



MOUNT ELLIS ELEMENTARY

A Seventh-day Adventist Christian School
 3835 Bozeman Trail Rd. o Bozeman, MT o 59715 o (406) 587-5430

ID:

APPLICATION FOR ADMISSION 2020-2021

Student	SDA member:	Student name: <small>First</small> <small>Middle</small> <small>Last</small>		
	Baptism date:	Gender:	Grade:	Age:
	E-mail:	Date of birth:	Place of birth:	

Parent or Legal Guardian	SDA member:	Legal guardian: <small>First</small> <small>Last</small>		Relationship
	Occupation:	Address: <small>Street</small>	<small>City</small>	<small>State</small> <small>Zip</small>
	E-mail:	Phone Numbers: <small>Home</small>	<small>Cell</small>	<small>Work</small>
	SDA member:	Legal guardian: <small>First</small> <small>Last</small>		Relationship
	Occupation:	Address: <small>Street</small>	<small>City</small>	<small>State</small> <small>Zip</small>
	E-mail:	Phone Numbers: <small>Home</small>	<small>Cell</small>	<small>Work</small>

Emergency	Allergies:	Contact:* <small>First</small> <small>Last</small>	Relationship
		Phone Numbers: <small>Home</small>	<small>Cell</small> <small>Work</small>
	Medications:	Contact:* <small>First</small> <small>Last</small>	Relationship
		Phone Numbers: <small>Home</small>	<small>Cell</small> <small>Work</small>
	Other:	Physician:	<small>Phone</small>

*Emergency contacts listed may assume responsibility for your child in case of illness or emergency until you can be notified.

Publications	<p>_____ I hereby authorize and consent to the use of his/her visual image by MT. Ellis Elementary for appropriate purposes, including but not limited to: still photography, videotape, electronic and print publications, and websites. Our website and Facebook page will not include student names.</p>
---------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Participation	<p>_____ My child may participate in:</p> <p><input type="checkbox"/> Community Service Activities</p> <p><input type="checkbox"/> Field/Physical Education Trips</p> <p><input type="checkbox"/> Fundraising Projects</p> <p><input type="checkbox"/> Performances and Programs</p>
----------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Parent Volunteer	<p><input type="checkbox"/> Driving (fill out driver form)</p> <p><input type="checkbox"/> Home and School</p> <p><input type="checkbox"/> Hot Lunch</p> <p><input type="checkbox"/> Worship Talks <input type="checkbox"/> Classroom Parent</p> <p><input type="checkbox"/> Other:</p>
-------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Consent to Treatment	<p>We, the undersigned parents or guardians of the afore-listed student, 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 instruction of the afore-listed physician, or any physician MT. Ellis Elementary 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 parents and doctor listed above before any other physician is called by the school and treatment is begun.</p> <p>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 MT. Ellis Elementary School or the physician to exercise their best judgment as to the requirement of such diagnosis or treatment. We hereby authorize any hospital, physician, or other person who has attended or examined the minor to furnish to the General Conference Insurance Service, or its representative, any and all information with respect to any illness, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records. A photocopy of the authorization shall be considered as effective and valid as the original.</p>
Notice	<p>Your signatures below indicate that the information you have provided is accurate. Also, together (parent and student) you have read and understood the MT. Ellis Elementary School Handbook, recognizing the regulations adopted by the school administration and publicly announced will be as binding as those printed in the Handbook. By signing below you imply a willingness to cooperate with policies and regulations in the Handbook.</p>

Transportation	Most common pick up vehicle make/model/color:	
	Please list all* those (excluding those already listed) who may provide transportation for your child(ren).	
	Name	Phone

*Any additions to this list must have written permission signed by a legal guardian.

Transportation	Bike home:	<input type="radio"/> yes	<input type="radio"/> no
	Ride with family:	<input type="radio"/> yes	<input type="radio"/> no
	Ride with a friend:	<input type="radio"/> yes	<input type="radio"/> no
	Walk home:	<input type="radio"/> yes	<input type="radio"/> no
	Other:	<input type="radio"/> yes	<input type="radio"/> no

Office Use Only	ID:
	<input type="radio"/> Application Complete
	<input type="radio"/> Birth Certificate (make a copy)
	<input type="radio"/> Financial Clearance
	<input type="radio"/> Immunizations or Exemption
	<input type="radio"/> Physical Exam (new students)
	<input type="radio"/> References (new students)
	<input type="radio"/> Transfer Request (new students)
	<input type="radio"/> Vehicle Usage and Driver
<input type="radio"/> Volunteer (STV)	

Signatures	Student:	Date
	Legal Guardian:	Date
	Legal Guardian:	Date

