



ADMISSION PACKET 2018 – 2019 Kindergarten

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

- Application Form
- Application Fee (\$50 before April 1st, \$100 after April 1st)
- Copy of Birth Certificate
- Schedule Family/School meeting &
Kindergarten Readiness Evaluation*
(School will contact you to schedule)

***If your child currently attends preschool at Portland Adventist Elementary School, we will work to schedule his/her Kindergarten Readiness Evaluation during the regular school day.**

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 1st 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:
Occupation:	Church Affiliation:	Home Church: Baptized SDA? Yes No
	Cell Phone:	Work Phone:

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

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 10th 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 1st 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