

Application for Admissions

Pre-Kindergarten through 8th grade



BOISE VALLEY
Adventist
SCHOOL

God Is Our Refuge

Boise Valley Admissions Process

Grades Pre– Kindergarten through 8th grade

Submit a complete Application for Admission. The application must include:

- Registration fee of \$275.00 (see Tuition and Fee Schedule)
- Application
- Statement of Faith
- Student & Parent Commitment
- Parent Questionnaire
- Photo, Internet, and Website Permission form
- Immunization Records (new students only)
- A copy of a **State Certified** Birth Certificate (new students only)
- A copy of your child's latest report card
- An interview with the principal and teacher of the grade your child is entering into

Boise Valley Adventist School is a private school; therefore, the School Board or Administration reserves the right to deny admission to anyone if it deems denial to be in the best interest of BVAS and its students.



Boise Valley Adventist School Application for Enrollment

Grade Applying for _____ Date of Application _____

Full legal name of student _____ Sex M F
Last, First, Middle Nickname

Date of Birth ___/___/___ Place of Birth _____ Age _____

Home address _____ Home Ph # _____
Street Address

_____ City State Zip

Is this student a baptized member of the Seventh Day Adventist Church? Yes No
 If yes, year baptized _____

School last attended: _____
Name of school Address Ph. #

Student living with: Father () Mother () Grandparent () Step Parent ()

Directory listing & mailings should be in the name of: Mother () Father () Both ()

Family Information

Father _____
Address _____

Email address: _____
Hm. # _____
Cell # _____
Wk. # _____
Place of Employment: _____
Occupation: _____
Church affiliation: _____
SDA Church Member: ____ Yes ____ No

Mother _____
Address _____

Email address: _____
Hm. # _____
Cell # _____
Wk. # _____
Place of Employment: _____
Occupation: _____
Church affiliation: _____
SDA Church Member: ____ Yes ____ No

Names of other children in the family:

	Living at home?	Yes	No	Sex	M	F	Age	
	Living at home?	Yes	No	Sex	M	F	Age	
	Living at home?	Yes	No	Sex	M	F	Age	
	Living at home?	Yes	No	Sex	M	F	Age	

BOISE VALLEY ADVENTIST SCHOOL

Medical Release Information

(Please fill out one per family)

Date _____

Father _____	Mother _____
Address _____	Address _____
_____	_____
Email address _____	Email address _____
Home # _____	Home # _____
Cell # _____	Cell # _____
Work # _____	Work # _____
Place of employment _____	Place of employment _____
Occupation _____	Occupation _____

Child #1:

Last Name: _____ First Name: _____ M/F: ___ Birth Date: _____ Entering Grade: ___

Allergies (List type & severity): _____

Medications needed for allergy treatment: _____

Other medical conditions: _____

Medications needed for above medical condition (name and dosage): _____

Of the above medications, please list any needed at school: _____

Child #2:

Last Name: _____ First Name: _____ M/F: ___ Birth Date: _____ Entering Grade: ___

Allergies (List type & severity): _____

Medications needed for allergy treatment: _____

Other medical conditions: _____

Medications needed for above medical condition (name and dosage): _____

Of the above medications, please list any needed at school: _____

Child #3:

Last Name: _____ First Name: _____ M/F: ___ Birth Date: _____ Entering Grade: ___

Allergies (List type & severity): _____

Medications needed for allergy treatment: _____

Other medical conditions: _____

Medications needed for above medical condition (name and dosage): _____

Of the above medications, please list any needed at school: _____

Child #4:

Last Name: _____ First Name: _____ M/F: __ Birth Date: _____ Entering Grade: ____

Allergies (List type & severity): _____

Medications needed for allergy treatment: _____

Other medical conditions: _____

Medications needed for above medical condition (name and dosage): _____

Of the above medications, please list any needed at school: _____

DOCTOR'S NAME: _____ Phone: _____

DENTIST'S NAME: _____ Phone: _____

MEDICAL INSURANCE POLICY NUMBER: *(Required only if you have high school student)* _____

Local person authorized to care for child(ren) if parents cannot be reached in an emergency:

Name: _____ Phone: _____

Address: _____ Relationship: _____

In the event our child (children) become(s) ill or sustains injury while in the care of Boise Valley Adventist School and the school is unable to reach us, we give our permission to those in charge to take whatever steps are necessary. If it is not possible to reach the physician named, consent is given to any licensed physician or dentist to perform such emergency procedures as they think the existing emergency requires.

Because Boise Valley Adventist School cannot give any medication to students without proper authorization from parents, and only within the guidelines of the Medication Administration Policy, we give permission for our child to receive Acetaminophen (Tylenol) or Ibuprofen (Advil) at the discretion of the School Nurse or appropriate school personnel.

My student may take: Acetaminophen (Tylenol) yes _____ no _____
Ibuprofen (Advil) yes _____ no _____

Signature

Date

PLEASE COMMUNICATE WITH THE SCHOOL NURSE ANY HEALTH ISSUES THAT MAY BE A CAUSE FOR CONCERN AT SCHOOL. Thank you!

BVAS provides vision screening and hearing tests. Please check the programs you wish your child to participate in. Vision Hearing

How did you hear about Boise Valley Adventist School? _____

Is there a family we can thank for referring you? _____

Does this student have an unpaid account at another school? Yes () No ()

If yes, where _____

Please check which information you would like to be printed in the school directory.

home address email address home phone

Name and address of person to whom financial statements are to be sent if different than the parent.

Name	Address	Phone Number
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Student Commitment

- I have received the Student and Parent Handbook, reviewed it with my parents, and agree to abide by the policies outlined in the Handbook.
- I will accept personal responsibility for my own learning, understanding that I am accountable to God, myself, my parents and teachers.
- I will stay on task, complete my assignments and persevere with difficult problems.
- I will do my part to contribute to a positive school atmosphere, showing respect for teachers, fellow students, and their property.
- I will strive to grow spiritually, applying biblical values in personal relationships, work assignments, and extracurricular activities.
- Please check one or both:
 It is my parent's desire that I enroll at BVAS. It is my desire to be enrolled at BVAS.

Students Signature

Entering Grade

Date

Commitment of Support from Parents

It is the goal of BVAS to work together in Christ like love to solve problems. In keeping with Matthew 18:15, we will faithfully support the school through our prayer and positive attitude. We are committed to giving a good report by sharing any complaints or negative comments only with the people involved. We pledge to cooperate with BVAS to help our child have a positive experience.

As the parent/guardian of the above-named student, I have read the Student and Parent Handbook and have discussed it with my child. I accept responsibility for the education and training of my child, and commit myself to working closely with the teachers in all areas concerning training and education.

Parent Signature

Date

Parent Questionnaire

_____ Applying for Grade _____
Student's full name

Please answer each of the following questions so that we may better understand your child and reasons for choosing Boise Valley Adventist School. In keeping with Proverbs 22:6, we consider the education of a child a partnership between home, school, and church.

1. Please give your reasons for choosing BVAS.
2. Has it ever been recommended that your child receive remedial or tutorial services? Yes _____ No _____
3. Has your child ever received remedial or tutorial services? Yes _____ No _____ If yes, explain.
4. Has your child had any behavioral or scholastic difficulties in school? Yes _____ No _____ If yes, explain.
5. Has your child ever been dismissed, suspended or expelled from any school? Yes _____ No _____
If yes, explain.
6. Does your child have any physical, emotional, or other issues that may affect attendance or behavior?
Yes _____ No _____ If yes, explain.
7. Is your child overly shy and sensitive? Yes _____ No _____ If yes, explain.
8. Does your child work best independently or in groups?
9. Is concentration hard for him/her? Yes _____ No _____ If yes, explain.

Photo, Internet and Website Permission

BVAS would like your permission to post photographs of your child or exhibit your child's work on our website, in our brochure, or other promotional materials.

_____ BVAS **may** use my child's photograph in printed or displayed promotional materials.

_____ BVAS **may not** use my child's photograph in printed or displayed promotional materials.

_____ BVAS **may** use my child's work in printed or displayed promotional materials.

_____ BVAS **may not** use my child's work in printed or displayed promotional materials.

Acceptable Use Policy for Internet at BVAS

BVAS is committed to the use of computer technology as part of our curriculum. Computers are a tool which can help people more fully develop their potential and learning capacities. To aid in this process, we have developed an acceptable use policy to guide in the implementation and usage of computers at our school.

All students, teachers, staff and parents are expected to treat the computers and software with respect. Should a problem arise, the user is to notify the computer instructor or the principal of the problem. Then appropriate steps can be taken to correct the problem.

Computer software is an integral part of the curriculum. Its purpose is either as a primary or reinforcing learning tool. Users are expected to leave all setups, configurations, class rosters or user statistics as they are. If any changes are necessary, they must be made in the presence of the computer instructor or the principal.

It is important to maintain appropriate copyright standards as well as to avoid possible virus contamination. No software or disks are to be brought from home for use within the school setting. Users are responsible for their actions while using school computers.

Students at BVAS will be accessing the internet. The school's internet provider will filter out most objectionable material. Still, the following uses of the internet **by BVAS Students** are **NOT PERMITTED** :

- Accessing, uploading, downloading, distributing, or transmitting pornographic, obscene, sexually explicit or violent materials.
- Vandalizing, damaging, or disabling the property of another person or organization.
- Accessing another person's material, information or files.
- Revealing the address, personal phone number or other personal information of yourself or another student.
- Communicating a credit card, bankcard, or any other financial information.
- Downloading any file without permission from the teacher.

Any violation of the internet policy will result in the loss of computer privileges during the school year.

I have read, understand and agree to abide by this usage policy for computer use at BVAS.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

Authorization for Release of Motor Vehicle Records

Authorization for Release of Driving Record

I, _____, do hereby authorize and allow OPENonline, acting as an agent, to obtain a copy of my drivers license record/abstract information, which may include personal information, to be used for verification of information and for employment purposes, and to release my information to:

Idaho Conference of Seventh-day Adventists, Inc.
7777 Fairview Ave.
Boise, ID 83704 208-375-1524

Drivers Full Name: _____

License Number: _____ State: _____

Date of Birth: _____ Social Security Number: _____

Signature: _____ Date: _____

Insurance Verification for Drivers on School Activities

According to NPUC Educational Code and BVAS policy, all drivers must have a minimum insurance coverage of at least \$250,000 bodily injury liability and \$50,000 property damage liability when transporting students. One seatbelt must be used by each student. All drivers are required to authorize the Idaho Conference of Seventh-day Adventists, Inc. to obtain a DMV record.

If you plan to volunteer to help with transportation at any time during the school year, please complete this form and attach verification of the required coverage. This information must be updated at the beginning of each school year and will be kept on file in the school office.

Thank you for your willingness to help us as a driver!

Name: _____

Vehicle Make: _____ Number of seatbelts: _____

Insurance Expiration Date: _____

Please attach a proof of insurance coverage to this form (a copy of your insurance policy that discloses coverage amounts is adequate)