

Date Received _____

Fees Received _____ Essay received _____

GUAM ADVENTIST ACADEMY

STUDENT APPLICATION AND INFORMATION FORM SY 2010-2011

Student Information:

_____	_____	_____	____/____/____	____	____	____	____	____	____	____	____
#1 (Last)	(First)	(Middle)	Birth Date (m/d/y)	Age	Sex	Grade	Social Security Number	Ethnicity	Citizenship	1 st language	
_____	_____	_____	____/____/____	____	____	____	____	____	____	____	____
#1 (Last)	(First)	(Middle)	Birth Date (m/d/y)	Age	Sex	Grade	Social Security Number	Ethnicity	Citizenship	1 st language	
_____	_____	_____	____/____/____	____	____	____	____	____	____	____	____
#3 (Last)	(First)	(Middle)	Birth Date (m/d/y)	Age	Sex	Grade	Social Security Number	Ethnicity	Citizenship	1 st language	

_____	_____	_____	_____
#1 Student Cell	#1 Student E-Mail	#2 Student Cell	#2 Student E-Mail

_____	_____
Name of student's father	Name of student's mother

_____	_____	_____	_____	_____	_____	_____	_____	
Mailing Address: P O Box	(Box #)	(Village)	(Zip)	Street Address:	(House #)	(Street)	(Nearest cross street)	(Village)

Name of person student lives with:

_____	_____	_____	_____	_____	_____	_____	_____	_____
(Last)	(First)	(Middle)	Relation to student	Occupation	Business Phone	Home Phone Cell/Beeper	E-Mail Address	

Name of student's 2nd responsible party (regardless whether student lives with him/her):

_____	_____	_____	_____	_____	_____	_____	_____	_____
(Last)	(First)	(Middle)	Relation to student	Occupation	Business Phone	Home Phone	Cell/Beeper	E-Mail Address

Emergency Information: Please give the name of your local family physician to be called in case your child(ren) becomes ill or has an accident and you can't be reached.

_____	_____	_____	_____
Physician Name	Office Phone	Clinic Name/Location	Allergies or Medical Alert Conditions
_____	_____	_____	_____
Emergency Contact Person(s)	Contact Phone		

If emergency service involving medical action or treatment is required and neither the parents, nor family physician, nor emergency contact person can not be reached for consent, the parents/guardians hereby consent to the rendering of such emergency medical service for the above named student(s) as shall be necessary in the medical opinion of the doctor rendering such service.

Field Trip Authorization:

I () GIVE () DO NOT GIVE permission for my child (ren) to accompany his/her/their class on all class field trips and other off-campus activities, excluding off-island trips. I understand all such trips will end by the

I () GIVE () DO NOT GIVE permission for my child to swim during off-campus activities

Photograph Release Authorization:

I () GRANT () DO NOT GRANT Guam Adventist Academy permission to use my child (ren)'s photograph in any official GAA publicity piece including but not limited to videos, and the school website.

Transportation to GAA: The children listed on the front side of this form will come to school by one of the following means.

() GAA Tour Bus *, () DPW Skinner Plaza, () DPW Talofofo, () DPW Agat, () DPW Inarajan, OR Privately by: () Parent or family member, () Other student, () Drive by self, () Walking

Please also indicate how your child(ren) will return home:

() GAA Tour Bus *, () DPW Skinner Plaza, () DPW Talofofo, () DPW Agat, () DPW Inarajan, OR Privately by: () Parent or family member, () Other student, () Drive by self, () Walking
*there is a charge for this item

Please list persons authorized to pick up your children):

Note: Any change in rides must be given in writing to the office. **Student Drivers** must have a copy of their license, proof of insurance and registration in the office, **before driving to school.** Written permission must be on file for student drivers to give other students rides. Student riders also need written permission.

Student #1 Church Affiliation: (If any) _____ Baptized? Y N **Student #3** Church Affiliation: (If any) _____ Baptized? Y N

Student #2 Church Affiliation: (If any) _____ Baptized? Y N **Student #4** Church Affiliation: (If any) _____ Baptized? Y N

Father's Church Affiliation: (If any) _____ **Mother's** Church Affiliation: (If any) _____

General Information:

Do you have an unpaid account at another school? Y N If yes, please indicate where: _____ Amount Owed _____

When will this bill be paid? _____

Student Contract: (Students in grades 7-12 need to complete this section) Please be honest. GAA does accept students with these problems, but it will be monitored very carefully. Failure to answer these questions truthfully may result in expulsion. Please use a separate paper if you are enrolling more than one student which will answer yes to any of these questions.)

Have you ever been suspended or asked to withdraw from any school(s)? Y N If yes, please explain: _____

Have you ever used alcoholic beverages? Y N If yes, when? _____

Have you ever used tobacco? Y N If yes, when? _____

Have you ever used any other addictive drugs or other substances? Y N If yes, when? _____

Do you have a police record? Y N If yes, when and for what? _____

I have read the regulations contained in the current GAA Student Handbook and I plan to live in harmony with them. I acknowledge my role in making my educational experience the best it can be.

#1 _____ #2 _____ #3 _____ #4 _____
(Student Signature(s))

Parent/Guardian Contract: (To be read and signed by a parent/guardian)

I have completed this entire form to the best of my knowledge. By my signature I am granting the applicable authority for emergency situations, transportation, use of student's photograph, and field trips. I have read the answers to the questions on this application and find that they are correct. I have read the regulations and policies in the current GAA Handbook, and understand that additional regulations duly considered and publicly announced will have the same force as those printed.

Parent / Guardian Name (Print)

Parent / Guardian Signature

(Date)

Party Responsible for Tuition if other than parent

Signature/Date

-Please attach each student's application essay to this registration form-

