



# Pocono Adventist Christian School

*Distinctively Academic, Decidedly Christian!*

2001 West Main Street ★ Stroudsburg, PA 18360



(570) 421-5577

Office Use Only: Student ID # \_\_\_\_\_

## STUDENT ADMISSION APPLICATION

Student's First Name:	Middle Name:	Last Name:
Address:	City/State/Zip	Home Phone:
Date of Birth:	Gender ( ) Female ( ) Male	Grade Entering:
Place of Birth (City/State/Country):	Is the Student a baptized member of the SDA Church? ( ) Yes ( ) No If yes, date _____	
SS#:	Country of Citizenship:	Enrollment Date:

## FAMILY INFORMATION

Marital Status of Natural Parents: \_\_\_\_ Single \_\_\_\_ Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Widowed

Mother/Guardian	Father/Guardian
Name:	Name:
Home Address:	Home Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Daytime Emergency Phone:	Daytime Emergency Phone:
E-mail:	Email:
Work Phone:	Work Phone:

**EMERGENCY/AUTHORIZED PICK-UP CONTACT INFORMATION**

Name	Relationship	Home Phone#:	Cell #:	Work Phone #:

I hereby submit this application for admission of my child to Pocono Adventist Christian School and I will support school regulations and to help my child observe them. (Please see PACS Handbook) I understand my child is not enrolled or guaranteed placement, until accepted by the admissions committee.

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

\_\_\_\_\_  
Date



# Pocono Adventist Christian School

## CONSENT TO TREATMENT FORM

We, the undersigned parents or guardian of

\_\_\_\_\_

Name of Student

A minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special

Instructions of said physician listed below or any physician the school or Organization may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. It is understood that reasonable effort will be made to contact the Doctor listed below before any other physician is called by the school or other organization. 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 **Pocono Adventist Christian School**, or the physician to exercise their best judgment as to the requirements of such diagnosis or treatment. This consent shall remain in continuous effect until revoked in writing and delivered to the Physician named above or to the school or organization entrusted with the custody of said minor.

The above named Student \_\_\_\_\_ is \_\_\_\_\_ is not  
covered by Health Insurance \_\_\_\_\_  
Policy # \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Special Medical Needs (Allergies, Medicines, etc) \_\_\_\_\_

Hospital preferred for Treatment: \_\_\_\_\_

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


MOTHER: \_\_\_\_\_

LEGAL GUARDIAN: \_\_\_\_\_



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**To be completed by the party accepting Financial Responsibility:**

Student's Name: \_\_\_\_\_

Parent / Legal Guardian: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I understand and agree to accept full financial responsibility for:

- The full and timely payment of tuition, to be collected in ten monthly installments.
- All associated charges incurred by my child while in attendance (i.e. registration fee, late fees and aftercare participation).
- Maintaining an account balance that will remain current with my billing statement. In the event that my child's account should become delinquent, consisting of open invoices items which exceed 45 days, I understand that my child will receive a financial suspension until the account balance is resolved.
- Obtaining outside financial assistance (i.e. church/agency/family assistance). I will be held responsible for all unpaid obligations, including late fees incurred due to delinquent payment from these sources.


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

\_\_\_\_\_  
Date



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## Textbook Rental Agreement

I agree to pay the replacement cost of any textbooks, library materials, computer software or hardware, or other learning materials assigned to my child, or any property belonging to the school, another student, teacher, or staff member that my child damages beyond normal wear and tear.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I will treat all school books and materials with care. (3rd grade and above, only)

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Due Process Statement

*I have received and agree to abide by the procedures and policies as stated in the current Pocono Adventist Christian School Handbook. I also understand that rules and policies announced by the administration during the school year will take precedence over statements previously printed in the Handbook.*

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I will abide by the school rules and policies. (3rd grade and above, only)*

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Prescription Authorization

It is the policy of the Columbia Union, the Pennsylvania Conference, and this school to administer **prescription medication** during school hours only when absolutely necessary. To protect your child and other students, this permission and information form must be completed and returned to school if your child must receive prescribed medication and/or non-prescribed medication during the school day. All medication must be sent to the school in a properly labeled container with your child's name on it. **Do not send unlabeled medication to school.** Any changes in type of dosage of medication must be reported the school immediately. Thank you.

Name of medication	Time	Dosage	Physician

I give permission for the teacher or office staff to give the following prescribed medication and/or non-prescription medication to my child during school hours.  My child does not take prescription medication. Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Photo Permission

From time to time during the school year, the media may photograph our school, teachers, and students to visually explain the many varied types of programs and events which Pocono Adventist Christian School has to offer. Those photographs or videotapes may be used in newspapers, magazines, on television, or in other school publications.

*I give permission for my child to be photographed for the purpose explained above.*  Yes  No

Parent's Initials: \_\_\_\_\_

Also, Pocono Adventist Christian School has opportunity to publish and/or display student work on bulletin boards, in school publications, conference and union publications, and other venues.

*I give permission for my child to be published/displayed for the purpose explained above.*  Yes  No

Parent's Initials: \_\_\_\_\_

## Personal Information Release

I agree to allow the following to be released to the Home and School Association for inclusion into the school directory and for contact use.

Student Initial: \_\_\_\_\_  Home Telephone  Home Address  Cell Phone  Email \_\_\_\_\_

Parent's Initial: \_\_\_\_\_  Home Telephone  Home Address  Cell Phone  Email \_\_\_\_\_

# THE USE OF COMPUTERS, INTERNET AND ELECTRONIC MAIL

## PERMISSION FORM

School Year \_\_\_\_\_

\_\_\_\_\_ School is pleased to offer students access to a computer network for electronic mail and the internet. To gain access to e-mail and the internet, all students must obtain parental permission as verified by the signatures on this form. Should a parent prefer that a student not have e-mail and internet access, use of the computers is still possible for more traditional purposes such as word processing.

Access to e-mail and the internet will enable students to explore thousands of libraries, databases, museums, and other information and to exchange personal communication with other internet users around the world. Families should be aware that some material accessible on the internet might contain items that are illegal, defamatory, inaccurate, or potentially offensive. While the purposes of the school are to use internet resources for constructive educational goals, students may find ways to access other materials. We believe that the benefits to students from access to the internet in the form of information resources and opportunities for collaboration exceed the disadvantages. But ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using media and information sources. Therefore, we support and respect each family's right to decide whether or not to apply for access.

### WHAT IS EXPECTED?

Students are responsible for appropriate behavior on the school's computer network just as they are in a classroom or on a school playground. Communications on the network are often public in nature. General school rules for behavior and communications apply. It is expected that users will comply with Potomac Conference standards and the specific rules set forth below. The use of the network is a privilege, not a right, and may be revoked if abused. The user is personally responsible for his/her actions in accessing and utilizing the school's computer resources. The students are advised never to access, keep, or send anything that they would not want their parents or teachers to see.

### WHAT ARE THE RULES?

Privacy – Network storage areas may be treated like school lockers. Network administrators may review communications to maintain system integrity and to insure that students are using the system responsibly.

Storage capacity – Users are expected to remain within allocated disk space and delete e-mail or other material that take up excessive storage space.

Illegal Copying – Students should never download or install any commercial software, shareware, or freeware onto network driver or disks, unless they have written permission from the teacher or network administrator. Students should not copy other people's work or intrude into other people's files.

Inappropriate materials or language – No profane, abusive or impolite language should be used to communicate nor should materials be accessed which are not in line with the rules of school behavior. A good rule to follow is never view, send, or access materials that you would not want your teachers and parents to see. Should students encounter such material by accident, they should report it their teacher immediately.

#### **RULES AND GUIDELINES:**

These are rules and guidelines to follow to prevent the loss of network privilege at our school:

1. Do not use a computer to harm other people or their work.
2. Do not damage the computer or the network in any way.
3. Do not interfere with the operation of the network by installing illegal software, shareware, or freeware.
4. Do not violate copyright laws.
5. Do not view, send, or display offensive messages or pictures.
6. Do not share your password with another person.
7. Do not waste limited resources such as disk space or printing capacity.
8. Do not trespass in another's folders, work, or files.
9. Do notify and adult immediately, if by accident, you encounter materials that violate the rules of appropriate use.
10. Home address and phone number should not be given out to anyone on-line.
11. **BE PREPARED** to be held accountable for you actions and for the loss of privileges if these rules are violated.

# PARENT PERMISSION FORM and USER AGREEMENT

School Year \_\_\_\_\_

As a parent or guardian of a student at \_\_\_\_\_, I have read the attached information about the appropriate use of computers at the school and I understand this agreement will be kept on file at the school.

\_\_\_\_\_ My child may use e-mail and the Internet while at school according to the rules outlined.

\_\_\_\_\_ I would prefer that my child not use e-mail and the Internet while at school.

Parent Name \_\_\_\_\_ (print)

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

Date \_\_\_\_\_



**PARENTS' PERMISSION FOR THE PUBLICATION OF STUDENT**

**WORK/PICTURES**

I understand that from time to time the school may wish to publish examples of student projects, photographs of students, and other work on an Internet accessible World Wide Web server.

\_\_\_\_\_ My child's work can be published on the Internet and photographs of my child can be published.

\_\_\_\_\_ I would prefer that my child's work and picture not be published on the internet.

Parent Name \_\_\_\_\_ (print)

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

Date \_\_\_\_\_

As a user of \_\_\_\_\_ Schools' computer network, I agree to comply with the attached stated rules and guidelines and to use the network in a constructive manner.

Student Name \_\_\_\_\_ (print)

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

Date \_\_\_\_\_