

Applegate Adventist Junior Academy & PreSchool *Registration Forms*

4 Applegate Circle, Round Rock, TX 78665

Tel. - 1.512.388.7870

Website - aaja-tx.org

Email - aajatx@gmail.com





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REQUEST FOR STUDENT RECORDS

Date: _____

TO: _____

FROM: _____

Principal

Requesting School

Address

City

Zip

Please send the cumulative record folders for the following children who have enrolled at our school:

STUDENT'S NAME	BIRTHDATE	ENROLLED GRADE
_____	_____	_____
_____	_____	_____
_____	_____	_____

TO PARENT:

We have requested the above named school to send us the permanent record of _____.

This is to notify you of your right to receive a copy of the record and a right to a hearing to challenge the contents. Please contact the Southwest Region Conference Superintendent of Schools for instruction as to procedures to be followed if you wish to exercise your rights in relation to the above action.



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User Agreement and Parent Permission Form

As a user of the school's computer system, I agree to comply with the above-stated rules communicating over the internet in a reliable fashion while honoring all relevant laws and restrictions.

Student Printed Name: _____

Student's Signature: _____

Birth Date: _____

Grade: _____

As the parent or legal guardian of the above-named student, I grant permission for my son or daughter to access computer services such as electronic mail and the internet. I understand that 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 the guidance of Internet use, setting and conveying standards for my child to follow when selecting, sharing or exploring information and media.

Printed Name: _____

Parent Signature: _____

Date: _____

Street Address: _____

City, State, Zip Code: _____

Telephone: _____



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Office of Education Southwest Region Conference of Seventh-day Adventist
STUDENT PHOTO RELEASE

Grades PreK-8

I, _____ a student at **Applegate Adventist Junior Academy and PreSchool** and my parent or guardian, if I am a minor, hereby give permission to the School to use, copy, exhibit, publish, or distribute my photograph, image, and/or audio recording in official School business media, including, but not limited to, newsletters, web sites, compact discs, and all other forms of media. It is agreed that the use of my photograph, image, all/or audio recording shall in no way be used in any forum other than for official School business and shall be used according to the applicable policies of the Education Department of the Southwest Region Conference of Seventh-day Adventists.

For a good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I hereby grant to the School, its affiliates, successor and assigns, and those acting with its authority and permission, the irrevocable and unrestricted right and permission to copyright, in its own name or otherwise, and to use, re-use, publish, and re-publish photographs, images, and/or audio recordings of me, or in which it may be included, in whole, in part, in composite or in distortion in character or form, without restriction as to changes or alterations, in conjunction with my own or a fictitious name, or reproduction thereof in color or otherwise, including without limitation any claims for libel or invasion of privacy. I also consent to the use of any printed matter in conjunction therewith.

I hereby waive any right I may have to inspect or approve the finished product and the copy or other matter that may be used in connection therewith or the use to which it may be applied. I understand that I will receive no compensation for the use of my photograph, image or audio recording. I hereby release, acquit, and forever discharge the School, it's affiliates, successors and assigns, those acting with its authority and permission, from any and all demands, damages, causes of action, judgments, cost, and/or fees of whatsoever nature or character, past or future, known or unknown, whether in contract or in tort, whether for personal injuries or property damage arising in any way out of the use of my photograph, image or audio recording for official School business.

This Student Photo Release contains the entire agreement between the parties regarding the subject matter hereof, shall be interpreted under the laws of the State and shall be binding upon and inure to the benefit of the parties, successors, assigns, heirs, and representatives.



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If any provisions of this document should be invalid or unenforceable, the remaining provisions shall continue to be fully effective.

Executed on the _____ day of _____, 20_____.

Student: _____

I represent that I am the parent or guardian (circle one) of the above named student, and I hereby consent to the foregoing on his/her behalf.

Parent or Guardian: _____



Declination:

I hereby decline to grant permission for the Photo Release described above.

Student: _____

I represent that I am the parent or guardian (circle one) of the above named student, and I hereby decline to grant permission for the Photo Release described above.

Parent or Guardian: _____



SOUTHWEST REGION CONFERENCE OF SEVENTH-DAY ADVENTISTS
CONSENT TO TREATMENT

Student's Name: _____
Age: _____ Date of Birth: _____ Social Security Number: _____
Address: _____
Parent/Guardian's Name: _____
Father/Guardian _____
Mother/Guardian _____

Please describe allergies: _____
Date of last tetanus shot: _____

Please give the name of your local family medical information in case your son or daughter becomes ill or has an accident at school and you cannot be reached.

1. Family Physician: _____ Office Telephone: _____
Address: _____

2. Family Physician: _____ Office Telephone: _____
Address: _____

Hospital preference: _____

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 parent nor the family physician can be reached for consent, the parents hereby consent 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.

Parent's Signature: _____ Date: _____



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Parents Pick up and Drop off Form

NAME OF STUDENTS:

The following individuals have permission to pick up my child/children.

Mother: _____

Father: _____

Other: _____

Other: _____

Parent's Signature: _____ Date: _____



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Roster

Name: _____

Name of Child/Children: _____

Address: _____

Telephone: _____

Email Address: _____

Emergency Contact: _____