



# Application for Admission to Michigan Conference Seventh-day Adventist Church Schools

*Please fill out a separate application for each child applying for admission.*



Student's full legal name: (Last - First - Middle) \_\_\_\_\_ Grade Entering \_\_\_\_\_ Gender \_\_\_\_\_ Student's Social Security # \_\_\_\_\_

Place of birth: Country \_\_\_\_\_ Date of Birth: Mo./Day/Yr. \_\_\_\_\_ Age \_\_\_\_\_ Baptized Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Date Baptized in SDA Church \_\_\_\_\_

Father (Full Legal Name)		Mother (Full Legal Name)	
Home Street Address, City, State, Zip		Home Street Address, City, State, Zip	
County	E-mail Address	County	E-mail Address
Home Phone	Work	Home Phone	Work
Cell	Occupation	Cell	Occupation
SDA Church Member? Yes / No Where?		SDA Church Member? Yes / No Where?	

\_\_\_\_\_ Do you owe a bill at a previous school? Yes \_\_\_\_\_ No \_\_\_\_\_  
Initial \_\_\_\_\_

If yes, the following information is needed.  
Name of School \_\_\_\_\_

\_\_\_\_\_ I agree to see that this student's tuition and fees are cared for monthly.  
Initial \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I have read the school handbook and agree to support each regulation of the school.  
Initial \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_ I agree to cooperate with the school board and teachers by avoiding criticism of any teacher or school policy in the presence of students.  
Initial \_\_\_\_\_

\_\_\_\_\_  
Name of Parent or Legal Guardian (Printed)                      Signature of Parent or Legal Guardian                      Date



# Michigan Conference Student Behavior Contract

**I** consider it a privilege to attend a Christian school and understand that I will be expected to be obedient and treat others with kindness and respect.

**I** agree to follow all of the school rules as listed in the school handbook and as announced by school personnel.

**I** understand that disobeying or treating others with unkindness or disrespect cannot be tolerated at this school.

**I** understand that if I choose to not follow the school rules, discipline may result and my parents may be notified. Discipline may include suspension or dismissal.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

***We agree to support each other and work together.***

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Date



# HEALTH APPRAISAL

**Dear Parent or Guardian:** The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. **(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)**

## PERSONAL

CHILD'S NAME (Last, First, Middle)	DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street) (City) (ZIP Code) MI	TODAY'S DATE (mm/dd/yy) / /
PARENT/GUARDIAN (Last, First, Middle)	HOME TELEPHONE NUMBER ( )
ADDRESS (Number & Street) (City) (ZIP Code) MI	WORK TELEPHONE NUMBER ( )

## SECTION I - HEALTH HISTORY

Yes	No	Resolved	# Is your child having any of the problems listed below?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Allergies or Reactions (for example, food, medication or other)	<b>Birth History:</b>  Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:  If yes, list medications:  Was the health history reviewed by a health professional? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Examiner's Initials:</b> _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Hay Fever, Asthma, or Wheezing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Eczema or Frequent Skin Rashes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Convulsions/Seizures	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Heart Trouble	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Diabetes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 Trouble with Passing Urine or Bowel Movements	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 Shortness of Breath	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Speech Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 Menstrual Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 Dental Problems: Date of Last Exam / /	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (please describe): _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does your child take any medication(s) regularly?	
			Reason for Medication	
			_____ / /	
			<b>Parent/Guardian Signature</b> _____ Date _____	

## SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

### Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care	No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
<input type="checkbox"/>	<input type="checkbox"/>	VISION Date: / /	Visual Acuity Muscle Imbalance Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEIGHT & WEIGHT Other: _____	Height Weight Other: _____			
<input type="checkbox"/>	<input type="checkbox"/>	HEARING Date: / /	Audiometer Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEMOGLOBIN / HEMATOCRIT BLOOD PRESSURE	Reading: _____			
<input type="checkbox"/>	<input type="checkbox"/>	URINALYSIS Date: / /	Sugar Albumin Microscopic				<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULIN	Type: _____ Neg.: <input type="checkbox"/> Pos.: <input type="checkbox"/> _____ mm			
<input type="checkbox"/>	<input type="checkbox"/>	BLOOD LEAD LEVEL Date: / /	Level _____ ug/dl				<b>NOTE:</b> Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.						

### Examinations and/or Inspections

Essential Findings Deviating from Normal:
Exam Date: / /

**SECTION III - IMMUNIZATIONS**

Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.\*

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY		VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (HepB)	1	3	Hepatitis A (HepA)	1	2
	2			2	3
DTaP/DTP/DT/Td	1	4	Influenza (IIV/LAIV)	1	4
	2	5		2	4
	3	6			
Tdap	1		Meningococcal (MCV4 / MPSV4)	1	2
Haemophilus Influenzae type b (HIB)	1	3		2	3
Polio (IPV/OPV)	1	3	Human Papillomavirus (HPV9/HPV4/HPV2)	1	
	2	4		2	
Pneumococcal Conjugate (PCV7/PCV13)	1	3	OTHER Vaccines Specify Date & Type	Type of Vaccine(s)	Date of Vaccine(s)
	2	4		1	
1	3	2			
Rotavirus (RV1/RV5)	1	3	3		
	2				
Measles, Mumps, Rubella (MMR)	1	2	Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable		
Varicella (Chickenpox)	1	2	*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your provider office for medical waiver forms and through your local health department for nonmedical waiver forms.		
History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date:					

I certify that the immunization dates are true to the best of my knowledge

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Health Professional's Signature Title Date

**SECTION IV - RECOMMENDATIONS**

(Required for Child Care and Head Start/Early Head Start)

No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> Other
Other Recommendations		

**SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)**

I have examined \_\_\_\_\_'s teeth. As a result of this examination, my recommendation for treatment is: \_\_\_\_\_

child's name

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Dentist's Signature Date

**PHYSICIAN'S SIGNATURE**

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Examiner's Signature Date Examiner's Name (Print or Type) Degree or License

\_\_\_\_\_ MI \_\_\_\_\_  
 Number & Street City ZIP Code Telephone

Information required for:

**Early On** - Hearing and Vision Status; Diagnosis; Health Status

**Child Care Licensing** - Physical Exam, Restrictions, Immunizations

**Head Start/Early Head Start** - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

\*\*\*\*\*

Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.



## Permission to Administer Over-the-Counter Medications

I/We the undersigned parent(s) or legal guardian(s) of \_\_\_\_\_ (the “student”) hereby authorize and request school personnel to administer the over-the-counter medications marked below to the student as is deemed reasonably necessary and appropriate.

\_\_\_ Cough drops

\_\_\_ Pain relievers such as Ibuprofen, Acetaminophen, aspirin

\_\_\_ First aid ointments

Check all that apply:

\_\_\_ Such medications will be provided by the parent/legal guardian

\_\_\_ School personnel may provide these over-the counter medications

- Students are not to keep medications with their personal belongings.
- All medications are to be kept by school personnel.

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

\_\_\_\_\_  
Parent/Guardian

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

\_\_\_\_\_  
Parent/Guardian



# Consent Form

PERMISSION FOR MEDICAL TREATMENT,  
PARTICIPATION IN ACTIVITIES,  
TRAVEL, AND RELEASE FORM

Michigan Conference of Seventh-day Adventists

SCHOOL: \_\_\_\_\_

I/We the undersigned parent(s) or legal guardian(s) of \_\_\_\_\_ (minor "child")  
hereby permit, consent and release as follows:

- I. **Consent to any needed emergency medical treatment as a result of accident or sickness.** The teacher in charge, designated driver or any of their assistants acting at their direction shall have authority to obtain such emergency medical assistance for the child and transport the child as is necessary. Authority and permission to any x-ray examination, anesthetic, medical or surgical diagnoses or treatment and hospital service that may be rendered to the child is also granted to the medical care providers. I/We will be contacted as soon as reasonably possible regarding the medical emergency.

It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize medical personnel and school personnel to exercise their best judgment as to the requirements of such diagnosis or treatment.

The child is covered by health care insurance as follows:  
Insurance Company Name: \_\_\_\_\_  
Name of Policy Holder: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

The child is not covered by health care insurance.

II. **Field Trips**

A. When parental notification has been provided I/we give permission for the child to participate in the following off-campus, board-approved school events including, but not limited to:

- Traditional Field Trips taking place during normal school hours
- Routine Bible Labs Activities taking place during normal school hours

B. For the child to participate in off-campus, board approved trips that fall outside of normal school hours or trips not described in Section A, additional parental approval at the time of the field trip will be required.

- III. I/We give permission for the child to be transported to and from the above-described school trips by school board approved drivers.

IV. I voluntarily release, indemnify and hold harmless the Michigan Conference of Seventh-day Adventists, and its employees, representatives, agents, and affiliates from any claims, actions, losses, damages or liabilities (including reasonable attorney fees), for myself and for any occurrences or actions which result in injury, illness, accident or harm of any kind, now or in the future, to the named child while participating in the above-referenced events or activities, and from any act or omission of negligence in rendering or failing to render any type of emergency or medical service.

By signing this form, I declare that I have read and understand the contents of this form and agree to all the terms and conditions herein.

I declare that I am the legal parent and/or guardian of the child listed above and that I am authorized to sign this document. The information I have provided is truthful and accurate to the best of my knowledge.

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

\_\_\_\_\_

Parent/Legal Guardian

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Legal Guardian

\_\_\_\_\_

Date

Emergency Contact Information:

Name	Phone
Mother:	Home: Work: Cell:
Father:	Home: Work: Cell:
Physician:	Work:
Other:	Home: Work: Cell:
Other:	Home: Work: Cell:

# Student Birth Certificate Verification Form



---

## 1. Student's Legal Name

\_\_\_\_\_

Last/First/Middle

## 2. Student's Birth Date

\_\_\_\_\_

Month/Day/Year

## 3. Student's Birth Place

\_\_\_\_\_

City/State

I have seen the above student's birth certificate and verify that the above information is accurate.

\_\_\_\_\_

Signature of Principal

\_\_\_\_\_

Date

\_\_\_\_\_

School

## Michigan Conference of Seventh-day Adventists

5801 W. Michigan Ave

Lansing, MI 48917

517-316-1500

August 5, 2018



# Michigan Conference Student Behavior Contract

*I* consider it a privilege to attend a Christian school and understand that I will be expected to be obedient and treat others with kindness and respect.

*I* agree to follow all of the school rules as listed in the school handbook and as announced by school personnel.

*I* understand that disobeying or treating others with unkindness or disrespect cannot be tolerated at this school.

*I* understand that if I choose to not follow the school rules, discipline may result and my parents may be notified. Discipline may include suspension or dismissal.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

***We agree to support each other and work together.***

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Date



# Technology and Internet Acceptable Use Policy

The schools of the Michigan Conference educational system understand the value technology and the Internet bring to education. Both student and parent(s) must sign the Technology and Internet Acceptable Use Policy as part of the registration process. This includes:

- A. Access to the Internet and use of technology at school
- B. The responsibility of students to also follow the Technology and Internet Acceptable Use Policy off campus

The Internet is a powerful resource for expanding the educational experience of each student. Access to the Internet will enable students to explore thousands of libraries, databases, curriculum materials, and personal information sites while exchanging messages with Internet users throughout the world. Unfortunately, it is true that some materials accessible via the Internet may contain items that are illegal, defamatory, inaccurate or offensive. We believe, however, that the benefits to students exceed any disadvantages and, therefore, support the school's choosing to make the Internet and other forms of technology available to students.

**Technology Usage at School:** School technology is for educational purposes only. In order to access the Internet, parental permission is required. Access is a privilege-not a right. School staff may review files and communications to maintain system integrity and ensure that students are using the system responsibly.

**Technology Usage Off Campus:** In light of the fact that the use of technology is not limited to the boundaries of school grounds, this Technology and Internet Acceptable Use Policy also applies to the use of the Internet and/or any electronic device(s) off campus that would negatively impact the school, and/or the school/church family in any way.

Therefore, while utilizing technology on or off campus, students agree to adhere to the following Christian principles:

- I will be responsible and courteous in all communications.
- I will not utilize the Internet in a way that would demean, bully, intimidate, or in any way cause intentional hardship to another individual whether they be a student, faculty member, or otherwise.
- I will not post materials on social media and/or any other electronic media forums that would misrepresent the school's principles and stated values.
- I will use a personal electronic device (such as a smartphone, iPad, tablet, etc.) only if school policy allows and only within school guidelines and principles.
- I will not allow people to use my account(s) and will not share my password(s).
- I will respect confidentiality of accounts, folders, work, and files of others.
- I will observe copyright laws and will also give each source credit when using pictures, quotes and/or other material.
- I will not attempt to access or alter unauthorized areas of a computer system and/or network.
- I will not look at or participate in anything that is illegal.

Any activity not in compliance with these rules may result in a loss of access to school technology as well as other disciplinary and/or legal action. Additional regulations may be applied at the local school level.

# Technology and Internet Acceptable Use Agreement

## Student:

While utilizing the school's technology/Internet or while using off campus technology/Internet:

- I agree to follow Christian principles of conduct in my technology usage as stated in this document.
- If, while at school, I accidentally come across something that is illegal, dangerous, offensive, or harmful, I will clear the offensive material from my screen and inform my teacher or principal.
- I will not reveal names, school/home addresses, phone numbers, email addresses, or other personal information-mine or anyone else's.

I understand that if the school determines that I have broken one or more of the guidelines set out in the Technology and Internet Acceptable Use Policy, disciplinary and/or legal action may result. This may include my loss of access to technology at school.

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

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

## Parent or Guardian:

- I understand that the Internet can provide students with valuable learning experiences.
- I understand that the school provides a filtering system on computers connected to the Internet. I also understand that the school cannot completely control what is accessed.
- I accept that, while teachers will exercise their duty of care, protection against exposure to harmful information is ultimately the responsibility of the student.

I have read and will support the Technology and Internet Acceptable Use Policy.

I believe \_\_\_\_\_ (name of student) understands his/her technology use responsibility, and I hereby give my permission for him/her to use technology, including the Internet while at school/school functions. I also understand that my child is responsible to follow the school's Technology and Internet Acceptable Use Policy while off campus.

Parent or Legal Guardian name (printed):

\_\_\_\_\_

Parent or Legal Guardian:

(Signature) \_\_\_\_\_ Date: \_\_\_\_\_



**Office of Education  
Michigan Conference of Seventh-day Adventists**

**STUDENT PHOTO RELEASE  
Grades K-12**

I, \_\_\_\_\_, a student at \_\_\_\_\_ (“School”), and my parent or legal guardian 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, websites, social media, 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 or Michigan Conference business.

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, its affiliates, successors and assigns, those acting with its authority and permission, from any and all demands, damages, causes of action, judgments, costs, 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 of Michigan and shall be binding upon and inure to the benefit of the parties, successors, assigns, heirs, and representatives.

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**

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



# STUDENT RECORD RELEASE

MICHIGAN CONFERENCE  
Seventh-day Adventist Education System

School of Last Attendance: \_\_\_\_\_

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

\_\_\_\_\_

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

Fax Number: \_\_\_\_\_

\_\_\_\_\_  
Name Birth Date Grade

\_\_\_\_\_  
Name Birth Date Grade

\_\_\_\_\_  
Name Birth Date Grade

I hereby authorize \_\_\_\_\_ (name of school or principal) to send the cumulative record folder for the above student/s which would include transcripts, attendance records, test results, health and immunization records, grades to date of withdrawal and other information that might assist in placement and guidance to:

\_\_\_\_\_  
School

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

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

Date of Request: \_\_\_\_\_