

# PORTLAND ADVENTIST ELEMENTARY SCHOOL

3990 NW 1<sup>st</sup> Street Gresham, Oregon 97030

## APPLICATION FOR ADMISSION 2022-2023

### STUDENT INFORMATION

Student's Last Name: <input style="width: 100%;" type="text"/>			First: <input style="width: 100%;" type="text"/>		Middle: <input style="width: 100%;" type="text"/>		Applying for: (grade)		
Home Address: <input style="width: 100%;" type="text"/>				City: <input style="width: 100%;" type="text"/>		State: <input style="width: 100%;" type="text"/>		Zip: <input style="width: 100%;" type="text"/>	
Age: <input style="width: 100%;" type="text"/>		Gender: <input style="width: 100%;" type="text"/>		Date of Birth: <input style="width: 100%;" type="text"/>			Birthplace: <input style="width: 100%;" type="text"/>		
Ethnicity: (please circle-optional/for statistical use only) Hispanic / African American / Caucasian / Asian/Pacific-Islander / Native American / Other: <input style="width: 100%;" type="text"/>									
Student's Church Affiliation:					Current School:				
Seventh-Day Adventist			Baptized SDA		Resides With: Parents / Mother / Father / Guardian				
Other: <input style="width: 100%;" type="text"/>					(Please Circle)				

### FAMILY INFORMATION

Primary Parent/Guardian: <input style="width: 100%;" type="text"/>		Relationship to Student: <input style="width: 100%;" type="text"/>		Receives Grades: Yes No	
				Receives Statement: Yes No	
Occupation: <input style="width: 100%;" type="text"/>		Church Affiliation: <input style="width: 100%;" type="text"/>		Home Church: <input style="width: 100%;" type="text"/>	
				Baptized SDA? Yes No	
E-mail address: <input style="width: 100%;" type="text"/>		Cell Phone: <input style="width: 100%;" type="text"/>		Work Phone: <input style="width: 100%;" type="text"/>	

Secondary Parent/Guardian: <input style="width: 100%;" type="text"/>		Relationship to Student: <input style="width: 100%;" type="text"/>		Receives Grades: Yes No	
				Receives Statement: Yes No	
Address: <input style="width: 100%;" type="text"/>		City, State, Zip: <input style="width: 100%;" type="text"/>		Home Phone: <input style="width: 100%;" type="text"/>	
Occupation: <input style="width: 100%;" type="text"/>		Church Affiliation: <input style="width: 100%;" type="text"/>		Home Church: <input style="width: 100%;" type="text"/>	
				Baptized SDA? Yes No	
E-Mail address: <input style="width: 100%;" type="text"/>		Cell Phone: <input style="width: 100%;" type="text"/>		Work Phone: <input style="width: 100%;" type="text"/>	

Sibling Name: <input style="width: 100%;" type="text"/>		Date of Birth: <input style="width: 100%;" type="text"/>		Current School: <input style="width: 100%;" type="text"/>	
Sibling Name: <input style="width: 100%;" type="text"/>		Date of Birth: <input style="width: 100%;" type="text"/>		Current School: <input style="width: 100%;" type="text"/>	
Sibling Name: <input style="width: 100%;" type="text"/>		Date of Birth: <input style="width: 100%;" type="text"/>		Current School: <input style="width: 100%;" type="text"/>	

## ACADEMIC AND SOCIAL INFORMATION

Are you aware of any medical concerns or issues that could affect your student's experience?  Yes  No

Are you aware of any academic challenges or needs that could affect your student's progress?  Yes  No

Are you aware of any behavioral issues that could affect your student's success?  Yes  No

Has your student ever been suspended or asked to withdraw from a school?  Yes  No

Please explain all of the "yes" answers to the above questions: \_\_\_\_\_

\_\_\_\_\_

Student's first language:	Primary language spoken at home:	Other languages used:
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Describe the type of activities you participate in as a family.

\_\_\_\_\_  
\_\_\_\_\_

List the student's extracurricular activities, special talents, or interests:

\_\_\_\_\_  
\_\_\_\_\_

List the reason for applying to Portland Adventist Elementary School:

\_\_\_\_\_  
\_\_\_\_\_

## PARENT PLEDGE

Understanding that the school has created a community to help students excel spiritually, academically, physically, and emotionally, I agree to be a partner with the school by:

- Providing adequate sleep and nutrition for my child
- Making time as needed at home to help my child succeed
- Volunteering my talents or time to benefit the school as I am able
- Communicating questions or concerns directly to the teacher
- Supporting the school's vision
- Accepting financial responsibility

Signed \_\_\_\_\_ Date \_\_\_\_\_

## FINANCIAL AGREEMENT FOR PORTLAND ADVENTIST ELEMENTARY SCHOOL:

ALL FEES ARE SUBJECT TO CHANGE BASED ON BOARD ACTION.

Person Responsible for Payment of Student's Account:		Relationship to student:	
Address:	City, State, Zip:	Home Phone:	
Date of Birth:	E-Mail Address:	Cell Phone:	
Employer:	Position:	Work Phone:	
Work Address:	City, State, Zip:	Driver's License State:	Driver's License Number:

Other Person (if any) Responsible for Payment of Student's Account:		Relationship to student:	
Address:	City, State, Zip:	Home Phone:	
Date of Birth:	E-Mail Address:	Cell Phone:	
Employer:	Position:	Work Phone:	
Work Address:	City, State, Zip:	Driver's License State:	Driver's License Number:

Please indicate if you have applied for, or will receive, Financial Aid (check all that apply):	
<input type="checkbox"/> Church Aid (Name of Church)_____	<input type="checkbox"/> Other:_____

## BILLING PLAN

Please check one of the following plans to set as your tuition payment schedule.

- 10-Month Payment Plan (Tuition divided into ten equal payments, August. – May)
- 12-Month Payment Plan (Tuition divided into twelve equal payments, July – June)
- Single Payment Plan with a 5% discount (One payment due before school starts)

### Payments:

The account balance is due and payable when the statement is issued and is past due if it is not paid by the 10<sup>th</sup> of each month. Families experiencing temporary difficulty in making a payment should contact the school immediately. If payment or satisfactory arrangements are not made by the time the account is 60 days past due, the school will ask the family to withdraw their student.

My signature below verifies that I/we agree to pay the Portland Adventist Elementary School bill for the above-named student.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

# EMERGENCY INFORMATION

Portland Adventist Elementary School  
3990 NW 1<sup>st</sup> Street Gresham, Oregon 97030

## CONTINUOUS CONSENT TO TREATMENT 2022-2023 School Year

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/guardian name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/guardian name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of physician: \_\_\_\_\_ Phone: \_\_\_\_\_

We give consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital services that may be rendered to said minor 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.

This consent is given in advance of any specific diagnosis or treatment and shall remain in continuous effect until revoked in writing delivered to the school.

Medical/Health Conditions/Alerts: \_\_\_\_\_

ALLERGIES (please list): \_\_\_\_\_

List any medications your child is taking: \_\_\_\_\_

Date of last DTP: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Member #: \_\_\_\_\_ Group #: \_\_\_\_\_

Hospital preference: \_\_\_\_\_

\_\_\_\_\_  
Parent/legal guardian signature

\_\_\_\_\_  
Date

### EMERGENCY CONTACTS: (Persons to call when Parent/Guardian is NOT available)

Primary Contact: \_\_\_\_\_

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

Secondary Contact: \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

## PAES AUTHORIZATION FOR STUDENT PICK UP

Other than parents, the following people are authorized to pick up my child from school and childcare programs. If there are any changes or variations to this I will contact the school and submit it in writing.

1. _____ - Home Phone _____ Cell _____
2. _____ - Home Phone _____ Cell _____
3. _____ - Home Phone _____ Cell _____
4. _____ - Home Phone _____ Cell _____
5. _____ - Home Phone _____ Cell _____
Parent/Guardian Signature _____ Date _____

## PAES FIELD TRIP AUTHORIZATION

We would like to have our child, \_\_\_\_\_, attend all school field trips for the 2022-2023 school year.

We recognize that the teachers and those assisting are to use their best judgment in caring for the children while on these trips. We absolve the school and the directing personnel from any legal liability.

Parent or legal guardian Signature _____	Date _____
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