



Rogers Adventist School

Student Registration Form 2010-2011

Student Information

ID # _____

Student's First Name		MI	Student's Last Name		Student Goes By	Entering Grade
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date	State Born In	Student Attends what church?		Student Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Baptism Date
Ethnic Origin (Please check one) <input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other: _____						
Student Address			City		State	Zip
Home Phone	Is this the student's primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes		Publish Church Affiliation in Directory? <input type="checkbox"/> Yes <input type="checkbox"/> No		Publish Phone in Directory? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Student lives with: (check all that apply) <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian _____						

Family Information

Parent 1 Name		Parent 1 Occupation		Parent 1 Employer		
Parent 1 Address		City			State	Zip
Parent 1 Home Phone	Parent 1 Work Phone	Parent 1 Cell Phone	Parent 1 Email Address		Church Membership at?	
Parent 2 Name		Parent 2 Occupation		Parent 2 Employer		
Parent 2 Address		City			State	Zip
Parent 2 Home Phone	Parent 2 Work Phone	Parent 2 Cell Phone	Parent 2 Email Address		Church Membership at?	

Pledge / Permissions

- I agree to join my child's teachers as a partner. This means I will do my best to support and encourage his/her teachers, maintain cordial two-way communication, attend school functions and participate in student-parent-teacher conferences.
- I understand the objectives and regulations of the school as outlined in the school bulletin and pledge my full support.
- I give permission for my child to accompany his/her classmates and teacher on official class field trips.
- I give permission to seek a physician's services for emergency treatment in cases where the school is not able to reach either parent.
- I give permission for my child(ren)'s photos be included in school-related publications, local newspapers, magazine articles, school website, or letters relating to school activities.
- Per Washington State law, I agree to keep immunization records for my child(ren) up to date and on file at the school.

Signature _____

Date _____

Office Use Only

Date / /	Medical Consent	OTC Meds	Records Request	Immunizations	Birth Certificate	Principal Apt.	Financial Agreement
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