



## ADMISSION PACKET 2018 – 2019 Grades 1st-8th

Your child's application will be complete when all of the items listed below are received and approved by the Admissions Committee. If you have any questions, please contact the school office at: 503-665-4102.

- Application Form
- Application Fee (\$50 before April 1<sup>st</sup>, \$100 after April 1<sup>st</sup>)
- Copy of Birth Certificate
- Copy of Report Card (most recent)
- Recommendation Form (to be completed by current teacher)
- Schedule Family/School Meeting &  
Student Evaluation (school will contact you to arrange)

Portland Adventist Elementary School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. Portland Adventist Elementary School does not discriminate on the basis of race, color national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loans programs, and athletic and other school-administered programs.

# PORTLAND ADVENTIST ELEMENTARY SCHOOL

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

## APPLICATION FOR ADMISSION 2018-2019

### STUDENT INFORMATION

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

### FAMILY INFORMATION

Primary Parent/Guardian:	Relationship to Student:	Receives Grades: Yes    No
		Receives Statement: Yes    No
Occupation:	Church Affiliation:	Home Church:
		Baptized SDA?                      Yes    No
E-mail address:	Cell Phone:	Work Phone:

Secondary Parent/Guardian:	Relationship to Student:	Receives Grades: Yes    No
		Receives Statement: Yes    No
Address:	City, State, Zip:	Home Phone:
		Baptized SDA?                      Yes    No
Occupation:	Church Affiliation:	Home Church:
	Cell Phone:	Work Phone:

Sibling Name:	Date of Birth:	Current School:
Sibling Name:	Date of Birth:	Current School:
Sibling Name:	Date of Birth:	Current School:

**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 \_\_\_\_\_



**RECOMMENDATION FORM  
2018 – 2019**

Student's Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ School: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you known this student and in what capacity? \_\_\_\_\_

Please put a check in the appropriate column for each of the traits for which you have adequate information for appraisal. Your assistance in facilitating the application process is greatly appreciated.

	GOOD	FAIR	POOR
Ability to follow instructions			
Gets along well with others			
Self-motivated/self-directed			
Exhibits self-control			
Observes rules and procedures			
Organization skills/problem-solving skills			
Demonstrates honesty/integrity			
Demonstrates optimism and self-respect			
Demonstrates respectful behavior			
Communication skills			
Strives toward quality work			

Has the student been evaluated for any reason or have any special academic needs? \_\_\_\_\_

Has the student had any discipline problems? If yes, please explain: \_\_\_\_\_

If there's anything else you'd like to share with us about this student, please feel free to use additional paper.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**IMPORTANT: do not return this form to the student or family. Please fax, email or mail this form to:**  
**Portland Adventist Elementary School Admissions**  
**3990 Northwest First Street**  
**Gresham, Oregon 97030**  
**Fax: 503-665-9486 Email: [principal@paes.com](mailto:principal@paes.com)**



**WAIVER FOR CURRENT/FORMER TEACHER  
TO RELEASE STUDENT INFORMATION**

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_  
(Parent Name) (Student Name)

hereby give permission to \_\_\_\_\_ to share  
(Current Teacher's Name)

relevant information about my child's social and academic work habits with  
Portland Adventist Elementary School.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please give a signed copy of this waiver to your child's current or most recent teacher along with the **RECOMMENDATION FORM** to be filled out.

## 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):

Church Aid (Name of Church) \_\_\_\_\_  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 3% discount (One payment due September 15)

#### 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 2018/2019 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.

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





## REQUEST FOR RECORDS

To Prior School: \_\_\_\_\_

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

\_\_\_\_\_

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

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

I hereby authorize the above named person and/or agency to release all:

- Academic and/or specialized instructional records
- Behavior records
- Immunization/medical records

To: Portland Adventist Elementary School to assist in program planning for my child or children, named as follows:

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

Signed: \_\_\_\_\_

**Portland Adventist Elementary School**  
3990 Northwest First Street Gresham, Oregon 97030