KLAMATH FALLS ADVENTIST CHRISTIAN SCHOOL

New Student Registration Checklist

Return the following items to complete new student registration.

- ☐ Family Information
- ☐ Pledge and Permissions
- ☐ Student Information
- ☐ Consent to Treatment
- ☐ Records Request
- ☐ Registration fee paid
- ☐ If Applicable: Financial Aid Application online
- ☐ If Applicable: Financial Aid Application hardcopy

The following documents are provided to you along with enrollment paperwork.

- Safe Schools information
- Background Check registration information
- Calendar (will be available in May)
- School Supply List (will be provided near the start of school)

Grade	2026-2027 Yearly Tuition Rate
Kindergarten - 8	$4900 per year for returning students
Kindergarten - 8	$5000 per year for new students

2026-2027 Registration Fees	
Registration completed by June 15, 2026	$150 per returning student & $250 in August
Registration for new students or completed after June 15, 2026	$500 per student

Tuition is billed over nine months, September through May.

Klamath Falls Adventist Christian School
2499 Main Street
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541-882-4151

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Student Information

PARENTS/GUARDIANS: Fill in the requested information as completely as possible. Please print clearly.

GENERAL INFORMATION FOR STUDENT #1

LEGAL LAST NAME:_____ SUFFIX (Circle One): Esq. II III Jr. Sr.

LEGAL FIRST NAME: _____ PREFERS TO BE CALLED (Nickname): _____

LEGAL MIDDLE NAME: _____ GENDER: _____

BIRTHDATE (MM/DD/YY):_____ GRADE STUDENT WILL BE ENTERING: _____

BIRTH COUNTRY: _____ BIRTH STATE: _____

ETHNICITY: _____

CHURCH: _____

BAPTIZED SEVENTH-DAY ADVENTIST? □ Yes □ No DATE BAPTIZED: _____

NAME OF SCHOOL MOST RECENTLY ATTENDED: _____

GENERAL INFORMATION FOR STUDENT #2

LEGAL LAST NAME:_____ SUFFIX (Circle One): Esq. II III Jr. Sr.

LEGAL FIRST NAME: _____ PREFERS TO BE CALLED (Nickname): _____

LEGAL MIDDLE NAME: _____ GENDER: _____

BIRTHDATE (MM/DD/YY):_____ GRADE STUDENT WILL BE ENTERING: _____

BIRTH COUNTRY: _____ BIRTH STATE: _____

ETHNICITY: _____

CHURCH: _____

BAPTIZED SEVENTH-DAY ADVENTIST? □ Yes □ No DATE BAPTIZED: _____

NAME OF SCHOOL MOST RECENTLY ATTENDED: _____

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GENERAL INFORMATION FOR STUDENT #3

LEGAL LAST NAME:_____ SUFFIX (Circle One): Esq. II III Jr. Sr.

LEGAL FIRST NAME: _____ PREFERS TO BE CALLED (Nickname): _____

LEGAL MIDDLE NAME: _____ GENDER: _____

BIRTHDATE (MM/DD/YY):_____ GRADE STUDENT WILL BE ENTERING: _____

BIRTH COUNTRY: _____ BIRTH STATE: _____

ETHNICITY: _____

CHURCH: _____

BAPTIZED SEVENTH-DAY ADVENTIST? □ Yes □ No DATE BAPTIZED: _____

NAME OF SCHOOL MOST RECENTLY ATTENDED: _____

GENERAL INFORMATION FOR STUDENT #4

LEGAL LAST NAME:_____ SUFFIX (Circle One): Esq. II III Jr. Sr.

LEGAL FIRST NAME: _____ PREFERS TO BE CALLED (Nickname): _____

LEGAL MIDDLE NAME: _____ GENDER: _____

BIRTHDATE (MM/DD/YY):_____ GRADE STUDENT WILL BE ENTERING: _____

BIRTH COUNTRY: _____ BIRTH STATE: _____

ETHNICITY: _____

CHURCH: _____

BAPTIZED SEVENTH-DAY ADVENTIST? □ Yes □ No DATE BAPTIZED: _____

NAME OF SCHOOL MOST RECENTLY ATTENDED: _____

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Family Information

Parents/Guardians: Fill in the requested information as completely as possible. Please print clearly.

General Information

STUDENT(S) NAME(S): _____ _____

_____ _____

	PARENT / GUARDIAN #1	**PARENT/GUARDIAN #2**
RELATION TO STUDENT(S):	_____	_____
SALUTATION: (Circle One)	Mr. Dr. Mrs. Miss Ms.	Mr. Dr. Mrs. Miss Ms.
LEGAL FIRST NAME:	_____	_____
MIDDLE INITIAL:	_____	_____
LEGAL LAST NAME:	_____	_____
HOME ADDRESS:		**(IF DIFFERENT THAN PARENT #1):**
MAIL:	_____	_____
STREET: (If Different)	_____	_____
CITY, STATE:	_____	_____
ZIP CODE:	_____	_____
COUNTY OF RESIDENCE:	_____	_____
E-MAIL:	_____	_____
HOME PHONE:	_____	_____
CELL PHONE:	_____	_____
WORK PHONE:	_____	_____
OCCUPATION:	_____	_____
EMPLOYER:	_____	_____
CHURCH MEMBERSHIP AT:	_____	_____
BAPTIZED SDA?	□ Yes □ No	□ Yes □ No
HOME ADDRESS SAME AS STUDENT(S)?	□ Yes □ No	□ Yes □ No
MAY PICK-UP STUDENT(S)?	□ Yes □ No	□ Yes □ No
EMERGENCY CONTACT?	□ Yes □ No	□ Yes □ No
RECEIVE GRADES/SCHOOL INFO.?	□ Yes □ No	□ Yes □ No
RECEIVE TUITION BILLS?	□ Yes □ No	□ Yes □ No

PLEASE NOTE: Separated or divorced parents may wish to provide a copy of your court order indicating custodial parent along with any special instructions.

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Emergency Contact Information

Please list individuals we should contact in case of emergency when the parents/guardians listed previously cannot be reached.

	CONTACT #1	CONTACT #2
FIRST & LAST NAME:	_____	_____
RELATION TO STUDENT(S):	_____	_____
WORK PHONE:	_____	_____
HOME PHONE:	_____	_____
CELL PHONE:	_____	_____

Permission to Pick-up Students

Please list individuals other than parents/guardians that have permission to pick your student(s) up from school.

	NAME	**RELATION TO STUDENT(S)**	**PHONE**
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

A signed note is required if it is necessary for your student to go home with someone other than those persons on the above list.

A verbal authorization is allowable, to a member of the school staff, for my student(s) to leave with someone not on the above list. □ Yes □ No _____ (Initial)

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Pledge and Permissions:

I commit to collaborating with my child's teachers. I will strive to support and encourage them, maintain open two-way communication, attend school events, volunteer for at least two activities, and participate in parent-teacher conferences.

Signature: _____ Date: _____

I give permission to seek a physician's services for emergency treatment in cases where the school is not able to reach either parent.

Signature: _____ Date: _____

I give permission for my child's photos to be included in the following ways. Please check all that you are authorizing.

_____ School related publications
_____ Church related publications
_____ Yearbook
_____ School website/advertising
_____ Videos relating to school activities.
_____ Social Media (Facebook and Instagram

Signature: _____ Date: _____

I give permission for my child to accompany his/her classmates and teacher on official class field trips.

Signature: _____ Date: _____

Per Oregon State law, I agree to keep immunization records for my student(s) up to date and on file at the school.

Signature: _____ Date: _____

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Consent to Treatment

We, the undersigned parent or guardian of (student name) _____ a minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of (student's physician) _____, M.D., at (physician's phone #)_____ or any physician the school may call, 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 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 Klamath Falls Adventist Christian School or the physician to exercise their best judgment as to the requirements of such diagnosis or treatment. This consent shall remain in continuous effect until revoked in writing and delivered to the physician named above or to the school entrusted with the custody of said minor.

The above named student (circle one) is / is not covered by health insurance.

Current Health Insurance Company: _____
Member #: _____ Group #: _____
Which hospital does your insurance cover?_____

Contact Information:
Parent/Guardian's Printed Name: _____
Parent/Guardian's Signature: _____ Date:_____
Cell Phone #:_____

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Medical Information For Student:

Medical Conditions and Medications Taken (such as asthma, heart, etc.):

_____

_____

_____

Allergy Information For Student:

All known allergies (medication, bee sting, food, environmental, etc.) and explanation:

_____

_____

_____

_____

Oral Medication Policy:

Klamath Falls Adventist Christian School is authorized to administer oral medication to students during school hours ONLY after a parent/guardian and/or physician has signed a permission form. It is our policy that such medication will only be administered when the failure to receive medication may result in the student being unable to attend school and/or be well enough to participate in learning activities. Please include original instructions with all medications still in their original containers. We define medication to include all drugs, whether prescription or over-the-counter.

I give permission to Klamath Falls Adventist Christian School to administer any necessary medication according to their policy. I agree to include original instructions with all medications still in their original containers.

Signed: _____ Date: _____

KLAMATH FALLS ADVENTIST CHRISTIAN SCHOOL

Dear Outstanding Parent/Guardian:

We are completely dedicated to ensuring that this is the safest school for your child. One of the ways we do this is by having every adult at our school complete a background check. This includes our amazing parents! This also allows us to make sure you are ready to help with exciting activities throughout the school year. If you have any questions about this process, we would love to talk with you! Please feel free to set up a meeting with us anytime.

Please go to the link provided below to get started:

https://www.ncsrisk.org/adventist/registration/reg_2.cfm?ac=15037690021&theme=0

You will be asked to:

1) set up an account
2) choose our school location
3) choose the role you have been asked to serve in (school volunteer)
4) provide four non-family references (please use our principal or teacher as one reference)
5) go through some training
6) approve a criminal background check to be processed

Our students are the most important thing in the world to us. We can't wait to work with you to do amazing things this year!

Thank you!

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