



APPLICATION PACKET CHECK LIST 2026-2027

Your application will be considered only after the following has been *completed and received*:

- Completed and signed *Application for Admission* form – signed by both parents and student.
- *Reference Form*
- *School Volunteer Information*
- *Volunteer Driver Form*; if parent or guardian would like to drive for field trips.
- *Consent to Treatment*,
- *Student Medical Record and Physician's Examination* (completed and signed by physician);
- *Financial Contract* – signed by both parents, and the financial responsible parent/guardian;
- *Student release form*;
- *Acceptable Use Policy*,
- *User Agreement and Parent Permission Form* – signed by parent and student.
- *Parent Information and Commitment form* – signed and initialed;
- *Guidelines for K-8 students during off-campus trips* – signed by student
- *Request for student records*,
- *Records of Immunizations*.
- *Birth Certificate*
- Payment of full registration fee of **\$495.00**
- *First Tuition Payment – Due at Registration*

As soon as all the above has been received, an interview with the student and parents (by the principal and teacher) will be arranged.

Parents will be advised of the decision, soon after the interview. (A unanimous favorable vote is required for admittance.)

Successful interviewees will be accepted in order of the receipt date of the completed application packet. If the classroom is already filled, they will be placed on the waiting list in order of the receipt date of the completed application packet.



Date
Interviewed: _____
Date
Accepted: _____
Grade
Approved: _____
NAD ID # _____

APPLICATION for ADMISSION 2026-2027

Date of application: _____

Grade applying for: _____ Age _____ Gender: M F Ethnicity _____

Student Legal Name _____
Last First Middle

Address _____
Street City State Zip

Name student goes by _____ Birth date _____
Nick name month / day / year

Check document submitted to verify birth date for child entering Kindergarten or First Grade:

- Birth certificate Notarized statement
 Hospital statement Passport or visa

Verified by School Official

Is this student a baptized member of the Seventh-day Adventist church? Yes No

If yes, date baptized _____ Church where membership is held _____

If student has another church affiliation, please specify _____

- Student lives with both parents Student lives with guardian
 Student lives with Mother Student lives with Father
If the student lives with one parent, who has legal custody? Father Mother Other

If other, please specify: _____

Who is responsible for tuition payment? Both parents Father Mother Other*

* Name of person *responsible for tuition payment*, if not Father or Mother : (This person to sign the Financial Contract)

Full name _____



Brothers / Sisters of Student:

| Name | Age | School Attending |
|-------|-------|------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Has this student been previously identified as qualifying for a gifted education program? Yes No

If yes, what kind? _____ When? _____

Where? _____ By whom? _____

Has this student been previously identified as qualifying for a special education program? Yes No

If yes, what kind? _____ When? _____

Where? _____ By whom? _____

Does the student have an unpaid account at another school? Yes No

If so, state where? _____

PHOTO/VIDEO RELEASE:

I hereby grant permission to the Hollister SDA Christian School to use my child's photograph/video image for school use: (please initial)

school brochures _____ advertising _____ posters _____ school web site _____
 bulletin boards _____ yearbook _____ newsletter _____ social media _____

STUDENT CONTRACT:

I agree to uphold the school's regulations. I pledge to uphold the policies of the Hollister SDA Christian School and will give my cooperation and loyalty to the school and its employees. I will live in harmony with the school's Christian principles.

Date

Student's Signature

PARENT/GUARDIAN CONTRACT:

I/We the undersigned, hereby agree to support school regulations and to help my/our child observe them, to supply physical examination reports for this student, a) entering this school for the first time, b) at first grade, c) at seventh grade (this should include the scoliosis examination), and d) when required by the Conference Board of Education; and to accept all financial and educational obligations for this student.

Date

Father's Signature/Guardian's Signature

Date

Mother's Signature/Guardian's Signature

Family Name: _____



REFERENCE

How did your family hear about Hollister SDA Christian School?

- School Web Site
- Social Media
- Movie Theater Ad
- San Benito County Fair
- Advertisement in newspaper _____
- Telephone Directory
 - TransWestern Publishing
 - South Valley
 - Yellow Pages
 - Other _____
- School Brochure
- Church _____
- Friend or Relative*
- Current Parent/Student of HSDACS*
- Other _____

*If you were referred by a friend/relative/current parent, please provide their full name and address:

Name: _____

Address: _____

Parent Name: _____ Date: _____

Please print



Family Name: _____

SCHOOL VOLUNTEER INFORMATION

Greetings Parents. Thank you for all you do already to give your children the best possible opportunities for success. A study put out in 2009 concluded parental involvement at school is more likely to improve academic performance in middle scholars than helping them with homework. Being involved here at school also decreases behavioral problems and increases the likelihood of completing high school down the road.

We know many of you are already involve here at school in many capacities. If you haven't gotten involved yet, or are looking to help your child's class specifically, here are some things which we would appreciate an extra set of hands, eyes and brains.

Please check below the ways you are willing to volunteer at our school.

- | | |
|--|---|
| _____ Driving for Field Trips | _____ Fundraising |
| _____ Paper Correction | _____ Room Parent |
| _____ General Maintenance | _____ Serving Hot Lunch (11pm- 1pm) _____ |
| _____ Gardening/ Ground Cleaning | _____ Recess Supervision (9:30am - 10am) _____ |
| _____ Classroom Cleaning (3:15pm - 5:15pm) _____ | _____ PTO/ Home and School activities and events |
| _____ Lego Robotics (3:15pm -05:15pm) _____ | _____ Classroom Aide () Kindergarten () K-4 () 5-8 |
| _____ Sport Coaches: 3 hours per week | _____ Art & Craft: 3 hours per week |
| _____ Library (10am - 12pm) | _____ Classroom Library |
| _____ Office Aide (12pm - 3:30pm) | _____ Afterschool Supervision (TK-8) 3:15pm - 6pm |
| _____ Singing & Instrument Instruction: 3 hours per week | |

Other (list below)

NOTE: All volunteers must have clear Live Scan fingerprints and complete a 2-hour mandated reporter training course to be eligible for any volunteer activity. Please ask the office manager for information.
<https://mandatedreportertraining.com/>

 Parent Name (please print)

 Date



Student(s): _____

VOLUNTEER DRIVER (AUTO POLICY INFORMATION REQUIRED)

1. Name _____
2. Driver's License Number _____ Expiration Date _____
3. Driving History (last 3 years)
- Any traffic tickets? Yes No
- If yes, please describe _____
- Any accidents? Yes No
- Any accidents your fault? Yes No
- If yes to either of the above, please describe _____
- _____ 4.
- Name of your insurance company _____
- Policy Number _____ Effective dates _____ -- _____
5. Limits of Coverage Required:
- | | | Your Policy Limits | <input type="checkbox"/> |
|-----------------------------|-----------------------------|--------------------|--------------------------|
| A. Per Person/Bodily Injury | (Minimum \$15,000/\$30,000) | \$ _____ | <input type="checkbox"/> |
| B. Property Damage Payments | (Minimum \$50,000) | \$ _____ | <input type="checkbox"/> |
| C. Medical Payments | (Minimum \$5,000) | \$ _____ | <input type="checkbox"/> |
| D. Uninsured Motorists | | \$ _____ | <input type="checkbox"/> |
6. Number of Passengers/Car _____

Office Use

PLEASE ATTACH A COPY OF YOUR CURRENT POLICY SHOWING COVERAGE AND EXPIRATION DATE.

Please be advised that while the group is in transit, your car insurance is responsible in the event of an accident. For your protection, the Central California Conference of Seventh-day Adventists **requires** that all vehicles transporting students for any school outing must carry the above insurance requirements.

I certify that I have provided accurate and up-to-date information about my car insurance, and I am aware that my policy is the first carrier to cover the students while they are in transit. I will update my information when needed.

I certify it is my responsibility to complete a Live Scan fingerprinting and Mandated Reporter training *to be cleared* by the Central CA. Conference as a chaperone/volunteer for the Hollister SDA Christian School <https://mandatedreportertraining.com/>

Driver's Signature

Date

2026/2027



Allergies:

CONSENT TO TREATMENT

Only designated staff will have access to the completed form. This form will be stored in a locked file.

This form must be filled out at the beginning of each school year, to cover the activities for the school year. A copy of each student's form must be taken on off-campus activities.

Student Name _____

Address _____
Street City State Zip

Birth date _____ month / day / year Age _____

Father/Guardian's Name _____

Home ☎ _____ Work ☎ _____ Cellular ☎ _____

Mother/Guardian's Name _____

Home ☎ _____ Work ☎ _____ Cellular ☎ _____

Please describe allergies to substances, food and medication: _____

If on regular medication, please specify: _____

Date of last tetanus shot _____

Please give the name of your local pediatrician to be called in case your son or daughter becomes ill, or has an accident at school and you cannot be reached.

1. Physician _____

Address _____

Office Telephone Numbers _____

2. Dentist _____

Address _____

Office Telephone Numbers _____

Please give the names of two relatives or friends who have consented to assume the responsibility of your son or daughter in case of illness or accident until you can be reached. In case of any changes in the named persons, please notify the school in writing.

1. Name _____ Telephone _____

Address _____

2. Name _____ Telephone _____

Address _____

If emergency service involving medical action or treatment is required and neither the parent nor the student's physician can be reached for consent, the parents hereby consent to the rendering of such emergency medical service for the above named student, as shall be necessary in the medical opinion of the doctor rendering the service. This authorization is given pursuant to the local state Civil Code.

Signature of Parent or Guardian: _____ Date: _____



| |
|-----------|
| Allergies |
| _____ |
| _____ |
| _____ |
| _____ |

STUDENT MEDICAL RECORD

Only designated staff will have access to the completed form. This form will be stored in a locked file.

Name _____

Address _____
Street
City
State
Zip

Birth date _____
month / day / year

Father/Guardian's Name _____

Mother/Guardian's Name _____

History: (Past illnesses and allergies. Please check those he/she has had.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Cancer <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Diabetes <input type="checkbox"/> Diphtheria <input type="checkbox"/> Epilepsy <input type="checkbox"/> Heart Disease <input type="checkbox"/> Measles | <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Scarlet Fever <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Whooping Cough <input type="checkbox"/> Ear Infections <input type="checkbox"/> Other | Allergies: <input type="checkbox"/> Asthma <input type="checkbox"/> Hay Fever <input type="checkbox"/> Insect Bites <input type="checkbox"/> Penicillin <input type="checkbox"/> Other Drugs |
|--|---|--|

Explain briefly factors such as surgeries, serious accidents or injuries, congenital defects, which may affect the child's school experience

Indicate physical problem by check: Hearing Heart Sight Speech

Other _____
Specify

IMMUNIZATIONS - An official record of immunizations must accompany this medical record for all students entering school for the first time in the United States regardless of grade level. Records considered official are:

- State Immunization Record
- Health Provider Record - must have signature, stamp, or initials next to each date.
- Physician's Record
- County Health Department Record
- Official Immunization Record from another state
- School Immunization Record

LABORATORY RECORD

| | Type * | Dates Given | Given by | Date Read | Read By | Impression |
|----------------------|--------------------------------------|-------------|----------|-----------|---------|------------------------------|
| TB SKIN TESTS | <input type="checkbox"/> PPD Mantoux | | | | | <input type="checkbox"/> Pos |
| | <input type="checkbox"/> Other _____ | | | | | <input type="checkbox"/> Neg |
| | <input type="checkbox"/> PPD Mantoux | | | | | <input type="checkbox"/> Pos |
| | <input type="checkbox"/> Other _____ | | | | | <input type="checkbox"/> Neg |
| | <input type="checkbox"/> PPD Mantoux | | | | | <input type="checkbox"/> Pos |
| | <input type="checkbox"/> Other _____ | | | | | <input type="checkbox"/> Neg |

If required by school entry, must be Mantoux unless exception granted by local health department.

CHEST X-RAY Film date: ____/____/____ Impressing: normal abnormal
 Person is free of communicable tuberculosis yes no

Signature/Agency _____



PHYSICIAN'S EXAMINATION*

Height _____

Weight _____

Blood Pressure _____

Pertussis Booster (Tdap) completed for entry into 7th grade. Date given _____

| | Normal | Abnormal | Not Examined | Explain Abnormalities |
|--|--------|----------|--------------|-----------------------|
| Skin | | | | |
| Eyes, vision, glasses | | | | |
| Ears, hearing | | | | |
| Nose and throat | | | | |
| Mouth, teeth, speech | | | | |
| Glands | | | | |
| Chest, lungs | | | | |
| Cardiovascular, heart | | | | |
| Abdomen, enlargement | | | | |
| tenderness | | | | |
| hernia | | | | |
| Spine, back | | | | |
| Scoliosis for Grade 7 | | | | |
| Posture | | | | |
| Extremities | | | | |
| Genitourinary | | | | |
| Nervous System, reflexes | | | | |
| Nutritional Status and general appearance of the child | | | | |

Recommendations for additional medical or dental care _____

This student may participate in a normal physical education program, which includes such activities as running, jumping, tumbling.
 Yes No

If student must be restricted from participating in activities such as are listed above, please indicate physical activities that may be permitted:

Date _____ Physician's Signature _____
 Address _____

* To be completed by a physician and kept on file at the school for all children, a) entering this school for the first time, b) at first grade, c) at seventh grade (this should include the scoliosis examination), and d) when required by the Conference Board of Education.



FINANCIAL CONTRACT

Student 1: Legal Name: _____ Grade applying for: _____

Student 2: Legal Name: _____ Grade applying for: _____

Student 3: Legal Name: _____ Grade applying for: _____

Student 4: Legal Name: _____ Grade applying for: _____

Name of *Parent/Guardian/Guarantor where statements should be sent:

Legal Name: _____

Address: _____

Street & Apartment #

City

State and Zip

Home Tel #: _____ Cell #: _____

E mail: _____ Work Tel #: _____

Payment Agreement

I/We, hereby agree that tuition is charged in 10 (ten) installments, beginning at registration time in August, through May. I/We further agree to the financial obligations and other stipulations as outlined in the current handbook. I/We also give permission to the above student/s to order hot lunch from the school, as needed and I/We agree that these fees be charged to my/our account at the end of every month, August through May. I/we will be responsible for the payment of all lunches ordered and/or eaten by my/our students. The school reserves the right to legal action for the collection of all fees and tuition, and I/we will be responsible for all costs of collection, including court expenses and reasonable attorney's fees.

Date

*Signature 1

Signature 2

2026/2027



Student Name: _____

STUDENT RELEASE FORM

Your child(ren) can be released to those authorized individuals listed below only. Please list those adults authorized to pick up your child(ren) from school in the event that you will not be able to pick them up. If there are any changes to this list during the year, please make those changes IN PERSON at the school office during school hours.

| | NAME | TELEPHONE NUMBER | RELATION TO CHILD |
|-----|-------|------------------|-------------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ |
| 7. | _____ | _____ | _____ |
| 8. | _____ | _____ | _____ |
| 9. | _____ | _____ | _____ |
| 10. | _____ | _____ | _____ |
| 11. | _____ | _____ | _____ |
| 12. | _____ | _____ | _____ |

PARENT NAME: _____
(Please print)

Emergency Contact #: _____

SIGNED: _____
Parent / Guardian

_____ Date



ACCEPTABLE USE POLICY

The Hollister SDA Christian School of the Seventh-day Adventist education system is pleased to offer their students access to a computer network for electronic mail and the Internet. To gain access to e-mail and the Internet, both parent and student must sign and return this form to the school.

The Internet is a powerful resource for expanding the educational experience of each student. Access to e-mail and the Internet will enable students to explore thousands of libraries, databases, and bulletin boards while exchanging messages with Internet users throughout the world. Unfortunately, it is true that some material accessible via the Internet may contain items that are illegal, defamatory, inaccurate, or offensive. We believe, however, that the benefits to students in the form of information resources and opportunities for collaboration exceed any disadvantages; and, therefore, support the school's choosing to make the Internet available to our students. But because ultimately, parents and guardians are responsible for setting and conveying the standards that their children should follow when using media and information sources, we respect each family's right to decide whether or not to apply for access.

Since the network is provided for students to conduct research and communicate with others at school, access is given to students who agree to act in a considerate and responsible manner. Parental permission is required. Access, is a privilege, not a right. Access entails responsibility.

Students are responsible for Christian behavior and communication on the school computer network, just as they are anywhere on the school campus. It is presumed that users will comply with school standards and will honor the agreements they have signed. The school takes very seriously the responsibility for appropriate use of the network. School staff will guide students toward resources acceptable within the framework of the general school standards. If a student should access inappropriate material, the school will not be liable and the student will forfeit network privileges at this institution.

Computer storage files will be treated like school lockers. School staff may review files and communications to maintain system integrity and ensure that users are using the system responsibly.

Students will adhere to Christian principles and will:

- be responsible and courteous in all communications;
- be responsible with all computer hardware and software;
- keep their passwords to themselves;
- respect the confidentiality of folders, work and files of others;
- learn about and observe copyright laws;
- not use the school's computers for personal use, including checking personal e-mail, corresponding in any way with individuals outside the Hollister SDA Christian School, blogging, chatting, shopping, etc.

Any activity not in accordance with these general rules may result in a loss of access, as well as other disciplinary or legal action.

_____ PARENT SIGNATURE



User Agreement and Parent Permission Form

As a user of the school's computer network, I agree to comply with the above stated rules communicating over the network in a reliable fashion while honoring all relevant laws and restrictions.

Student Signature _____

Student Name _____

Student Grade _____

As the parent or legal guardian of the student signing above, I grant permission for my son or daughter to access networked computer services such as electronic mail and the Internet for educational purposes. I understand that individuals and families may be held liable for any inappropriate behavior. I understand that some materials on the Internet may be objectionable, but I accept responsibility to work with the school in guidance of Internet use, setting and conveying standards for my child to follow when selecting, sharing or exploring information and media.

Parent Signature _____ Date _____

Parent Name (Printed) _____



Parent Commitment

- 1) We have read and understand the school's Mission Plan, Philosophy Statement, and the School Objectives, we are in agreement with them, and we commit to personally uphold and practice them in our lives.
- 2) We, as parents, accept the challenge to *"train up a child in the way he should go"* (Proverbs 22:6). We further pledge to work with the teachers and staff at the Hollister SDA Christian School as a team to achieve this goal.
 - 3) We understand that we, as parents/guardians have the primary responsibility for our child's education, and that we have an obligation to be actively involved with the school in the education of our child. We agree to uphold and support the high academic, Biblical, and moral standards of the school by providing a place at home for our child to study, by requiring our child to complete all school and homework assignments, and by giving our child encouragement in the completion of those assignments.
 - 4) We will faithfully support the school through our prayers and positive attitude. In keeping with Matthew 18:15, we are committed to giving a good report by sharing any complaints and negative comments in private and only with the adults involved. We will not cause our child to become involved in these matters by our own misconduct and lack of discretion.
 - 5) We understand that complaints and negative comments made to other parents, teachers and/or adults not directly involved in an issue undermine and harm all involved, and that practicing of such behaviors is grounds for the School Board to require the withdrawal of our child from the school.
 - 6) We will faithfully support the teacher and the Principal. Calls or reports from them concerning our child's behavior will be taken seriously by us. We will work with the teacher to understand the situation, and we will let our child know that our expectations for his/her behavior in school are the same as the teacher's.
 - 7) We state that if, for any reason, our child does not respond favorably to the school, we will do everything in our power to cooperate with the school to help our child make the necessary adjustments. If these adjustments cannot be made, then we agree to quietly withdraw our child.

We, the parents/guardians of the student applicant, do sincerely give our commitment to the above items. We understand that enrollment in the school is a privilege and is at the discretion of the School Board. We understand that failure of the parents, guardians and/or child to comply with the established regulations and discipline, parental commitment, or failure to meet financial obligation will forfeit the child's privilege of attending the Hollister SDA Christian School.

Parent/Guardian's Signature

Parent/Guardian's Signature

Date

Date



Guidelines for K-8 students during off-campus trips

1. The appropriate permission forms must be signed by parent/guardian by the specified deadline - before departure. Phone permission is not acceptable.
2. Students will use school-authorized transportation to and from the activity.
3. Students cannot participate in a school activity organized for a sibling from another grade level unless prior arrangement has been made with the class sponsor.
4. School rules, conduct and dress guidelines will be enforced at all times (Specifically no bikinis or jewelry).
5. Students may not fraternize with strangers or invite them to their location.
6. Curfew times will be announced and enforced.
7. Male and female students must not visit together in each other's room/cabin/tent without the presence of a sponsor at any time, 24 hours daily.
8. Free time for shopping/sight-seeing must be done in groups of a minimum of four students and with full knowledge and supervision of sponsors.
9. Alltime schedules for activities must be strictly observed.
10. Sponsors/chaperones' instructions must be followed without arguing.
11. Public or private display of affection is not allowed.
12. The property of hotels/cabins must be treated with ultimate care.
13. Social activities must reflect the Christian standards of Hollister SDA Christian School.
14. Parents/Volunteers who participate in the activity must have passed a background check and be cleared by the Central California Conference of Seventh-day Adventists. (Please inquire at the office *well in advance of the planned trip*, to receive information on "Shield the Vulnerable".)
15. Student/parent is responsible for the cost of damage to property and an early return trip home, if necessitated by disciplinary action of the trip sponsors.

Pledge: I pledge to abide to these and all published guidelines for trips.

Student signature

Date

Parent signature

Date



REQUEST FOR STUDENT RECORDS

Student Name: _____ Grade: _____

School: _____

Address: _____

City: _____ State: _____ Zip: _____

School Phone Number: (____) ____ - ____

School Fax Number: (____) ____ - ____

Please forward all educational/confidential records, including Special Education Files pertaining to the student, as well as all cumulative records, attendance, disciplinary and any medical information relative to the student, to the address listed below. Please include any recommendations or other pertinent information as requested.

Parent's Signature

Date

Please send records to: THE REGISTRAR/OFFICEMANAGER
HOLLISTER SDA CHRISTIAN SCHOOL
400 ISABEL LANE
HOLLISTER, CALIFORNIA 95023