2026-2027 Registration Checklist

Thank you for applying to Sitka Adventist School. Please ensure the following items have been submitted so that your child's file is complete and current.

Completed registration items can be emailed to sitkaadventistschool@gmail.com or placed in the dropbox on the North side of the Sitka Adventist Church Building.

All students:

_____ Student Enrollment Application

_____ Information for Emergency Medical Care

_____ Student Pickup Consent Form

_____ Photo/Video Use Policy

_____ Student Contract Agreement

_____ Acceptable Use Agreement

_____ Request for Administration of Medication (if applicable)

_____ Financial Worksheet

_____ Parent/Student Pledges

_____ Individualized Learning Needs Disclosure

_____ Updated immunization/religious exemption records

_____ Updated physical exam (if applicable)

New students:

_____ Copy of birth certificate

_____Copy of physical exam

_____ Copy of immunization records

_____ Student records request (if applicable)

_____ Health information form

*The Seventh-day Adventist Church in all of its church schools, admits students of any race to all the rights, privileges, programs, and activities generally accorded or made available to students at its schools, and makes no discrimination on the basis of race, color, ethnic background, country of origin, or sex in administration of education policies, applications for admission, and extracurricular programs.

Student Enrollment Application

First Name:_____Last Name:_____

Middle Name:_____Grade Entering:_____Gender: M or F

Age:_____Date of Birth:___/___/___ Place of Birth:_____

Ethnic Origin (please circle): AK Native, Asian, African American, Hispanic, Caucasian, Other:_____

Social Security Number:_____Baptized SDA: Yes or No

Father:_____Telephone:_____

Address:_____City:_____State:_____

Zip Code:_____ Occupation:_____Baptized SDA: Yes or No

Mother:_____Telephone:_____

Address:_____City:_____State:_____

Zip Code:_____ Occupation:_____Baptized SDA: Yes or No

Emergency Contact:_____Telephone:_____

Emergency Contact:_____Telephone:_____

Last School Attended:_____Telephone:_____

Address:_____City:_____State:_____

I understand and am in harmony with the rules and policies as stated in the current School Handbook. I recognize that rules adopted by the school administration and publicly announced will be as binding as those printed in the Handbook.

Student Signature:_____Date:_____

Parent Signature:_____Date:_____

Information for Emergency Medical Care

Student's Full Legal Name:_____

Date of Birth: _____ Social Security #:_____

Preferred Physician:_____ Phone:_____

Allergies:_____

Consistent Medications:_____

Medical Conditions:_____

Consent to Treatment and Authorization to Release Information

I, the undersigned parent or guardian of the above named student, a minor, do hereby consent to any x-ray examination, anesthetic, medical and/or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of the above named physician or any physician the school or organization may call, whether such diagnosis or rendered at the office of said physician or at a licensed hospital. It is understood that reasonable effort will be make to contact the doctor listed above before the school or organization calls any other physician.

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 the Alaska Conference Seventh-day Adventist 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 the school or organization entrusted with the custody of said minor.

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

Date:_____ Signed_____

Relationship to Student: Father Mother Legal Guardian

Witness_____

Student Pickup Consent Form

Sitka Adventist School adopts and enforces the following guidelines to ensure the safety of your child:

1. No child will be allowed to leave the school grounds with an adult other than their parent/guardian without written permission from the parent/guardian.
2. No child will be allowed to walk or ride a bicycle home without prior written consent from their parent/guardian.

In accordance with the above, please list the name, address, and phone number of each adult (other than yourself) who has your permission to leave the school grounds with your child. Students will not be allowed to leave the school grounds with persons not appearing on this list without written consent from you. In the case of an emergency, a personal phone call or text message from you to the teacher is acceptable.

Name:_____Address:_____Phone:_____

Name:_____Address:_____Phone:_____

Name:_____Address:_____Phone:_____

Name:_____Address:_____Phone:_____

Name:_____Address:_____Phone:_____

Name:_____Address:_____Phone:_____

Name:_____Address:_____Phone:_____

Name:_____Address:_____Phone:_____

Name:_____Address:_____Phone:_____

Name:_____Address:_____Phone:_____

Additional Comments:

Photo/Video Use Policy

Sitka Adventist School produces printed ads, brochures, posters, and newsletters. We have a website and Facebook page. In the production and upkeep of these items for advertisement needs, we like to include student work and photos/videos of the students who attend our school. If you are willing to allow us to use your child's work and/or photos/videos with the first name only, please indicate your approval by initialing the following statements to which you agree:

_____I give permission to use my child's picture as described above.

_____I do NOT give permission to use my child's picture as described above.

_____I give permission to use my child's picture only in specific ways including_____

_____

_____

_____

Student Name:_____

Parent/Guardian Name:_____

Signature:_____Date:_____

STUDENT CONDUCT AGREEMENT

My signature on the application to attend Sitka Adventist School indicates that during school hours and all school sponsored activities and programs:

I will show respect and reverence for God and spiritual things.
I will follow school policies and procedures.
I will be responsible for my actions:

- By practicing truthfulness, trustworthiness, no put downs, active listening, and to do my personal best.
- By using appropriate language – *words that uplift and encourage*
- By displaying a positive attitude
- By showing Christian courtesy and respect for all staff, students, and visitors
- By respecting other people's property including desks, shelves, lunches, clothes, etc.
- By respecting other people by keeping my hands to myself and not commenting on the bodies or appearance of others.

I will respect the learning environment:

- By maintaining respect for school property
- By being prepared for class with necessary materials ready
- By leaving at home items that distract from the learning process, such as toys and electronic devices.

I will support a safe environment:

- By always keeping my words and actions non-violent
- By completing my schoolwork on non-violent topics
- By understanding that possession of any kind of weapon

may result in immediate dismissal

I will dress for success:

- By dressing neatly as if school is my job.
- By dressing safely in wearing closed toe shoes, no jewelry, and weather appropriate clothing.
- By dressing appropriately in covering the majority of my body at all times, especially my undergarments.

- By looking natural in hair color, makeup, and accessories.
- By dressing positively in all clothing messages.
- By wearing jeans/slacks with the school shirt for field trips.

*Teacher discretion will be used, please ask questions for clarification if needed.

Actions/Items Prohibited

Some items may be confiscated, some behavior may result in suspension and/or expulsion, and illegal actions will be reported to the local law authorities, as they apply to the following:

- Cigarettes/tobacco products, alcohol, drugs
- Weapons, knives, firearms, fireworks, or explosives
- Games and cards that do not portray Christian values
- Sexually inappropriate comments, jokes, putdowns, or pornographic content
- Profane, vulgar, demeaning, and insulting language
- Physical or verbal abuse of teachers and/or other students

I agree to abide by all of the expectations stated in the Student Contract Agreement.

Student Signature:_____ Date:_____

Parent Signature:_____ Date:_____

Acceptable Use Agreement

Dear Student:

Acceptable use means that, as a student at Sitka Adventist School, you will promise to use the computer and the Internet with respect, honesty, and privacy. Violation of these morals will result in this valuable learning tool being taken away.

Be Polite and Show Respect: When using the computer to write or communicate, always use kind and proper language. Keep in mind at all times that you are creating a digital "footprint." Treat equipment with respect, knowing it belongs to the school.

Be Honest and Obey the Rules: Do not do things on the computer that would be against the rules, the law, or may be looked upon as dishonest.

Keep Personal Things Private: Students should not tell or show others any personal or family information over the Internet, such as full name, home address, phone numbers, email address, personal pictures, passwords, credit card information, bank account numbers, or social security numbers.

As the parent/legal guardian of _____, I have read and reviewed with my child the Acceptable Use Agreement. I recognize Sitka Adventist School (SAS) has initiated reasonable safeguards to filter and monitor inappropriate materials. I understand that while SAS has also taken steps to restrict student access to inappropriate information and sites, it is impossible to restrict access to all controversial material. I further understand that if my child does not abide by the rules of acceptable use, he/she may be disciplined. I will not hold SAS, its teachers or volunteers, or its school board responsible for materials my child may acquire on the Internet while at school.

Parent/Guardian signature:_____Date:_____

Student signature:_____Date:_____

Request for Administration of Medication

School personnel may agree to honor parent requests for the administration of medication to students. Any medication sent to school without proper identification will not be given. Medication must be in the original container indicating the following information: student name, dosage, physician, pharmacy, date issued, and prescription number. This form or a written statement signed and dated by the health care provider supporting this request is required for all medication.

Parent Statement: School Name:_____
I hereby request that _____medication be given to my child, _____. I understand that the school is not legally obligated to administer medication to my child, and in the absence of the school nurse, other school personnel will administer the medication. I agree to defend the school or teacher and hold them harmless from any liability for the results of the medication or the manner in which it was administered. I will notify the school immediately if the medication is changed.

Parent/Guardian signature:_____Date:_____

Parent Phone:_____Emergency Phone:_____

Other medications your child is taking:_____

Health Care Provider Statement
The child _____must receive medication during school hours for the following conditions _____.
This medication must be given during school hours in order to maintain sufficient health and participation in the school program.

Medication name:_____Duration:_____
Prescribed daily dosage:_____
Time and dosage to be given in school:_____
Beginning date of medication:_____End date:_____
Possible side effects:_____

Health Care provider's signature:_____Date:_____

Health Care provider's printed name:_____Phone:_____

Financial Worksheet

Base Tuition: $4,500 for the year
Registration Fee: $200

Student Name:_____Date:_____

Mark the discounts that apply:

_____Recruit Another Student Discount: $100 off

_____Multiple Students Discount: $450 off for each additional student

_____Tuition in Full: $200 off if tuition/registration fees are paid in full on August 12

- Monthly tuition payments are due by the 10th of each month.
- Credit Card Fee: A 3% fee will be applied for each credit card payment.
- Checks can be made out to: Sitka Adventist School
- Ask the teacher about Paypal options if you are interested.

Additional financial aid is available if financial assistance is needed. Please fill out the Application for Financial Aid (found on sitkaadventistschool.org under the "Tuition" tab) and email it to sitkaadventistschool@gmail.com. Please feel free to talk to the teacher about your situation, we want to be able to help make it possible for your child to attend however we can!

Total after discounts: $_____

Monthly payment (Total ÷ 10): $_____

Parent Signature:_____Date:_____

Treasurer Signature:_____Date:_____

Student Pledge

I accept that my participation at Sitka Adventist School is a privilege. I have read and understand the Student Contract Agreement and agree to its expectations. I pledge myself to apply these guidelines in my life and conduct. It is my desire to actively develop a good character. I choose to uphold school policies at all school functions and abide by the guidelines of the handbook and any other regulations, which may be deemed necessary by the administration or the school board.

I understand that my attendance at Sitka Adventist School is conditional upon the keeping of my commitment. If I make choices contrary to this commitment, I will actively cooperate with the guidance process of the school.

Student Signature:_____Date:_____

Parent Pledge

I have read the handbook and am in agreement with the Student Contract Agreement. I will actively support these expectations and the regulations in the handbook including any other regulations deemed necessary by the administration or school board. I will be responsible for reading all information communicated by the school including, but not limited to, weekly newsletters and the school website.

I pledge myself to work with the school not only to meet these goals, but also to maximize my child's educational experience. My financial obligation is clearly understood and I agree to pay my child's account each month unless I arrange otherwise with the school administration and school treasurer in advance.

Parent Signature:_____Date:_____

School Supply List

All Students Need At Least:

- 4 Glue sticks*
- 2 Liquid glues*
- Crayons*
- Colored pencils*
- Washable markers
- 30 pencils*
- Extra pencil erasers*
- Ruler*
- 2-3 Pencil boxes/bags*
- Reusable water bottle*
- Scissors*
- Athletic PE shoes*
- Complete outfit change (ocean/rain mishaps)*
- Highlighters
- Backpack*
- 5 dry erase markers*
- Headphones
- 2 containers disinfectant wipes*
- 1 mask for field trips (if needed)*
- 3 medium-sized hand sanitizers*
- 5 lined notebooks (wide or college ruled)*
- 3 folders*
- Pencil cap erasers*

5th-8th Grades Need:

- Protractor*
- Compass*

Teacher Provides:

- Dry erase boards and erasers
- Graph paper

Please note that projects throughout the school year may require additional supplies.

*** items are required**

Individualized Learning Needs Disclosure

Sitka Adventist School is a one-teacher school. Because one teacher provides instruction across multiple grade levels, we are not always able to provide every type of specialized support that some students may need. Our goal is to understand each child's learning needs so we can determine whether we are able to provide an appropriate educational experience and connect families with additional resources when needed.

Does your child have any individual learning needs?

- ☐ No, my child does not have individual learning needs that I am aware of.
- ☐ Yes, my child does have individual learning needs.

If you answered yes, please describe your child's individual learning needs, including any accommodations, supports, or concerns that may help us meet their educational needs. This information is not required, but can help us better support your child during the school day.

_____

_____

_____

_____

_____

_____

_____

_____

Examples may include: Learning disabilities, ADHD or difficulty with attention, autism spectrum disorder, speech or language needs, hearing or vision impairments, physical disabilities or mobility needs, intellectual or developmental disabilities, emotional/behavioral/mental health concerns that may affect learning, medical conditions that may affect learning, a previously established IEP or 504 Plan, giftedness or advanced learning needs, or any other information you believe would help us support your child.

_____ _____

Parent/Guardian Signature Date