



Date Interviewed: _____
 Date Accepted: _____
 Grade Approved: _____

APPLICATION for ADMISSION 2015-2016

Student Social Security # _____ Grade applying for: _____

Student Legal Name _____
Last First Middle

Address _____
Street City State Zip

Name student goes by _____ Gender _____
Nickname

Birth date _____ Place of birth _____ Age _____
month / day / year

Check document submitted to verify birth date for child entering **Kindergarten or First Grade**:

- Birth certificate Notarized statement
- Hospital statement Passport or visa

Verified by School Official

Is this student sponsored by a Seventh-day Adventist church member? Yes No

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

If yes, date baptized _____ Church where membership is held _____

If student has another church affiliation, please specify _____

- Student lives with both parents Student lives with guardian
- Student lives with Mother Student lives with Father
- If the student lives with one parent, who has legal custody? Father Mother Other

If other, please specify: _____

Who is responsible for tuition payment? Both parents Father Mother Other*

* Name and mailing address of person *responsible for tuition payment*, **if not** Father or Mother: **(This person to sign the Financial Contract)**

Full names _____

Social Security Number _____ Employer _____

Address _____ City _____ State _____ Zip _____

Please turn over ➤



Father's Name _____
Last First Middle

Social Security # _____ E-mail _____ Occupation _____

Employer _____

Employer's address _____
Street City State Zip

Home ☎ _____ Work ☎ _____ Cellular ☎ _____

Home address Same as Student Different from Student – please provide below

Street City State Zip

Mother's Name _____
Last First Middle

Mother's Maiden Name _____ E-mail _____ Social Security # _____

Occupation _____ Employer _____

Employer's address _____
Street City State Zip

Home ☎ _____ Work ☎ _____ Cellular ☎ _____

Home address Same as Student Different from Student – please provide below

Street City State Zip

Brothers / Sisters of Student:

Name	Age	School Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all schools previously attended:

School	Telephone #	Dates Attended	Grade
_____	____-____-____	____/____ to ____/____	____
_____	____-____-____	____/____ to ____/____	____
_____	____-____-____	____/____ to ____/____	____

Please turn over ➤



Has this student been previously identified as qualifying for a **gifted education** program? Yes No

If yes, what kind? _____ When? _____

Where? _____ By whom? _____

Has this student been previously identified as qualifying for a **special education** program? Yes No

If yes, what kind? _____ When? _____

Where? _____ By whom? _____

Does the student have an **unpaid account** at another school? Yes No

If so, state where? _____

STUDENT CONTRACT:

I agree to uphold the school's regulations. I pledge to uphold the policies of the Hollister Seventh-day Adventist Christian School and will give my cooperation and loyalty to the school and its employees. I will live in harmony with the school's Christian principles.

Date

Student's Signature

PARENT/GUARDIAN CONTRACT:

I/We the undersigned, hereby agree to support school regulations and to help my/our child observe them, to supply physical examination reports for this student, a) entering this school for the first time, b) at first grade, c) at seventh grade (this should include the scoliosis examination), and d) when required by the Conference Board of Education; and to accept all financial and educational obligations for this student.

I/We, hereby agree that tuition is charged in 10 (ten) installments, beginning at registration time in August, through May. I/We further agree to the financial obligations and other stipulations as outlined in the current handbook, and as agreed to on the "Financial Contract." The school reserves the right to legal action for the collection of all fees and tuition, and I/we will be responsible for all costs of collection, including court expenses and reasonable attorney's fees.

Date

Father's Signature/Guardian's Signature

Date

Mother's Signature/Guardian's Signature



Family Name: _____

REFERENCE

How did your family hear about Hollister SDA Christian School?

- Internet
- San Benito County Fair
- Advertisement in newspaper _____
- Telephone Directory
 - TransWestern Publishing
 - South Valley
 - Yellow Pages
 - Other _____
- School Brochure
- Friend or Relative*
- Current Parent/Student of HSDACS*
- Other _____

*If you were referred by a friend/relative/current parent, please provide their full name and address:

Name: _____

Address: _____

Parent Name: _____

Please print



2015-2016
School Year

Student: _____

VOLUNTEER DRIVER (AUTO POLICY INFORMATION REQUIRED)

1. Name _____ Date of Birth _____

2. Driver's License Number _____ Expiration Date _____

3. **Driving History (last 3 years)**

Any traffic tickets? Yes No

If yes, please describe _____

Any accidents? Yes No

Any accidents your fault? Yes No

If yes to either of the above, please describe _____

4. Name of your insurance company _____

Policy Number _____ Effective dates _____ -- _____

5. **Limits of Coverage Required:**

Your Policy Limits

Office Use

A. Per Person/Bodily Injury (Minimum **\$15,000/\$30,000**) \$ _____

B. Property Damage Payments (Minimum **\$50,000**) \$ _____

C. Medical Payments (Minimum **\$5,000**) \$ _____

D. Uninsured Motorists \$ _____

6. Number of Passengers/Car _____

PLEASE ENCLOSE A COPY OF YOUR CURRENT POLICY.

Please be advised that while the group is in transit, your car insurance is responsible in the event of an accident. For your protection, the Central California Conference of Seventh-day Adventists requires that all vehicles transporting students for any school outing must carry the above insurance requirements.

I certify that I have provided accurate and up-to-date information about my car insurance, and I am aware that my policy is the first carrier to cover the students while they are in transit. I will update my information when needed.

I have been *background checked and cleared** by the Central California Conference on _____ as a chaperone/volunteer for the Hollister SDA Christian School.

* required in order to chaperone any students Yes No

Driver's Signature

Date



2015-2016
School Year

CONSENT TO TREATMENT

Only designated staff 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 _____

Address _____
Street City State Zip

Birth date _____ month / day / year Age _____ Social Security Number _____

Father/Guardian's Name _____ Social Security _____

Home ☎ _____ Work ☎ _____ Cellular ☎ _____

Mother/Guardian's Name _____ Social Security _____

Home ☎ _____ Work ☎ _____ Cellular ☎ _____

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 _____

Address _____

Office Telephone Numbers _____

Hospital preference _____ Telephone _____

2. Family Dentist _____

Address _____

Office Telephone Numbers _____

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, please 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 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.

Signature of Parent or Guardian: _____ Date: _____



2015-2016
School Year

STUDENT MEDICAL RECORD

Only designated staff will have access to the completed form. This form will be stored in a locked file.

Name _____

Address _____
Street
City
State
Zip

Birth date _____ month / day / year Social Security Number _____

Father/Guardian's Name _____

Mother/Guardian's Name _____

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

- Cancer
- Chicken Pox
- Diabetes
- Diphtheria
- Epilepsy
- Heart Disease
- Measles

- Rheumatic Fever
- Scarlet Fever
- Tuberculosis
- Whooping Cough
- Ear Infections
- Other

- Allergies:**
- Asthma
 - Hay Fever
 - Insect Bites
 - Penicillin
 - Other Drugs

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 – **Please sign "CAIR" form if you want records to be shared with the school**
- 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 _____



Family Name: _____

PARENT INFORMATION AND COMMITMENT

Please check below the ways you are willing to volunteer at our school.

- | | |
|-------------------------------|--|
| _____ Driving for Field Trips | _____ Teacher's Aide (list days/hours) _____ |
| _____ Paper Correction | _____ Room Mother |
| _____ General Maintenance | _____ Serving Hot Lunch (list days) _____ |
| _____ Other (list below) | _____ Coach (name sport) _____ |
-
-

NOTE: All parent volunteers, including drivers for field trips, are required to be fingerprinted. Please ask the office manager for information.

PHOTO/VIDEO RELEASE:

I hereby grant permission to the Hollister SDA Christian School to use my child/ren's photograph/video image for school use, such as school brochures, posters, yearbooks and other school events or advertising.

Please initial

SCHOOL PHONE DIRECTORY:

Please specifically list what you would like us to print in the school telephone directory. (This directory will be used by school parents to contact each other)

Parents' Names:

(Parents student is living with)

Address:

Home Phone Number:

Parents' main E-mail Addresses:

Parent Name (please print)

Date

Parent Signature



Student Name: _____

STUDENT RELEASE FORM

Your child(ren) can be released to those authorized individuals listed below **only**. Please list those adults authorized to pick up your child(ren) from school in the event that you will not be able to pick them up. If there are **any changes** to this list during the year, please make those changes **IN PERSON at the school office during school hours**.

	NAME	TELEPHONE NUMBER	RELATION TO CHILD
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

PARENT NAME: _____
(Please print)

Emergency Contact #: _____

SIGNED: _____
Parent / Guardian

_____ Date



ACCEPTABLE USE POLICY [96-79]

The Hollister SDA Christian School 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 e-mail 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 educational experience of each student. Access to e-mail 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.

Since the network is provided for students to conduct research and communicate with others at school, access is given to students who agree to act in a considerate and responsible manner. Parental permission is required. Access, 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 communications to maintain system integrity and ensure that users are using the system responsibly.

Students will adhere to Christian principles and will:

- be responsible and courteous in all communications;
- 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;
- not use the school's computers for personal use, including checking personal e-mail, corresponding in any way with individuals outside the Hollister SDA Christian School, blogging, chatting, shopping, etc.

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



User Agreement and Parent Permission Form

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

Student Signature _____

Student Name _____

Student Birth Date _____

Student Grade _____

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

Parent Signature _____ Date _____

Parent Name (Printed) _____

Parent Address _____

Parent Tel #: _____



Parent/Child Commitment 2015-2016 School Year

This commitment must be signed by: families seeking admittance or re-admittance; all returning families in each school year; and families whose continued enrollment with the school is in question for any reason. There will be a separate commitment form for each child.

- 1) We have read and understand the school's Mission Plan, Philosophy Statement, and the School Objectives, we are in agreement with them, and we commit to personally uphold and practice them in our lives.
- 2) We, as parents, accept the challenge to *"train up a child in the way he should go"* (Proverbs 22:6). We further pledge to work with the teachers and staff at the Hollister SDA Christian School as a team to achieve this goal.
- 3) We understand that we, as parents/guardians have the primary responsibility for our child's education, and that we have an obligation to be actively involved with the school in the education of our child. We agree to uphold and support the high academic, Biblical, and moral standards of the school by providing a place at home for our child to study, by requiring our child to complete all school and homework assignments, and by giving our child encouragement in the completion of those assignments.
- 4) We will faithfully support the school through our prayers and positive attitude. In keeping with Matthew 18:15, we are committed to giving a good report by sharing any complaints and negative comments in private and only with the adults involved. We will not cause our child to become involved in these matters by our own misconduct and lack of discretion.
- 5) We understand that complaints and negative comments made to other parents, teachers and/or adults not directly involved in an issue undermine and harm all involved, and that practicing of such behaviors is grounds for the School Board to require the withdrawal of our child from the school.
- 6) We will faithfully support the teacher and the Principal. Calls or reports from them concerning our child's behavior will be taken seriously by us. We will work with the teacher to understand the situation, and we will let our child know that our expectations for his/her behavior in school are the same as the teacher's.
- 7) We state that if, for any reason, our child does not respond favorably to the school, we will do everything in our power to cooperate with the school to help our child make the necessary adjustments. If these adjustments cannot be made, then we agree to quietly withdraw our child.

We, the parents/guardians of the student applicant, do sincerely give our commitment to the above items. We understand that enrollment in the school is a privilege and is at the discretion of the School Board. We understand that failure of the parents, guardians and/or child to comply with the established regulations and discipline, parental commitment, or failure to meet financial obligation will forfeit the child's privilege of attending the Hollister SDA Christian School.

Parent/Guardian's Signature

Parent/Guardian's Signature

Child's Signature

Date

Date

Date



Guidelines for K-8 students during off-campus trips

1. The appropriate permission forms must be signed by parent/guardian by the specified deadline - before departure. Phone permission is not acceptable.
2. Students will use school-authorized transportation to and from the activity.
3. Students cannot participate in a school activity organized for a sibling from another grade level unless prior arrangement has been made with the class sponsor.
4. School rules, conduct and dress guidelines will be enforced at all times (Specifically no bikinis or jewelry).
5. Students may not fraternize with strangers or invite them to their location.
6. Curfew times will be announced and enforced.
7. Male and female students must not visit together in each other's room/cabin/tent without the presence of a sponsor at any time, 24 hours daily.
8. Free time for shopping/sight seeing must be done in groups of a minimum of four students and with full knowledge and supervision of sponsors.
9. All time schedules for activities must be strictly observed.
10. Sponsors/chaperones' instructions must be followed without arguing.
11. Public or private display of affection is not allowed.
12. The property of hotels/cabins must be treated with ultimate care.
13. Social activities must reflect the Christian standards of Hollister SDA Christian School.
14. Parents/Volunteers who participate in the activity must have been fingerprinted for criminal record check and cleared by FBI and DOJ prior to participation. (Please inquire at the office *well in advance of the planned trip*, to receive a live scan form.)
15. Student/parent is responsible for the cost of damage to property and an early return trip home, if necessitated by disciplinary action of the trip sponsors.

Pledge: I pledge to abide to these and all published guidelines for trips.

Student signature

Date

Parent signature

Date



REQUEST FOR STUDENT RECORDS

Student Name: _____ Grade: _____

School: _____

Address: _____

City: _____ State: _____ Zip: _____

School Phone Number: (____) ____-____

School Fax Number: (____) ____-____

Please forward all educational/confidential records, including Special Education Files pertaining to the student, as well as all cumulative records, attendance, disciplinary and any medical information relative to the student, to the address listed below. Please include any recommendations or other pertinent information as requested.

Parent's Signature

Date

Please send records to:

**THE REGISTRAR/OFFICE MANAGER
HOLLISTER SDA CHRISTIAN SCHOOL
2020 SANTA ANA ROAD
HOLLISTER, CALIFORNIA 95023**



2015-2016
School Year

Tuition & Fees Schedule

TUITION

The first payment is due at registration and subsequent payments are due on the 10th of each month, August 2015 – May 2016 .

Non-Constituent students: \$4,400.00 per year per student *Total per payment*

1 st student	10 payments of \$440.00		
2 nd student	10 payments of \$396.00	(10% family discount: \$44.00)	\$836.00
3 rd student	10 payments of \$330.00	(25% family discount: \$110.00)	\$1,166.00
4 th + student	10 payments of \$110.00	(75% family discount: \$330.00)	\$1,276.00

Constituent students: \$3,800.00 per year per student *Total per payment*

1 st student	10 payments of \$380.00		
2 nd student	10 payments of \$342.00	(10% family discount: \$38.00)	\$722.00
3 rd student	10 payments of \$285.00	(25% family discount: \$95.00)	\$1,007.00
4 th + student	10 payments of \$95.00	(75% family discount: \$285.00)	\$1,102.00

AFTER SCHOOL CARE:

All students who remain on campus beyond fifteen (15) minutes after school has been dismissed, will be placed in the After School Care program. After School Care will cost **\$4.50 per hour**, per student, billed to each family account in ten-minute intervals (the first interval being 15 minutes, but billed at the 10-minute rate – 75¢ per 10 min). Hours: Mon-Thurs until 6:00pm and Friday until 4:00pm. Overtime: \$10.00 per each 10 minutes or portion thereof, billed to each family account.

REGISTRATION FEE

\$395.00 per student – non-refundable

8TH GRADE GRADUATION FEE

\$75.00 per student, non-refundable and due with the 7th tuition payment (February, 2016)

KINDERGARTEN PROMOTION FEE

\$50.00 per student, non-refundable and due with the 7th tuition payment (February, 2016)

HOT LUNCH CHARGES are billed to each family on each account statement.



APPLICATION PACKET CHECK LIST

Your application **will be considered** only after the following has been *completed* and *received*:

- Completed and signed ***Application for Admission*** form – signed by both parents and student.
- ***Reference Form***;
- ***Volunteer Driver Form***;
- Original PM286 (***Immunization card***) – copies will be made at the office, and the original returned to you; and ***Signed Form IMM-960 – Permission to Share Your Child's School Immunization Information with the California Immunization Registry, if your students' records are digital.***
- ***Consent to Treatment***;
- ***Student Medical Record*** and ***Physician's Examination*** (completed and signed by physician);
- ***Parent Information and Commitment form*** – signed and initialed;
- ***Financial Contract*** – signed by both parents, and the financial responsible parent/guardian;
- Verification from previously attended school that all accounts with that school are paid (current).
- ***Student release*** form;
- ***Acceptable Use Policy***;
- ***Parent/Child Commitment***;
- ***Off-Campus trips Pledge***;
- ***Request for student records***;
- The ***latest grades*** and/or ***transcripts*** from your present school;
- ***Test scores*** from the most recent standardized testing done;
- Payment of full registration fee of **\$395.00**

As soon as all the above has been received, an interview with the student and parents (by the principal and teacher) will be arranged.

Parents will be advised of the decision, soon after the interview. (A unanimous favorable vote is required for admittance.)

Successful interviewees will be accepted in order of the receipt date of the completed application packet. If the classroom is already filled, they will be placed on the waiting list in order of the receipt date of the completed application packet.