do you have an unpaid account at another SDA school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name and address of school:			
Who is financially responsible for this account? <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other		Split Bill: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
Billing Address	City	State	Zip Phone ()
Is student sponsored by an Adventist church member? <input type="checkbox"/> Yes <input type="checkbox"/> No			

We the undersigned, pledge to uphold the policies and principles as outlined in the current Redding Adventist Academy student bulletin, and to accept full financial responsibility according to the published financial policies and contract. To the best of our knowledge, the questions on this application are answered completely and truthfully.

Student Signature

Father/Guardian Signature

Mother/Guardian signature

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Release Of Liability & Assumption Of Risk Agreement (Extra-Curricular Activities)

In conjunction with the NORTHERN CALIFORNIA CONFERENCE OF SEVENTH-DAY ADVENTISTS (“NCC”) and its affiliated organizations, the *Redding Adventist Academy* (hereinafter the “*Academy*”) offers to its students, their parents and/or guardians, a number of interesting and exciting indoor and outdoor extra-curricular activities both on and off campus. These include after-school sports programs, camping, mission trips, boating, hiking, biking, caving, skating, skiing & snowboarding, snorkeling, swimming, fishing, rock climbing, student club trips and activities, social events, crafts and others. Extra-curricular activities are school sponsored activities that are not a required part of the regular school curriculum for which a student attendance is voluntary but which are planned and intended to enhance the educational experience and development of our students. While we strive to make each of our activities as safe as possible, many of these activities will still have their own inherent dangers and risks of injury or even death that cannot be completely eliminated even when well-planned and supervised.

When a participant agrees to engage in extra-curricular school activities, it is the responsibility of the participant and, if the participant is under 18, his or her parent or guardian, to know their own physical limitations, learn safe techniques and to learn proper use and limitations of each piece of equipment, if any, used in such activities. A participant should only agree to participate in an activity after taking the time to become familiar with it and its associated risks. If you have any questions about any particular activity, its physical demands, the use of associated equipment or the inherent risks associated with that activity, PLEASE contact an instructor or supervisor before agreeing to participate.

I, _____ (Print name of participant or parent/guardian if under 18) am aware that participation in the activities offered by the NORTHERN CALIFORNIA CONFERENCE OF SEVENTH-DAY ADVENTISTS (“NCC”), its affiliated organizations and/or the *School*, has inherent risks of injury and even death. Participation in these activities is voluntary and I consent to participation with the knowledge of the risks involved. In consideration of said participation, I, individually and/or on behalf of my child, agree to assume the risks of participation, and to release and discharge the NORTHERN CALIFORNIA CONFERENCE OF SEVENTH-DAY ADVENTISTS, its affiliated organizations, and/or the *School*, unless such injury is the result of the intentional wrongful act or gross negligence of the NORTHERN CALIFORNIA CONFERENCE OF SEVENTH-DAY ADVENTISTS, its affiliated organizations and/or the *School*, or their employees, officers, directors, members, or agents.

By signing below, I acknowledge that I have CAREFULLY read, understand and agree to be bound to the above. I also understand that this agreement DOES NOT AFFECT COVERAGE FOR MEDICAL EXPENSES THAT WOULD OTHERWISE BE COVERED BY THE *School's* Student Accident Insurance policy. (*Please refer to the Student Accident Insurance booklet for specific coverage information and limitations.*)

Date: -----

Signature: _____

(Participant)

Signature: _____

(Parent/Guardian, if under 18)

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Confidential Account Information

Person(s) accepting responsibility for this account:

Name: (1) _____

(2) _____

Current Mailing Address(s):

1 _____

Street or P.O. Box

City

State

Zip Code

2 _____

Street or P.O. Box

City

State

Zip code

Home Phone: (1) _____ Work Phone: (1) _____

(2) _____ Work Phone: (2) _____

Current Physical Address: (1) _____

(If different from above)

(2) _____

I agree to accept financial responsibility for: (Student Name(s))

_____, _____, _____,

_____, _____, _____,

I agree to keep my account current according to Redding Adventist Academy established guidelines. In the event that this account becomes delinquent I understand it is my responsibility to make arrangements with RAA administration.

Signature(s) of Applicants(s): _____ Date: _____

_____ Date: _____

RAA Directory Information

2008-2009

Please fill in all information that we can publish in our *School Directory* for 2008-2009
(If you do not want the information in the Directory leave it blank.)

Father's Name			
Address	City	State	Zip Code
Home Phone	Cell Phone	Pager	

Mother's Name			
Address	City	State	Zip Code
Home Phone	Cell Phone	Pager	

Students' Name	Grade	Cell Phone
1		
2		
3		
4		
5		

Comments:

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Tylenol Permission Form

I authorize RAA to administer Tylenol or other non-prescription pain reliever (please specify) _____ to my child if there is a legitimate need.

Name of Pain reliever preferred other than Tylenol

Student Name _____ Grade _____

By signing below I (we) accept full responsibility for any adverse reaction my (our) child may have to Tylenol or any other specified (above) pain reliever. I (we) agree to hold Redding Adventist Academy free and harmless for all losses, expenses, damages, and costs that may be incurred as a result of RAA providing pain reliever to above named student.

Signed, _____ Parent or Guardian Signature (1)

Signed, _____ Parent or Guardian Signature (2)

Special Instructions:

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 _____

_____ Social Security Number _____

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"/> 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 a 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

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

*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*

Name: _____ Height: _____ Weight: _____ Blood Pressure: _____

	Normal	Abnormal	Not Examined	
Skin				<div style="text-align: center; font-weight: bold;">Explain Abnormalities</div> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Eyes, vision, glasses				
Nose and throat				
Mouth, teeth, speech				
Glands				
Chest, lungs				
Cardiovascular, heart				
Abdomen, enlargement				
tenderness				
hernia				
Spine, back				
Scoliosis for Grade 7				
Posture				
Extremities				
Genitourinary				
Nervous System, reflexes				

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, and d) at other grades, when required by the Conference Board of Education.

Emergency Information

Name of Physician	Physician's Office, Clinic, or Hospital	Physician's Phone ()
Insurance Carrier	Policy Number or insured Social Security	Insurance Phone ()
Contact person when parent is not available:	Relationship	Phone ()
Please indicate any allergies	Please indicate any medications	Please indicate any medical problems

In the event of sudden illness or accident requiring attention, I hereby authorize Redding Adventist Academy to administer first aid, and if necessary, take my child to an emergency care facility, indicated by my signature below.

Authorized Student Release

In the event of illness, or major disaster that causes structural damage to Redding Adventist Academy (such as earthquake, fire, or explosion, or for any other reason someone other than the parent/guardian is not able to pick up their child, student(s) will be released to authorized individuals ONLY. There will be no EXCEPTIONS. Please indicate the names of all adults (18 years or older) other than yourself who are authorized to sign for release of your child.

- | | | |
|----------|-----------------|----------------------|
| 1. _____ | Phone () _____ | Pager/Cell () _____ |
| 2. _____ | Phone () _____ | Pager/Cell () _____ |
| 3. _____ | Phone () _____ | Pager/Cell () _____ |
| 4. _____ | Phone () _____ | Pager/Cell () _____ |
| 5. _____ | Phone () _____ | Pager/Cell () _____ |

Parent/Guardian Signature _____ Date _____

Grade _____

Redding Adventist Academy
**** Release and Authorization**
Use of Personal Photograph or Likeness

The undersigned hereby consents to the use of their minor child's photograph, digital image, or other likeness by Redding Adventist Academy and the northern California Conference of Seventh-Day Adventists, for the following uses:

- | | | |
|---|---------|--------|
| 1. RAA Yearbook or similar document | ___ Yes | ___ No |
| 2. RAA Web Site | ___ Yes | ___ No |
| 3. Student Web Site produced as part of the curriculum | ___ Yes | ___ No |
| 4. RAA Brochures/Advertising | ___ Yes | ___ No |
| 5. RAA News Articles, Television, or Other Publications | ___ Yes | ___ No |
| 6. RAA Calendar/Handbook | ___ Yes | ___ No |

This Release and Authorization may be revoked at any time by delivery of a dated written request to the Redding Adventist Academy Office.

The undersigned hereby acknowledges that California State Law provides for the claims and legal remedies for the unauthorized use of any person's photograph for commercial purposes, and hereby knowingly releases and waives any and all claims for damages sustained by the undersigned, or minor child of the undersigned, of any kind including those provided under California Civil Code.

Authorization of Parent or Guardian

Parent or Legal Guardian of _____
Please Print Name of Student

Parent/Guardian _____ Signature _____ Date _____
Print Name

Name of Student) _____ Signature _____ Date _____
(if 18 or older) Please Print

** Public events, such as but not limited to sporting events and musical or drama performances, may be covered by the news media. Public airing of such is not under the control of Redding Adventist Academy. This document does not limit or prevent such airing. Attendance or participation at such events inherently exposes individuals to such public airing.

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ASSIST MY DAUGHTER'S/SON'S CLASS

Please indicate below the areas you would be willing to assist your student's class. Please return this form with your registration packet. You will be contacted by the teacher.

_____ Coordinator for Field Trip Drivers

_____ Field Trip Driver

_____ Hot Lunch - Each grade uses the hot lunch as a fund raiser for class activities, and depends on parental help to buy the food, fix it, and serve it. **Which day(s) of the week would you be able to help with hot lunch?** Please Circle: M T W TH

_____ Class Parties

_____ Would consider serving as the designated Class Parent

PARENT/GUARDIAN NAME: _____

PHONE NUMBER(S): _____

DAYS OF WEEK IS BEST FOR YOU: _____

STUDENTS NAME: _____

GRADE: _____ (One form per grade please)