



"I can do all things through Christ who strengthens me." *Philippians 4:13*

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**ENROLLMENT APPLICATION**

**STUDENT'S INFORMATION** **DATE:**

Student's Name:		
Date of birth:	Place of Birth:	SSN:
Current address:		
City:	State:	ZIP Code:
Grade Entering:	Baptized SDA: Yes <input type="radio"/> No <input type="radio"/> When:	Student's Church:

**EMERGENCY CONTACT**

Special Medical / Educational Needs:		
Contact's Name:	Relation:	Phone:
Contact's Name:	Relation:	Phone:
Contact's Name:	Relation:	Phone:
Family Physician:		Phone:

**RELIGIOUS INFORMATION**

Baptized SDA: Yes <input type="radio"/> No <input type="radio"/>	Baptized When:
If no is checked, Student's Religious Affiliation:	
Student's Church:	

**FAMILY INFORMATION**

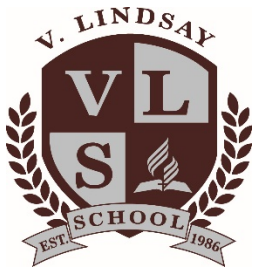
Number of Older Siblings:		Number of Younger Siblings:	
	Father (*)	Mother (*)	Guardian (*)
Full Name			
Address if different			
Church Affiliation			
Occupation			
Work Phone			
Home Phone			
Cell Phone			
Email Address			

\* Please use these symbols to indicate if: Deceased (X), Separated (S), Divorced (D), or Foster Parent (F)

**SIGNATURES**

I authorize that the information provided on this form is up to date and accurate, to the best of my knowledge.

Signature of applicant:	Date:
Signature of spouse <i>(only if for a joint membership)</i> :	Date:



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**EMERGENCY FORM**

In order to meet all legal requirements, I hereby authorize \_\_\_\_\_

Who is/are representative of \_\_\_\_\_

To give consent for any and all necessary emergency care for my child \_\_\_\_\_

While said is in said individual's custody between the dates \_\_\_\_\_ 20\_\_ and \_\_\_\_\_ 20\_\_.

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

Witness Signature: \_\_\_\_\_

**State of Kansas**

County of: \_\_\_\_\_

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_

Known to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purpose therein expressed.

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_

Notary Public and for \_\_\_\_\_ County, Kansas

My commission expires \_\_\_\_\_

(Seal)



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Dear Parents,

The following items are necessary to complete your child's file:

<b>Forms Needed</b>	<b>Requirements</b>
	Emergency Form <b>(MUST BE NOTARIZED)</b>
	Enrollment Application
	Registration Form
	Photo Release Form
	Internet Usage Form
	Permission to Pick up Form
	Student Pledge Form
	School/Parent Compact
	School Record Transfer Form
	Medical Exam Form <b>(MUST HAVE DOCTOR'S SIGNATURE)</b>
	Immunization Form
	Birth Certificate

Thank you for your cooperation.

Sincerely,

Jazmyne Damon  
Principal  
V. Lindsay SDA School  
(913) 342-4435



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**MEDICAL EXAMINATION**

**STUDENT'S INFORMATION** **DATE:**

School Year: 20 to 20	Date of Birth:	Date Admitted:
Student Name:		
Parent's / Guardian Name:		
Address:	City/State/Zip:	
Home Phone:	Cell Phone:	
Business:	Business Phone:	

**FAMILY INFORMATION**

Number of Older Siblings	
Names of Children	Ages of Children

**PHYSICIAN AND INSURANCE**

Family Physician:	Phone:
Hospital Preference (for emergencies):	
Health Insurance: Yes <input type="radio"/> No <input type="radio"/>	Policy Name and Number:

**HEALTH QUESTIONNAIRE**

Allergies: Yes <input type="radio"/> No <input type="radio"/>	
Frequent sore throat/colds: Yes <input type="radio"/> No <input type="radio"/>	Explain:
Skin Problems: Yes <input type="radio"/> No <input type="radio"/>	Explain:
Earaches: Yes <input type="radio"/> No <input type="radio"/>	Explain:
Other: Yes <input type="radio"/> No <input type="radio"/>	Explain:
List childhood diseases or illnesses:	
Any major changes at home that might affect your child:	
Please provide any special information that would help us care for your child:	



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**MEDICAL EXAMINATION CONT'D**

**STUDENT'S NAME: \_\_\_\_\_ HEALTH QUESTIONNAIRE**

Immunizations: (Please give dates for all immunizations as indicated below)

DTP and/or DT	Month/year
Oral Polio	Month/year
M-R	Month/year
Rubella (German Measles)	Month/year
Mumps	Month/year
HIB (Hernophilus Infla, B) Recommended for children 18mo-5 years	Month/year
Other	Month/year

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

**HEALTH HISTORY**

Allergies: \_\_\_\_\_

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

Nutritional Status: \_\_\_\_\_

**PHYSICAL EXAM**

Height:	Weight:
Head:	Abdomen:
EENT:	GU:
Teeth:	Skeletal:
Heart:	Neurological:
Lungs:	GYN:

**SCREENING TEST (Dates & Results)**

Vision:	Results:
Hearing:	Results:
Speech:	Results:
DDST:	Results:
TBC Test:	Results:
Sickle Cell:	Results:
UA:	Results:
Other:	Results:



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**MEDICAL EXAMINATION CONT'D**

**STUDENT'S NAME:**

**EXAMINATION DIAGNOSIS AND RECOMMENDATIONS**

Diagnosis:

Recommendation:

Do you see this child for regular health supervision: YES  NO

**SIGNATURES**

Signature of Physician:

Date:



## School-Parent Compact

I, the undersigned parent of \_\_\_\_\_, a student at V. Lindsay SDA School in the Central States Conference, understand the importance of **Parents Involved in Education.**

I agree to actively contribute to the education of my child by:

1. Spending at least 1 hour per quarter (4 hours for the entire year) or pay a \$40 non-participation fee. This fee can be paid in advance if you are not able to volunteer.
2. Participating in fall and spring Parent Conferences.
3. Monitoring my child's progress through school and homework assignments.
4. Supporting the efforts of my child and the school

I hereby pledge my commitment to helping my child succeed.

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

Faculty and Staff Commitment Compact:

1. We pledge to instruct your child in a safe and orderly environment conducive to learning.
2. We Pledge to set high academic standards and expectation while motivating your child to be successful.
3. We pledge to provide ongoing communication with parents regarding student progress.
4. We understand that children learn differently and will strive to address the individual needs of students to the best of our ability.
5. We welcome full participation in the classroom and school by parents.

We hereby pledge our commitment to helping your child succeed.

\_\_\_\_\_  
Classroom Teacher

\_\_\_\_\_  
Principal

***"If everyone is moving forward together, then success takes care of itself."***  
***Henry Ford***



**PHOTO RELEASE FORM**

I hereby consent and authorize V. Lindsay Seventh-Day Adventist School or its assigns to use my name and/or the names of my family members who are minors, as listed below, as well as my likeness, photos, videos, and other information (or that of family members who are minors) for the purpose of school news releases, publicity, advertising, publication, or distribution as V. Lindsay SDA School deems appropriate.

I further release V. Lindsay SDA School from all liability in connection with all such uses.

Additional comments (if any): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated on this \_\_\_\_ day of \_\_\_\_\_ 20\_\_.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Additional minor family members to whom this release applies:

\_\_\_\_\_  
\_\_\_\_\_

Witness:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





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**PICK-UP PERMISSION FORM**

I/We \_\_\_\_\_ give my/our permission, for my child/ren  
\_\_\_\_\_ to be picked up from V. Lindsay SDA  
School by the following people.

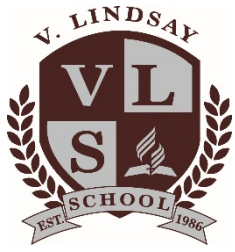
Name	Telephone	Relationship

Please list persons to contact in case of emergency.

Name	Telephone	Email

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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### REGISTRAR FORM

**TODAY'S DATE:**

Student Name:

Age:

Enrolling into Grade:

Home address:

City/State:

Zip Code:

Home Phone:

**PARENT INFORMATION****Father's Name:**

Work Phone:

Cell Phone:

Fathers Email:

Father's Occupation:

Address (if different):

City/State:

ZIP Code:

Home phone (if different):

Father's Employer:

Occupation:

Employer Address:

Phone:

**Mother's Name**

Work Phone:

Cell Phone:

Mother's Email:

Address (is different):

City/State

Zip Code:

Home phone (if different):

Mother's Employer:

Occupation:

Employer Address:

Phone:

**PREVIOUS SCHOOL INFORMATION**

Name of Last School:

Phone:

School's Address:

**TUITION RESPONSIBILITY**

Responsible Party's Name:

Phone:

Address:

City/State:

Zip Code:

**SIGNATURES**

I authorize that the information provided on this form is up to date and accurate, to the best of my knowledge.

Signature of applicant:

Date:

Signature of spouse

Date:

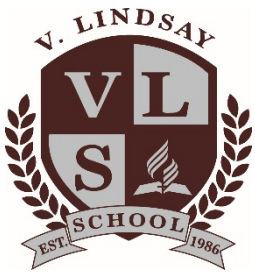


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## RELEASE OF RECORDS

THE RELEASE OF SCHOOL RECORDS OF:		
Student's Name:	Date of Birth	
Name of School Last attended:		
School Address:		
Requested by:		
Request Date:	Requestor's Name:	Requestor's Phone:
RELEASE OF RECORDS TO: FOR SCHOOL TRANSFER		
Requesting School: <b>V. Lindsay SDA School</b>		
Schools Address: <b>3310 Garfield Ave, Kansas City, Kansas 66104</b>		
<b>This record will include scholastic grades, standardized test scores, health records (i.e. Immunization records) psychological evaluations, activity records, special programs, and Special Education Records/IEP.</b>		
SIGNATURES		
<b>I hereby request these records be transferred under the rules and regulations of the Family Educational Rights and Privacy Act of 1974, Public Law 93-380.</b>		
**Signature of Student if of legal age. : _____ Date:		
_____		
Parent/Guardian Signature: _____ Date:		
_____		
Principal's Signature: _____ Date:		
_____		
Address: _____ City/State/Zip:		
_____		
<b>**School administrator should verify guardianship and state law relative to age for acceptance of student signatures without that parent/guardian.</b>		



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### V. LINDSAY STUDENT'S PLEDGE

It is mutually agreed that every student who presents him or herself for admission to this Seventh Day Adventist School, evidenced by the signing of this document, pledges to observe willingly all its regulations and to uphold the Christian principles upon which the school is operated. It is understood that to break this pledge may forfeit the student's right to remain in this school. It is also a part of the pledge that the student will willingly perform all of the duties assigned in connection with the school. **This means that all programs with which the school is involved, (evenings and weekends included) each student is expected to attend and participate.**

This student pledge is the corresponding pledge for each parent who enrolls his/her children and signs the application form included in the Enrollment Packet distributed by V. Lindsay SDA School.

I have read the V. Lindsay SDA School Handbook and I agree to abide by the rules and regulations therein.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

