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| logo.jpg | Cum: **Enter** | Ledger: **Enter** |
| Palau Mission Academy |
| **Application Form** |
| **SY 2018-2019** |

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| Date: **Enter** | Grade applying for: **Enter** |
| Last Name: **Enter** | First Name: **Enter** | Middle Name: **Enter** |
| Sex: **Enter** | Age: **Enter** | DOB: **(MM/DD/YY)** | Place of Birth: **(Town, State)** |
| Citizenship: **Enter** | Hospital No.: **Enter** | Baptized SDA? **Enter** |

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| **Family Data** | **Mother** | **Father** |
| Name | **Enter** | **Enter** |
| Mailing Address | **Enter** | **Enter** |
| Employer | **Enter** | **Enter** |
| Home Phone | **Enter** | **Enter** |
| Work Phone | **Enter** | **Enter** |
| Cell Phone | **Enter** | **Enter** |
| E-mail Address | **Enter** | **Enter** |
| Religion | **Enter** | **Enter** |
| Marital Status | **Enter** | **Enter** |
| With whom does Child reside | **Enter** | **Enter** |

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| Fill information below if child reside with someone other than parent(s):  |
| Name: **Enter** | Relationship: **Enter** |
| Address: **Enter** | Wk. Phone: **Enter** | H- Phone: **Enter** | Cell Phone: **Enter** |
| If Parents are not available in emergency, whom do we notify? |
| Name: **Enter** |  | Relationship: **Enter** |  |
| Address: **Enter** | Wk. phone: **Enter** | H- Phone: **Enter** | Cell Phone: **Enter** |
| **Please mark the appropriate lunch information:** |
| [ ]  Eat in the classroom everyday(unless parent requests otherwise by note or phone) | [ ]  Go home for lunch everyday |
| List any physical, mental, or emotional conditions, learning disabilities, special needs allergies, medications, and medical problems that would interfere with physical activities or any challenges of which the school should be aware. (If needed, please provide additional information on a separate sheet.) |
| * **Enter**
 |
| **Requirements for new student** |
| \*\* A child applying for Kindergarten must be 5 years old on or before September 15 and a child applying for 1st grade must be 6 years old on or before September 15.\*\* |
| [ ]  Transcript of records of report cards | [ ]  Birth Certificate  | [ ]  Passport Copy | [ ]  Immunization Record |
| [ ]  Recommendation Form | [ ]  One 1X1 Photo (New Applicants Only) |

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| **Discipline History** (New Students)- Attach additional Sheet if necessary |
| Have you ever smoked or used any form of tobacco? | [ ]  Yes | [ ]  No | When Last? **Enter** |
| Have you ever used alcohol, drugs, or betelnut? | [ ]  Yes | [ ]  No | Which ones? **Enter** | When Last? **Enter** |
| Have you ever been expelled from school? | [ ]  Yes | [ ]  No | Which School? **Enter** | Reason? **Enter** |
| Have you ever been asked to Withdraw from School? | [ ]  Yes | [ ]  No | Which School? **Enter** | Reason? **Enter** |
| Have you been suspended? | [ ]  Yes | [ ]  No | Which School? **Enter** | Reason? **Enter** |
| Have ever been involved in a crime? | [ ]  Yes  | [ ]  No | What Type? **Enter** |  |
| Have you ever served a sentence or been on probation for any circumstance? | [ ]  Yes | [ ]  No | If “Yes “what were the circumstances?**Enter** |

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| **Consent to Treat** (New Students) |
| In the event of the medical emergency, the school will make every reasonable effort to contact the student’s parents or guardians as specified on the form. If contact cannot be made, the school will exercise the authority given blow to seek proper care for the student. |
| In the event of the medical emergency I authorize Palau Mission Academy and their staff to seek immediate medical treatment for my child at Palau National Hospital and to contact emergency medical services if deemed necessary. |
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| **Parent/Guardian Signature** |

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| **Financial Information** (New Students) |
| Do you have a bill at a previous School? | [ ]  Yes | [ ]  No  | If “yes” where? **Enter** |
| Approximate account: $ **Enter** |  |
| I acknowledge that I am responsible for said account and do hereby agree to make financial arrangement with said school and have them contact the SDA School office in order for proper records & transcripts to be realized. |
| **Applicants must provide transcripts/records from previous schools before applications may be officially considered.** |
| **Person responsible for the previous account** | **Date:** |
| **Person responsible for the account** | **Date:** |

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| **Pledge Agreement** |
| **Your Pledge:** |
| As an SDA School student, I voluntarily agree to uphold and accept responsibility for the standards and principles as stated in the Palau Seventh- Day School *Student Handbook*. I understand that the SDA Elementary and PMA are Seventh-Day Adventists Schools and that I am expected to conduct myself **at all times** in such a manner that would be representative of the standards of the church and school. Failure to do so could jeopardize my status at SDA Schools. |
| S**ignature of Applicant:** |  | **Date:** |  |
| **Parent/Guardian Statement:** I agree to read the *Student Handbook* and to support the school in enforcing its policies and Standards. |
| **Signature of Parent/Guardian:** |  | **Date:** |  |