



701 1<sup>st</sup> Street NE  
P.O. Box 900  
Choteau, MT 59422  
406-466-2195

[TetonAdventistChristainSchool.org](http://TetonAdventistChristainSchool.org)  
[TetonAdventistChristainSchool@gmail.com](mailto:TetonAdventistChristainSchool@gmail.com)

Dear Parents,

Thank you for choosing Teton Adventist Christian School for your student's education. We are excited about the possibility of you joining our school family! We have worked diligently to prepare a place for students to love learning, know Jesus, and serve others.

Throughout the past four years, we have invested in preparing the school rooms to be conducive to learning and knowing Jesus. Much thought and attention went into creating a safe and inspiring environment for your kids to grow in. We are committed to making Teton Adventist Christian School a place we can all be proud of. These first few years have been exciting and so busy! Each student has loved school and has made wonderful progress.

We have spent hours praying and planning for you—the families of our school. Every decision, every dollar spent, we have had you in mind. We have been praying for you before we even knew you'd be interested in our school, and that makes our faith grow to know that God has been working in your lives during this time.

In this packet, you have everything you need to apply and enroll in Teton Adventist Christian School. If you have questions, please let us know so we can help you along in the process, as spots are limited. God bless you as you continue to pray about your child's education.

Sincerely,

Teton Adventist Christian School

## Enrollment Checklist

Dear Prospective Student & Parent,

In order to complete the enrollment process, Teton Adventist Christian School needs the following forms completed and returned by May 31<sup>st</sup> (early enrollment) or August 1<sup>st</sup>.

### New and Returning students:

- \_\_\_\_\_ Teton Adventist Christian School Enrollment Form
- \_\_\_\_\_ Consent to Treat Form
- \_\_\_\_\_ Health & Medical Form
- \_\_\_\_\_ Technology Use Policy
- \_\_\_\_\_ Internet Access Agreement
- \_\_\_\_\_ Security Camera Policy
- \_\_\_\_\_ Financial Agreement Form
- \_\_\_\_\_ Request/Release of Student Records Form
- \_\_\_\_\_ Volunteer Form
- \_\_\_\_\_ Parent and Student Pledge
- \_\_\_\_\_ Official documentation of immunizations (updated document for returning students)

### New Students:

- \_\_\_\_\_ Original or Copy of Birth Certificate
- \_\_\_\_\_ Physical for new students, 4<sup>th</sup> and 7<sup>th</sup> graders
- \_\_\_\_\_ 3 Letters of Recommendation

After we have received these items and the \$300 registration fee from you, we will request school records from the previous education institution and **schedule an education consult (if not already done)**. All prospective students are brought to the TACS school board for final approval. Spots are limited and applicants are considered in the order they are received.

### Please return completed documents to:

tetonadventistchristianschool@gmail.com

**OR**

Teton Adventist Christian School  
P.O. Box 900  
Choteau, MT 59422

## Teton Adventist Christian School Enrollment Form

Student Name: \_\_\_\_\_  
(Last) (First) (Middle)

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Is student a US Citizen? Yes No

Birth Place (City & State): \_\_\_\_\_ Circle one: Male **or** Female

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address if different from above: \_\_\_\_\_

Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Baptism (circle one): No **or** Yes Date of baptism if Yes: \_\_\_\_\_

Previous School attended: \_\_\_\_\_ Grade: \_\_\_\_\_

Race/Ethnicity:

\*The Seventh-day Adventist Church, in all of its church schools, makes no discrimination on the basis of race, color, ethnic background, country of origin, or sex in administration of education policies, applications of admission, scholarship or loan programs, and extracurricular programs. Teton Adventist Christian School follows this policy.

- Check all that apply.*
- ☐ White
  - ☐ Hispanic
  - ☐ American Indian/Alaska Native
  - ☐ Pacific Islander
  - ☐ Black or African American
  - ☐ Asian
  - ☐ Other: \_\_\_\_\_

## Enrollment Form (Cont.)

### Special Needs Acknowledgement

At Teton Adventist Christian School, student success is a top priority and teachers use many methods to reach that goal. Students with special needs (behavioral, academic, or emotional) may require the use of resources not offered at Teton Adventist Christian School. This takes a cooperative approach between parents, teachers, and special education personnel. Examples of resources outside of Teton Adventist Christian School are, but not limited to, special education testing services, Individualized Education Plan implementation, counseling, behavior training, etc. Students who have special needs may be asked to obtain these services as a condition for enrollment at Teton Adventist Christian School. Services provided in this manner are aimed at being able to keep special needs students at Teton Adventist Christian School in a Christian environment while also providing the professional help needed for academic, behavioral, or emotional growth and success. In addition to assisting the student, these services provide support for the classroom teacher and the parents. There may also be cases where a student's needs cannot be met at Teton Adventist Christian School, even with the added resources discussed above. Teton Adventist Christian School's staff, in consultation with the parent, school board or conference educational superintendent, will make that determination.

☐ I have read and understand the Special Needs Policy for TACS

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Signature

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Date

## **Parent & Emergency Contact Information**

### **Parent or Guardian 1**

*Check all that apply.*

- ☐ Lives with Student
- ☐ Student's Legal Guardian
- ☐ Adventist Church Member

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Relation to student: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

In case of emergency, which phone should we call first?      Phone 1      Phone 2

Church Affiliation: \_\_\_\_\_

### **Parent or Guardian 2**

*Check all that apply.*

- ☐ Lives with Student
- ☐ Student's Legal Guardian
- ☐ Adventist Church Member

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Relation to student: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

In case of emergency, which phone should we call first?      Phone 1      Phone 2

Church Affiliation: \_\_\_\_\_

## **Local Emergency Contacts**

1. First & Last Name \_\_\_\_\_ Phone: \_\_\_\_\_

Relation to student: \_\_\_\_\_

2. First & Last Name \_\_\_\_\_ Phone: \_\_\_\_\_

Relation to student: \_\_\_\_\_

3. First & Last Name \_\_\_\_\_ Phone: \_\_\_\_\_

Relation to student: \_\_\_\_\_

Physician Name & Phone: \_\_\_\_\_

Dentist Name & Phone: \_\_\_\_\_

### **Siblings Names**

### **Grade**

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Authorization to Pick-up: Please list all people who have your permission to pick up your child from Teton Adventist Christian School. All those authorized to pick-up must be at least 18 years old and be able to provide a legal ID.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### Questions for Parents

Has your student ever received service from or been involved in:

*Check all that apply.*

- ☐ Special Education
- ☐ Title I
- ☐ Reading Tutor
- ☐ Speech Therapy
- ☐ Gifted Program
- ☐ English as a 2nd Language
- ☐ Behavior Management
- ☐ Counseling
- ☐ Other: \_\_\_\_\_

Has the student ever been in long term suspension or suspended from school? ☐ Yes ☐ No

### Legal Bindings

Please list any legal binding information, including restraining orders, custody agreements that are pertinent to this student and his/her safety: A copy of these legal documents is required.

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Is there any other information that would help us serve your student?

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### Directory of Students

I give permission to publish parent & student names, addresses, phone number, and student's grade level in a school directory. ☐ Yes ☐ No

### Photo/Video Release

I give permission to use photos for publicity, promotional, and school/conference use.

☐ Yes ☐ No

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Consent to Treatment and Authorization to Release Information**

I, the undersigned parent/guardian of \_\_\_\_\_, do hereby consent to any x-ray, examination, anesthetics, medical or surgical diagnosis or treatment, and hospital service that may be rendered to said minor under the general or special instruction of the above named physician or a licensed hospital. It is understood that reasonable effort will be made to contact the physician listed above before any other physician is called.

It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize the school or the physician to exercise their best judgment as to the requirement of such diagnosis or treatment.

This consent shall remain in continuous effect until revoked in writing and delivered to the physician named above or the school.

I hereby authorize any hospital, physician, or other person who has attended or examined the minor to furnish to the student's accident insurance carrier or its representative any and all information with respect to any illness, medical history, consultation, x-ray, or treatment, and copies of all hospital or medical records. A copy of this authorization shall be considered as effective and valid as the original.

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

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## Health & Medical Information Form

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

Any allergies?

Check all that apply:

- ☐ None
- ☐ Bee Stings
- ☐ Wasp Stings
- ☐ Food Allergies - Please List: \_\_\_\_\_
- ☐ Environment
- ☐ Latex
- ☐ Medications - Please List: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

Describe any reactions to look for and how to intervene:

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List of medications and what they are for:

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If your child takes medication, do they take the medication at home? Or do they need to take it at school?

☐ Home    ☐ School

Does your student have any of the following?

☐ Asthma

☐ Attention Deficit Disorder

☐ Diabetes

If yes to diabetes, are they insulin dependent/needs school program set up? Or do they self manage (snacks, diet, testing, coverage)?

☐ Insulin dependent/Needs school program set up

☐ Self manages snacks, diet, testing and coverage

☐ Headaches

If yes to headaches, which medication works best for them? \_\_\_\_\_

☐ Seizures

If yes to seizures, do they need medication at school, they take it at home, or are they not currently on medication?

☐ They need medication at school.

☐ They take the medication at home.

☐ They have a history of seizures, but not currently on medication.

☐ Hearing concerns

☐ Vision Concerns

☐ Physical Restrictions

☐ Doctor's letter is required for some P.E. Adaptations

☐ Uses mobility aide (wheelchair, walker, crutches, etc.)

Describe health history (operations, serious accidents, and serious illness)

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## Health & Medical Information Form (Cont.)

### Diseases/Conditions

*Check all that apply.*

- ☐ Chicken Pox
- ☐ Measles (Rubella)
- ☐ Mumps
- ☐ Rubella (3 day)
- ☐ Scarlet Fever
- ☐ Sinusitis
- ☐ Eczema
- ☐ Whooping Cough
- ☐ Heart Disease
- ☐ Rheumatic Fever
- ☐ Kidney/Bladder Disorder
- ☐ Congenital Condition
- ☐ Other: \_\_\_\_\_

Note: If medication is needed, the parent must complete a medication authorization form before the first dose of medication can be given at school. This health concern information may be shared with school personnel as necessary to benefit the health and safety of this student and others. Please keep school staff informed as to any changes to the information provided so the student's records can be updated as needed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Technology Use Policy

Student access to the school's computers, networks, and internet services is provided for educational purposes and research consistent with the school's educational mission, curriculum, and instructional goals.

Students are further expected to comply with these rules and all specific instructions from their teacher or other supervising staff member/volunteer when accessing the school's computers, networks, and Internet services.

Users are responsible for their actions and activities involving school computers, networks, and internet services, and for their computer files, passwords, and accounts. Examples of unacceptable uses that are expressly prohibited include, but are not limited to, the following:

**Accessing Inappropriate Materials**-Accessing, submitting, posting, publishing, forwarding, downloading, scanning, or displaying materials that are defamatory, abusive, obscene, vulgar, sexually explicit, sexually suggestive, threatening, discriminatory, harassing, and/or illegal.

**Illegal Activities**-Using the school's computers, networks, and internet services for any illegal activity or that violates other school policies, procedures and/or rules.

**Violating Copyrights**-Copying or downloading copyrighted materials without the owner's permission.

**Plagiarism**-Representing as one's own work any materials obtained on the internet (such as term papers, articles, etc.). Internet sources used in a student's work must be cited by the author, publisher, and website address.

**Copying Software**-Copying or downloading software without the express authorization of the system administrator.

**Non-School Related Uses**-Using the school's computers, networks, and internet services for non-school-related purposes such as private financial gain; commercial, advertising, or solicitation purposes, and for any other personal use.

**Misuse of Passwords/Unauthorized Access-Sharing passwords**- Using other users' passwords without permission and/or accessing other users' accounts.

**Malicious Use/Vandalism**-Any malicious use, disruption or harm to the school's computers, networks, and internet services, including, but not limited to, hacking activities and creation/uploading of computer viruses.

**Unauthorized Access to Chat Rooms/News Groups/E-Mail**-Accessing chat rooms, news groups, or email without specific authorization from the supervising teacher.

### No Expectation of Privacy

The school retains control, custody, and supervision of all computers, networks, and internet services owned and leased by the school. The school reserves the right to monitor all computer and internet activity by students. Students have no expectation of privacy in their use of school computers, including e-mail and stored files.

### Compensation for Losses, Costs, and/or Damages

The student and/or student's parent/guardian shall be responsible for compensating the school unit for any losses, costs, or damages incurred by the school related to violations of this policy and/or these rules, including investigations of violations. The school assumes no responsibility for any unauthorized charges made by students including, but not limited to, credit card charges, long distance telephone charges, equipment and line costs, or for any illegal use of its computers such as copyright violations.

### Student Security

A student shall not reveal his/her full name, address, or telephone number on the internet without prior permission from a supervising teacher. Students should never meet people they have contacted through the internet without parental permission. Students should inform their supervising teacher if they access information or messages that are dangerous, inappropriate or make them uncomfortable in any way.

### Student emails

School emails will be provided for students for use of school software programs such as 3D printing. The use of these emails is for school use only and needs to follow the school technology policy.

### System Security

The security of the school's computers, networks and internet services is a high priority. Any user who identifies a security problem must notify the principal immediately.

### **Student/Parental Acknowledgement**

I have read and acknowledge the Teton Adventist Christian School technology use agreement.

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Student Name

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Signature of Student

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Date

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Signature of Parent

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Date

# Internet Access Agreement

## STUDENT

I understand that the Internet can connect me to useful information stored on computers around the world. While I have access to the internet provided by the school:

- I will use it only for educational purposes.
- I will not look at or participate in anything that is illegal, inappropriate, dangerous, offensive or opposed to the Adventist values of this school.

If I accidentally come across something that is illegal, dangerous or offensive, I will:

- Clear any offensive pictures or information from my screen; and
- Immediately, quietly, inform my teacher.
- I will not reveal home addresses or phone numbers mine or anyone else's
- I will not use the Internet to annoy or offend anyone else.

I understand that if the school decides I have broken these rules, appropriate action will be taken. Any activity not in compliance with these rules may result in a loss of access as well as other disciplinary or legal action.

Student's Name: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## PARENT OR GUARDIAN

I understand that the Internet can provide students with valuable learning experiences.

I understand that the school provides a filtering system on computers connected to the Internet and that every reasonable effort will be made to provide supervision.

I also understand that the school cannot completely control what is accessed and that a very small part of that information can be illegal, inappropriate, dangerous or offensive.

I accept that, while teachers will always exercise their duty of care, protection against exposure to harmful information must depend finally upon responsible use by students.

I believe \_\_\_\_\_ (student's name) understands this responsibility, and I hereby give my permission for him/her to access the internet under the school rules. I understand that students breaking these rules will be subject to appropriate action by the school. Any activity not in compliance with these rules may result in a loss of access as well as other disciplinary or legal action.

\_\_\_\_\_  
Parent or Guardian (Print)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

# Security Camera Policy

## 1. PURPOSE

The Teton Adventist Christian School Board (TACS) authorized the use of video cameras throughout the exterior of the school for the purpose of enhancing school safety and security. Our goals are to promote and foster a safe and secure teaching and learning environment for students and staff, to ensure public safety for community members who visit or use our school property, and to diminish the potential for personal and school loss or destruction of property.

## 11. GENERAL PROTOCOL

### Signage and Notification:

Signage will be posted at school building that notify students, parents, staff and the general public of TACS' use of security cameras. Students, parents and staff will receive additional information at the beginning of the school year regarding the use of security cameras in the schools and on school grounds. Such notification will include, but not be limited to, orientation and student handbooks.

### Camera Placement:

The security camera system is installed in public areas only. These areas include, but are not limited to, grounds, exterior entrances or exits to school buildings classrooms and sensors in spaces such as corridors, and main entries.

Security cameras will not be used where there is a reasonable expectation of privacy, including but not limited to restrooms.

### Viewing:

There will be no regular monitoring of live recordings, except in the case of a suspected emergency or safety concern.

Reviewing the recordings will occur when a suspected incident is committed inside or outside the building (e.g. vandalism, graffiti, etc.) or as needed for the purpose of school operations.

Viewing the data is to be performed by authorized personnel that have been expressly designated by the School Board.

The exterior cameras do pickup sound. Surveillance system misuse shall be addressed on a case-by-case basis by the School Board.

### Limited Access to Recordings:

Any video recordings used for security purposes in school buildings or grounds are the sole property of TACS. Release of such videos will be made only as permissible pursuant to applicable laws and with the permission of the School Board or their designee.

Access to video recordings from security camera shall be limited to school administrators (Superintendent/ designee, School Principal/designee, Appointed School Board officers). Law enforcement officials (Chief of Police/designee) shall be granted access to video recordings after giving prior notice to the School Superintendent/designee.

### Data Storage:

All video recordings are stored in a secure place to avoid tampering and ensure confidentiality in accordance with applicable laws and regulations.

Recordings will be automatically deleted as storage space determines, unless being used in an ongoing investigation.

**I have read and acknowledge the Security Camera Policy for Teton Adventist Christian School:**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal References: US Department of Justice, Office of Programs Published Research Report, Family Educational Rights and Privacy Act

## Financial Agreement

*This form must be completed and approved by the school treasurer before the student(s) can attend TACS.*

### **Parents/Guardians**

Name(s): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Name of person responsible for student account: \_\_\_\_\_

### **Student(s):**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

### **Discounts and Scholarships**

- Students registered by May 31 will receive a \$50 discount off of the \$300 registration fee.
- Members of the Choteau Seventh-day Adventist Church receive a \$50 scholarship each month that is paid by the church.

**Registration Fee (Due August 1<sup>st</sup>):**

Entrance Fee \$300 x \_\_\_\_ = \$ \_\_\_\_

Early registration -\$50 x \_\_\_\_ = \$ -\_\_\_\_ (If registered by May 31<sup>st</sup>)**Total Registration:** \$ \_\_\_\_**Annual Tuition:**

Grade 9-10 \$8,500 x \_\_\_\_ = \$ \_\_\_\_

Grades 1-8 \$5,000 x \_\_\_\_ = \$ \_\_\_\_

**Subtotal 1:** \$ \_\_\_\_**Scholarships:**

Church Scholarship -\$500/yr x \_\_\_\_ = \$ -\_\_\_\_

**Subtotal 2:** \$ -\_\_\_\_**Total Family Responsibility:** \$ \_\_\_\_/Year (Subtotal 1- Subtotal 2)

\$ \_\_\_\_/month over 10 months: August-May

**OFFICE USE ONLY**

ACE Scholarship -\$ \_\_\_\_/yr x \_\_\_\_ = \$ -\_\_\_\_

PFE Scholarship est. -\$ \_\_\_\_/yr x \_\_\_\_ = \$ -\_\_\_\_

TACS Tuition Assist. -\$ \_\_\_\_/yr x \_\_\_\_ = \$ -\_\_\_\_

**Recalculated Total Family Responsibility:** \$ \_\_\_\_/Year

\$ \_\_\_\_/Month over 10 months

*Tuition is due by the last business day of each month. A 5% late fee will be added monthly to all amounts over 30 days past due. Students that have accounts more than two (2) months behind, the family will have a financial plan meeting with the head teacher and treasurer. TACS also reserves the right to remove financial aid, scholarships, and or discounts retroactively if account remains delinquent over 90 days. Accounts over 120 days behind may be sent to collections. Students will be dropped from school when their financial accounts are 120 days delinquent. All outstanding accounts with TACS must be paid in full before registration will be considered complete and acceptance can be approved. I agree to abide by the school's Financial Policy, and understand that this is a binding financial agreement.*

Parent/Guardian (Print) : \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Treasurer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Volunteer Form

All volunteers are required to complete education and a background screening prior to volunteering. Please obtain information from the teacher to complete these items.

I am available to assist in the classroom:                      Yes                      No

I have a Teaching Certificate:                                      Yes                      No

I am available to help with school lunch:                      Yes                      No

I am available to help with fundraising events:                      Yes                      No

I am available to help with school work bees:                      Yes                      No

I am available to help with secretarial/library duties: Yes                      No

I am available to help with special projects,                      Yes                      No  
such as yearbook, newsletters, etc:

I am available to chaperone on field trips:                      Yes                      No

I am available to transport students in my vehicle:    Yes                      No

If "yes" please complete driver approval, obtain information from the teacher.

When are you available to volunteer (certain days, times, etc.)? \_\_\_\_\_

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### Volunteer's Pledge

I realize that volunteering at Teton Adventist Christian School is a privilege and not a right.

**I have read and understand the School Handbook.**

I pledge to abide by the policies established by the school, including those mentioned in the Student Handbook; to support the administration, staff, and the school in general; and to cooperate with the administration and staff in regards to the rules, regulations, and procedures established by the school.

I accept responsibility to follow the rules, regulations, and procedures of the school.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

## Parent and Student Pledges

### PARENTS' PLEDGE

I realize that attending Teton Adventist Christian School is a privilege and not a right.

**I have read and understand the Student Handbook.**

I pledge to abide by the policies established by the school, including those mentioned in the Student Handbook; to support the administration, staff, and the school in general; and to cooperate with the administration and staff in regards to the rules, regulations, and procedures established by the school.

I accept responsibility for my child to follow the rules, regulations, and procedures of the school.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

### STUDENT'S PLEDGE

I realize that attending Teton Adventist Christian School is a privilege and not a right.

**I have read and understand the Student Handbook.**

I pledge to abide by the policies established by the school, including those mentioned in the Student Handbook; to support the administration, staff, and the school in general; and to cooperate with the administration and staff in regards to the rules, regulations, and procedures established by the school.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_



## Request for Official Transcript and School Records

*As a parent or guardian you have the right to give permission or not give permission for the exchange of your child's records with other persons or agencies. This request provides you with the opportunity to approve or not approve such a request unless release of records is allowed under one of the exceptions under the rules implementing the Federal Family Education Rights and Privacy Act (for example, transfer of records from one school district to another).*

Student Name: \_\_\_\_\_ DOB \_\_\_\_\_

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_  
hereby give my permission for school records to be released and sent to Teton  
Adventist Christian School.

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

Please send information to:

Teton Adventist Christian School

P.O. Box 900

Choteau, MT 59422