



For Office Use Only
Date Received _____
Received By _____

**Re-Enrollment Student Application** *This form is to be completed by the applicant, parent(s) or guardian(s). \*All applications will be submitted to the admissions committee for review.*

Date of Application \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

**GENERAL INFORMATION**

Full Legal Name of Student: \_\_\_\_\_ Preferred Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Student Cell #: \_\_\_\_\_ Student E-mail: \_\_\_\_\_

**CHURCH INFORMATION** *(only complete if information is different from last year)*

Are you a member of a church? (circle one) YES NO Church where membership is held \_\_\_\_\_

Have you been baptized? YES NO Pastor: \_\_\_\_\_

**MOTHER'S INFORMATION** *(Only complete address information if different from last year)*

Mother's First Name \_\_\_\_\_ Mother's Last Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Mother's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

**FATHER'S INFORMATION** *(only complete address information if different from last year)*

Father's First Name \_\_\_\_\_ Father's Last Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Father's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

**OTHER GUARDIAN'S INFORMATION** *(only complete address information if different from last year)*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

**FAMILY INFORMATION** (circle all that apply):

Applicant lives with:	MOTHER	FATHER	GUARDIAN
Person responsible for tuition:	MOTHER	FATHER	GUARDIAN

**ACCEPTABLE INTERNET USE POLICY**

Sandia View Academy of the Seventh-day Adventist education system is pleased to offer their students access to a computer network for electronic mail and the Internet. To gain access to email and the Internet, both parent and student must sign and return this form to the school.

The Internet is a powerful resource for expanding the education experience of each student. Access to email and the Internet will enable students to explore thousands of libraries, databases and bulletin boards while exchanging messages with Internet users throughout the world. Unfortunately, it is true that some material accessible via the Internet may contain items that are illegal, defamatory, inaccurate or offensive. We believe, however, that the benefits to students in the form of information resources and opportunities for collaboration exceed any disadvantages and therefore, support the school's choosing to make the Internet available to our students. But because ultimately, parents and guardians are responsible for setting and conveying the standards that their children should follow when using media and information sources, we respect each family's right to decide whether or not to apply for access for their student while at SVA.

Since the network is provided for students to conduct research and communicate with others, access is given to students who agree to act in a considerate and responsible manner. Parental permission is required. **Access to our Internet is a privilege-not a right.** Access entails responsibility.

Students are responsible for Christian behavior and communication on the school computer network, just as they are anywhere on the school campus. It is presumed that users will comply with school standards and will honor the agreements they have signed. The school takes very seriously the responsibility for appropriate use of the network. School staff will guide students toward resources acceptable within the framework of the general school standards. If a student should access inappropriate material, the school will not be liable and the student will forfeit network privileges at this institution.

Computer storage files will be treated like school lockers. School staff may review files and communication to maintain system integrity and insure that users are using the system responsibly.

Students will adhere to Christian principles and will:

- be responsible and courteous in all communications utilizing technology,
- be responsible with all computer hardware and software,
- keep their passwords to themselves,
- respect the confidentiality of folders, work and files of others,
- learn about and observe copyright laws.

Any activity not in accordance with these general rules may result in a loss of access as well as other disciplinary or legal action.

As a user of the school's computer network, I agree to comply with the above stated rules (on the front) – communicating over the network in a reliable fashion while honoring all relevant laws and restrictions.

**Student Signature** \_\_\_\_\_

As the parent or legal guardian of the student signing above, I grant permission for my son, daughter or legal charge to access networked computer services such as electronic mail and the Internet. I understand the individuals and families may be held liable for any inappropriate behavior. I understand that some materials on the Internet may be objectionable, but I accept responsibility to work with the school in guidance of Internet use-setting and conveying standards for my child to follow when selecting, sharing or exploring information and media.

**Parent or Legal Guardian** \_\_\_\_\_

**YEARLY ABSETOS NOTIFICATION**

Subject: Required Notification to Parents, Teachers, and Employees (Method of Distribution: Handed to Parents)

The inspection and management plan for Asbestos-Containing-Building-Materials (ACBM) required by the Federal Asbestos Hazard Emergency Response Act (AHERA) has been performed for this school. The management plan has been submitted to the state for review and approval. A copy is on file at the school office and is available for public inspection upon reasonable notice. If desired, a copy of the plan may be obtained upon payment of a reasonable reproduction cost.

**Parent Signature** \_\_\_\_\_

**PHOTO RELEASE**

The undersigned hereby consents that any illustrations, photographs, reproductions, quotations, or the like made by SVA may be used for educational, instructional, or advertising purposes, including on the yearbook, newspaper, social media, website or for promotional purposes (school marketing brochures, handouts, etc..) without further permission or consideration of the undersigned.

Please mark one of the following:

\_\_\_\_\_ I give permission to use the name and/or pictures of student in SVA publications and all promotional and newsletter publications either in print or electronic formats.

\_\_\_\_\_ I do not want pictures or names of the student used in any SVA publications and all promotional and newsletter publications either in print or electronic formats.

**Parent or Legal Guardian Signature:** \_\_\_\_\_

**COMMUNITY SERVICE PERMISSION FORM**

We want students to discover their passion for ministry and engage in acts of service. Sandia View Academy participates in community service programs throughout the school year. Students are required to earn 25 hours of community service each year and this gives us the opportunity to help them with their hours and expand their community service experience.

The undersigned hereby consents that the student has permission to leave campus with a school sponsor and participate in community service throughout the school year without further permission or consideration of the undersigned.

**Parent or Legal Guardian Signature:** \_\_\_\_\_

**HANDBOOK ACKNOWLEDGEMENT**

I have read the student handbook and agree with and recognize the importance of highly rigorous academics to both myself and to my community and have been given the opportunity to ask questions concerning information stated within the Student Handbook. I also recognize my own responsibility to help make SVA such a school, and therefore commit myself to do everything in my power.

Parents agree to actively support SVA's academically rigorous program and high behavioral standards. Monitor my student's schoolwork regularly, encouraging him/her to produce high quality work. Maintain a supportive environment during homework and study times. Support my student in her/his strive to exhibit SVA's KNIGHT's CODE of CONDUCT. Maintain regular communication with teachers and administrators regarding my student's progress. Participate in school activities whenever possible. Ensure that my student arrives at school punctually and without fail every day, unless disabled or sick.

**Student Signature:** \_\_\_\_\_ **Parent/Guardian Signature:** \_\_\_\_\_

**DROP OFF AND PICK-UP AUTHORIZATION FORM**

NO ONE WILL BE PERMITTED TO PICK UP OUR CHILD IF THEIR NAME IS NOT LISTED BELOW. MAKE SURE YOU LIST ALL ADULTS EVEN IF YOU RESIDE IN THE SAME HOUSEHOLD.

THE FOLLOWING ADULTS ARE AUTHORIZED TO PICK UP MY CHILD FROM SCHOOL

**Parent/Guardian (Please Print):** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Parent/Guardian (Please Print):** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

PERSONS OTHER THAN PARENT/GUARDIAN AUTHORIZED TO PICK-UP AND/OR DROP OFF STUDENT

**Name (Please Print):** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Name (Please Print):** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Name (Please Print):** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**OVER THE COUNTER MEDICATION RELEASE FORM**

The staff of Sandia View Academy will not be able to administer any medications to your student without this form being signed. Please mark each medication that the staff can administer as directed on the medication label.

I authorize SVA to provide (when it is necessary) my child: \_\_\_\_\_ with the following non-prescription medication (Please check all approved):

1. Advil		5. Pepto-Bismol	
2. Tylenol		6. Benadryl Allergy	
3. Aspirin		7. Charcoal	
4. Ibuprofen		8. Hydrocortisone Cream	

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**STUDENT MEDICAL RECORD**

Name of Student \_\_\_\_\_ Birth Date \_\_\_\_\_

Physical Address: \_\_\_\_\_

Name of Father: \_\_\_\_\_ Name of Mother: \_\_\_\_\_

**HISTORY** (Please indicate any past or current allergies, illnesses, or physical problems):

Allergies:	Illnesses		Physical/Development
<input type="checkbox"/> Asthma	<input type="checkbox"/> Cancer	<input type="checkbox"/> Measles	<input type="checkbox"/> Hearing problems
<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Heart problems
<input type="checkbox"/> Insect Bites	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Scarlet Fever	<input type="checkbox"/> Learning problems
<input type="checkbox"/> Penicillin	<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Speech problems
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Whooping Cough	<input type="checkbox"/> Vision problems
	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Other: _____	

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

**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
- ❖ Certificate of Exemption From School/DayCare Immunization Requirements (NM Dept. of Health form, completed)

**CONSENT FOR MEDICAL TREATMENT**

*This form must be filled out at the beginning of each school year to cover the activities for the school year.*

Only designated staff will have access to the completed form.

Student's Name: \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address \_\_\_\_\_ Gender: \_\_\_\_\_

**In The Event of An Emergency**

Please indicate person to contact in order of preference

- 1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_
- 2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_
- 3. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Mother (Guardian):** \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Father (Guardian):** \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Physician and Medical Information**

Family Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ Allergies to Medications: \_\_\_\_\_

Chronic Medical Problems: \_\_\_\_\_

Current Medications: \_\_\_\_\_

In the event that an accident occurs or a medical problem arises in which my child must receive immediate treatment while at school or on a school sponsored trip, I, the undersigned parent/guardian of the above name minor, do hereby consent to any x-ray examination, immunization, anesthetic, medical, or surgical diagnosis or treatment and hospital service that may be required to aid the minor under the general or specific instruction of a physician.

It is further understood that this consent is given in advance of any specific diagnosis or treatment that might be required and is given to authorize Sandia View Academy or the physician to exercise their best judgement as to the requirements of such diagnosis or treatment.

I hereby authorize any hospital, physician or other person who has attended or examined the minor to furnish the insurance service or its representative, with any and all information with respect to any illness, medical history, consultation, prescription or treatment, and copies of all hospital or medical records. This authorization is given pursuant to the local state Civil Code. This consent shall remain in continuous effect until revoked in writing. A photography of this authorization shall be considered as effective and valid as the original.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**\*\*ATTACH COPY OF HEALTH INSURANCE INFORMATION \*\***

School Insurance is Secondary Accident Insurance – Not Health Insurance