

# Milwaukee Seventh-day Adventist School

## Registration Form

(Revised 01/03/2019)

*Mission Statement: Developing leaders today who will walk with Jesus into eternity*

### STUDENT INFORMATION

Grade entering: K4 K5 1 2 3 4 5 6 7 8 9 10

Date of registration: \_\_\_\_\_

North Campus: Grades K4 -10 \_\_\_\_\_  
South Campus: Grades K4 – 6 \_\_\_\_\_  
Waukesha Campus: Grades K5 – 8 \_\_\_\_\_

Student's **full legal name**: \_\_\_\_\_  
First Middle Last

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male / Female Place of birth: \_\_\_\_\_

Student's Home Phone: \_\_\_\_\_ Student's Cell Phone: \_\_\_\_\_  
Circle

Ethnic Origin – Please circle one:

African American American Indian Asian/Pacific Indian Caucasian Hispanic Other

Church Name: \_\_\_\_\_

Denomination: \_\_\_\_\_ Month/Year Baptized: \_\_\_\_\_

Name (if anyone) whom your child is NOT allowed to leave school grounds with: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

**Marital Status of Parents:** Married \_\_\_ Divorced \_\_\_ Single \_\_\_ Deceased \_\_\_

**Child lives with:** Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Guardian \_\_\_

**Mail all school correspondence to:** Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Guardian \_\_\_

**Father's legal name:** \_\_\_\_\_

Address if different from above: \_\_\_\_\_

Occupation: \_\_\_\_\_ Is father SDA? \_\_\_\_\_

e-mail address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

**Mother's legal name:** Mrs. / Ms. \_\_\_\_\_

Address if different from above: \_\_\_\_\_

Occupation: \_\_\_\_\_ Is mother SDA? \_\_\_\_\_

e-mail address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

**Legal guardian's name:** \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Address if different from above: \_\_\_\_\_

Occupation: \_\_\_\_\_ Is guardian SDA? \_\_\_\_\_

e-mail address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

## **EMERGENCY CONTACTS**

In case of an accident or serious illness, if the school is unable to contact me, I hereby authorize the school to contact the relative or neighbor and/or the doctors listed below to make decisions in regards to my child.

### **First Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

### **Second Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

### **Doctor:**

Name of doctor: \_\_\_\_\_

Clinic name and location: \_\_\_\_\_

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

### **Dentist:**

Name of Dentist: \_\_\_\_\_

Clinic name and location: \_\_\_\_\_

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

**\*\*In the event of an emergency, if none of the above can be reached, the school is authorized by your signature to call the nearest available physician/hospital and administer emergency first aid if necessary.**

**\*\*SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_**

**\*\*DATE: \_\_\_\_\_**

## **MEDICAL INFORMATION**

Does your child have any medical or physical conditions which we should be aware of? Yes / No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

- Does your child have asthma or breathing problems? Yes / No

If so, does he /she use an inhaler? Yes / No

- Does your child have food allergies? Yes / No

List all food allergies: \_\_\_\_\_

If so, does your child use an EPI PEN? Yes / No

- Does your child have any other allergies? Yes / No

List all other allergies: \_\_\_\_\_

- Is your child on medication? Yes / No

If so, list medication and what it is for: \_\_\_\_\_

**\*State law states that parents and guardians are to provide all medications to the school for their child.**

**\*Parents and guardians must also fill out a school medication form giving authorization and instruction on how the medication is to be administered. We recommend that parents provide either Tylenol or Ibuprofen for things such as headaches and cramps to be used throughout the school year.**

**MILWAUKEE SEVENTH-DAY ADVENTIST SCHOOL**  
**CONTINUING CONSENT TO TREATMENT**  
**AND HEALTH INSURANCE INFORMATION**  
**(On Campus)**

We, the undersigned parents or guardian of \_\_\_\_\_,  
Name of student or member

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 instruction of \_\_\_\_\_, M.D., or any physician the school or organization may

Name of Physicians

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 above before the school or other organization calls any other physician.

***It is further understood that this consent is given in advance of any specific diagnosis or treatment that might be required and is given to authorize Milwaukee Seventh-day Adventist 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.

Present Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Phone number \_\_\_\_\_

Does your insurance company need to be contacted before any treatment may be given? Yes / No

\_\_\_\_\_  
Signature of Father Date

\_\_\_\_\_  
Signature of Mother Date

\_\_\_\_\_  
Signature of Guardian Date

Parents Names: \_\_\_\_\_

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

Phone – Father - home ( ) \_\_\_\_\_ work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Phone – Mother - home ( ) \_\_\_\_\_ work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

## **SCHOOL EXPECTATIONS**

### **School Programs**

Families of Milwaukee S.D.A. School are expected to support all major school functions such as:

Orientation/Open House, Parent/Teacher Conferences, School Picnics, Fitness Day, Music Programs, Educational Fair, Winter Fest, International Food Fest, Fundraisers, Field Trips, Church Programs, The Convocation, Home & School Nights, Graduation, etc. Students should support these activities through their attendance and their participation when appropriate.

\*Educational Fair is a required activity for all students. Some activities require weekend dates.

### **Parent Student Contract**

I have received, read and understand the parent/student contract on pages 25-33 of the school handbook and it is my choice to attend Milwaukee SDA School. I agree to willingly obey all printed and announced rules and understand that any failure to do so may jeopardize my stay at Milwaukee SDA School.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

As a parent, I have read and understand the parent/student contract on pages 25-33 of the school handbook and it is my choice for my child to attend Milwaukee SDA School. I agree to willing uphold and encourage compliance to the rules stated in the school handbook.

**Parent or Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### **School Dress Code Policy for Uniform and Non-uniform Wear**

I have received, read and understand the school dress code policy for uniform and non-uniform wear at school and during all school functions in and out of school on pages 17-21 in the school handbook. I will willingly obey all school dress code policies both printed and announced and understand that any failure to do so may jeopardize my stay at Milwaukee SDA School.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

As a parent, I have read and understand the school uniform policy for uniform and non-uniform wear at school and during all school functions in and out of school on pages 17-21 of the school handbook. I agree to willing uphold and encourage compliance to the school uniform policy stated in the school handbook.

**Parent or Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### **Internet Access Agreement**

#### **Wisconsin Conference Acceptable Use Policy**

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 materials 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. The school provides for the

safety of the students by restricting access to questionable sites and blocking certain keyword searches. 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.

**School computers are for educational purposes only.** Since the network is provided for students to conduct research and communicate with others, 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. 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
- Comply with the Wisconsin Acceptable Use Policy
- Students will not attempt to access or alter unauthorized areas of a computer system
- Not reveal any images or information about the school, its students, or our staff without permission

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

### **Student**

I understand that the Internet can connect me to much useful information stored on computers around the world.

While I have access to the Internet:

- I will use it only for education purposes.
- I will not look or participate in anything that is illegal, dangerous, offensive or opposed to the Adventist values of this school.

If I accidentally come across something that is illegal, dangerous or offensive, I will:

- clear any offensive pictures or information from my screen; and
- immediately, quietly, inform my teacher.

I will not reveal any information about the school, students, or staff without my teacher's permission.

I will not use the Internet to annoy or offend anyone else.

I understand that if the school decides I have broken these rules, appropriate action will be taken. Any activity not in compliance with these rules may result in a loss of access as well as other disciplinary or legal action.

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### **Parent or Guardian**

I understand that the Internet can provide students with valuable learning experiences.

I also understand that it gives access to information on computers around the world; that the school cannot control what is on those computers; and that a portion of that information can be illegal, dangerous or offensive.

I accept that, while teachers will always supervise student internet use carefully, protection against exposure to harmful information must depend finally upon responsible use by students.

I believe my child understands this responsibility, and I hereby give my permission for him/her to access the Internet under the school rules. I understand that students breaking these rules will be subject to appropriate action by the school. Any activity not in compliance with these rules may result in a loss of access as well as other disciplinary or legal action.

**Parent or Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Release Policy**

This certifies that I, parent or legal guardian of the student listed on this registration hereby grant Milwaukee Seventh-day Adventist School administration permission to use material, (including but not limited to, photographs, slides, video recordings, sound recordings, and movie film) of the child listed on this registration which has been, is now, or will be taken, recorded or produced during their time as a student at Milwaukee Seventh-day Adventist School, for the purpose of advertising, news, articles, visual aids, yearbook, or otherwise.

**Parent or Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**School Handbook**

I understand that Milwaukee Seventh-day Adventist School is a Christian school. I have read the handbook, and shall willingly uphold the standards and principles of my school.

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

I agree to demonstrate respect, support, and courtesy to the administration, teachers and staff both publicly and privately. I also have read and agree to encourage compliance to the philosophy, rules and regulations as stated in the Milwaukee Seventh-day Adventist School handbook. I reserve the right to express criticism only in a Christian and constructive nature as outlined in the handbook.

**Parent / Guardian's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TRANSPORTATION:**

Available for North and South Campus only

\*I understand that the availability of bus transportation is on a first come, first serve basis, that not all areas may be available for pick up or drop off, and that there is a fee per student that we will be charged for each month for 10 months, August through May, that I will be responsible for that fee, and that it must be paid prior to my children riding the bus each month. Current rates are: \$35 per student either one or both ways. If assistance is needed, please e-mail the business manager at business@msdaschool.org.

- I will transport my child to and from school each day. \_\_\_\_\_
- My child will be transported to and from school by someone other than myself:  
Person's name: \_\_\_\_\_
- I would like bus transportation for my child **to and from school:** Yes / No  
I would like bus transportation for my child **one way only:** Yes / No

A.M. Pick up address: \_\_\_\_\_  
P.M. Drop off address: \_\_\_\_\_

Our school has its own busses. There are times when these busses have mechanical problems. When this happens, the replacement bus or busses will be late in picking up your child. When time allows we will do our best to contact families when this happens.

Please also keep in mind that as new students are added to the routes, pick up and drop off times may change. Your patience in all bus issues is appreciated. Please feel free at any time to call with any concerns you may have. Thank you!

\*Rates are subject to change before the start of the school year via board vote.

\*\*\*If there is a need for a staff member to transport my child to or from school in their vehicle, I give my permission.

\_\_\_\_\_  
Parent or Guardian Name

\_\_\_\_\_  
Date

**Family Volunteer Hours**

Milwaukee SDA School has a desire to work more closely with the family of each student. **We highly recommend that families volunteer at least 10 hours per year at the school. This is not required, but is appreciated.** There are many opportunities around the school or at school functions in which to volunteer such as fieldtrips, fundraisers, set up or take down at events the school hosts, cleaning, tutoring, or any of the many items listed below. If there is something that is not on the list, please feel free to suggest it. We look forward to seeing you at the school this year!

Name of Volunteer: \_\_\_\_\_  
 Name of your child \_\_\_\_\_ Grade of your child: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Name of Volunteer: \_\_\_\_\_  
 Name of your child \_\_\_\_\_ Grade of your child: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Name of Volunteer: \_\_\_\_\_  
 Name of your child \_\_\_\_\_ Grade of your child: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Name of Volunteer: \_\_\_\_\_  
 Name of your child \_\_\_\_\_ Grade of your child: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

	(Circle days available) (Time available)
Helping in the Kitchen	_____ S M T W T H F _____
Helping in the office	_____ S M T W T H F _____
Tutoring in reading	_____ S M T W T H F _____
Tutoring in math	_____ S M T W T H F _____
Monitoring Recesses/Cafeteria	_____ S M T W T H F _____
Before school supervision (7:30-8:00am)	_____ S M T W T H F _____
Chaperoning/driving for field trips	_____ S M T W T H F _____
Helping with lobby bulletin boards	_____ S M T W T H F _____
Art and music volunteers'	_____ S M T W T H F _____
Musicians for chapel each Friday	_____ F (8:15am – 9:00am)
Room mother, dad or grandparent	_____ S M T W T H F _____
Helping with class parties	_____ S M T W T H F _____
Making phone calls	_____ S M T W T H F _____
Helping with school functions	_____ S M T W T H F _____
Set up and taking down at school functions	_____ S M T W T H F _____
Helping with school fundraisers	_____ S M T W T H F _____
School cleaning projects	_____ S M T W T H F _____
School maintenance projects	_____ S M T W T H F _____
I will help wherever needed	_____ S M T W T H F _____
My talents are _____	_____ S M T W T H F _____
_____	
_____	