



## LITHONIA ADVENTIST ACADEMY

A Seventh-day Adventist School K - 8

*A Ministry of the First Lithonia Seventh-day Adventist Church*  
South Atlantic Conference of Seventh-day Adventists

### STUDENT APPLICATION FOR ADMISSION

School Year \_\_\_\_ / \_\_\_\_    Date Submitted \_\_\_\_/\_\_\_\_/\_\_\_\_    Date Entering \_\_\_\_/\_\_\_\_/\_\_\_\_

Full Legal Name of Student(s)

- |          |                     |                              |                                    |
|----------|---------------------|------------------------------|------------------------------------|
| 1. _____ | Grade Entering ____ | New <input type="checkbox"/> | Returning <input type="checkbox"/> |
| 2. _____ | Grade Entering ____ | New <input type="checkbox"/> | Returning <input type="checkbox"/> |
| 3. _____ | Grade Entering ____ | New <input type="checkbox"/> | Returning <input type="checkbox"/> |
| 4. _____ | Grade Entering ____ | New <input type="checkbox"/> | Returning <input type="checkbox"/> |

## Student Information

Last Name	Full First Name	Full Middle Name	Prefers to be called	
Address		City	State	Zip
Place of Birth (city, state, country)		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	____/____/____ Date of Birth	_____ Home Phone (with area code)
SDA: <input type="checkbox"/> Y <input type="checkbox"/> N		Baptized: <input type="checkbox"/> Y <input type="checkbox"/> N	Date Baptized: ____/____/____	Church Membership: _____
Grade Entering Next School Year: <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th				
Previous School Name: _____			Phone Number: _____	

Street Address	City	State	Zip
Who Does Student Live With: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian			

## Mother's Information

Last Name	Full First Name	Full Middle Name	Prefers to be called	
Home Phone: _____	Work: _____	Cell: _____	Email: _____	
SDA: <input type="checkbox"/> Y <input type="checkbox"/> N	Church Membership: _____			
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widowed				
Occupation: _____			Name of Employer: _____	

## Father's Information

Last Name	Full First Name	Full Middle Name	Prefers to be called	
Home Phone: _____	Work: _____	Cell: _____	Email: _____	
SDA: <input type="checkbox"/> Y <input type="checkbox"/> N	Church Membership: _____			
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widowed				
Occupation: _____			Name of Employer: _____	

## Step Parent / Guardian Information

Last Name	Full First Name	Full Middle Name	Prefers to be called	
Home Phone: _____	Work: _____	Cell: _____	Email: _____	
SDA: <input type="checkbox"/> Y <input type="checkbox"/> N	Church Membership: _____			
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widowed				
Occupation: _____			Name of Employer: _____	

When registering more than one child, if mother/father/guardian information is same you may use this page for additional students.

### (2) Student Information

Last Name	Full First Name	Full Middle Name	Prefers to be called	
Address		City	State	Zip
Gender: <input type="checkbox"/> M <input type="checkbox"/> F		____/____/____		
Place of Birth (city, state, country)		Date of Birth	Home Phone (with area code)	
SDA: <input type="checkbox"/> Y <input type="checkbox"/> N		Baptized: <input type="checkbox"/> Y <input type="checkbox"/> N	Date Baptized: ____/____/____	Church Membership: _____
Grade Entering Next School Year: <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th				
Previous School Name: _____			Phone Number: _____	
Street Address		City	State	Zip
Who Does Student Live With: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian				

### (3) Student Information

Last Name	Full First Name	Full Middle Name	Prefers to be called	
Address		City	State	Zip
Gender: <input type="checkbox"/> M <input type="checkbox"/> F		____/____/____		
Place of Birth (city, state, country)		Date of Birth	Home Phone (with area code)	
SDA: <input type="checkbox"/> Y <input type="checkbox"/> N		Baptized: <input type="checkbox"/> Y <input type="checkbox"/> N	Date Baptized: ____/____/____	Church Membership: _____
Grade Entering Next School Year: <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th				
Previous School Name: _____			Phone Number: _____	
Street Address		City	State	Zip
Who Does Student Live With: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian				

### (4) Student Information

Last Name	Full First Name	Full Middle Name	Prefers to be called	
Address		City	State	Zip
Gender: <input type="checkbox"/> M <input type="checkbox"/> F		____/____/____		
Place of Birth (city, state, country)		Date of Birth	Home Phone (with area code)	
SDA: <input type="checkbox"/> Y <input type="checkbox"/> N		Baptized: <input type="checkbox"/> Y <input type="checkbox"/> N	Date Baptized: ____/____/____	Church Membership: _____
Grade Entering Next School Year: <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th				
Previous School Name: _____			Phone Number: _____	
Street Address		City	State	Zip
Who Does Student Live With: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian				

## PARENT/STUDENT ACKNOWLEDGEMENT & LAA TECHNOLOGY AND DISCIPLINE POLICIES

The technology and discipline policies have been established to help your child gain the greatest possible benefit from their school experience. After reading and discussing with your student all policies outlined in the LAA Handbook, place your signature below. Your signature indicates that the student and parent/guardian have read the policies and agree to uphold them.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Failure to sign this acknowledgement will not relieve a student or the parent(s) from compliance with school policies and procedures.

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### Consent

#### Field Trip

- Yes  
 No

I hereby give permission for my child to go on school sponsored field trips. I understand that I will be notified of each event and that the students will be well supervised at all times. I do not hold the school and staff liable, except as covered by insurance.

#### Pick Up

- N/A

In the event that I am unavailable, my child may be picked up from LAA by:  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

#### Legal Information

- Yes  
 No

I agree any legal documents (i.e. parental custody, IEP's, etc.) **MUST BE** provided to the school Registrar during enrollment.

#### Internet Usage

- Yes  
 No

I hereby give permission for my child to use the internet under adult supervision. I understand that they must abide by all rules set forth by Lithonia Adventist Academy.

#### Financial Agreement

- Yes

I agree to pay a *non-refundable* registration fee plus the first month's tuition to LAA upon registration. I agree to pay annual tuition in full or in installments for each month thereafter.

#### How did you hear about Lithonia Adventist Academy (LAA)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# **Lithonia Adventist Academy**

## **Authorization to Release Student Information**

\_\_\_\_\_  
Name of School / Person / Agency of Record

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

You are hereby authorized to release student information on the following student:

**Full Name:** \_\_\_\_\_ **Birth Date** \_\_\_\_\_  
                    **Last**                    **First**                    **MI**

*Records may be forwarded to:*

*Lithonia Adventist Academy 3533  
Ragsdale Road  
Lithonia, GA 30038*

*Fax: 770-482-6224  
Phone: 770-482-0294*

**TYPE OF RECORDS TO BE RELEASED**

- ✓ Discipline Record
- ✓ Academic Records
- ✓ Special Education Records
- ✓ Others

*I, the undersigned, understand that the student's enrollment is conditional, pending the receipt of the above-referenced information. Further, I understand that if information received certifies that the student is currently suspended or expelled or has been convicted of a felony, the student will dismiss from this and other regular units of this school system. (Official Code of Georgia Annotated 20-2-670)*

Signature: \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Date: \_\_\_\_\_



# Lithonia Adventist Academy

## Parental Consent for Pictures/Videos

I hereby give my consent to Lithonia Adventist Academy (LAA) and any news organization authorized to conduct interviews, record, take photos, film, or videotape of myself or my child(ren).

I give consent for these interviews, photos, or video tapings to appear on national and/or local media, including radio, television, publications, newspapers, and the Internet.

I also agree that I and/or my child shall have no legal or economic right, title, or interest in the photos, videotapes, film, publications or interviews content, or any intellectual property right in the these matters, nor may I bring any claim or cause of action for damages or injuries against LAA resulting from the gathering or dissemination of these photos, videotapes, film, publications, including interview content.

I understand, I, and my child will not receive any monetary compensation from LAA, nor from media organizations from distribution of these media.

I have read and understand this Consent and Release form, and agree to the releases contained herein.

Effective Date of Agreement: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
Print Name

Parent/Guardian: \_\_\_\_\_  
Print Name

Parent/Guardian: \_\_\_\_\_  
Signature



# Student Health History & Emergency Medical Treatment Consent Form

School Year \_\_\_\_\_

Student		School	Grade/Teacher
Address		Birth Date	Gender
<b>Parent/Guardian/Emergency Contacts</b>	<b>Relationship</b>	<b>Phone</b>	
Call 1 <sup>st</sup> :		Home: _____	Cell: _____
		Work: _____	
Call 2 <sup>nd</sup> :		Home: _____	Cell: _____
		Work: _____	
Call 3 <sup>rd</sup> :		Home: _____	Cell: _____
		Work: _____	

Student's doctor/healthcare provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Information: \_\_\_\_\_

*(Include Group's Name, ID Number, Group Number, and Subscriber)*

**INDICATE IF STUDENT HAS BEEN DIAGNOSED BY A LICENSED HEALTHCARE PROVIDER WITH ANY OF THE FOLLOWING:**

*If your child has a life-threatening condition, state law requires that medication and/or treatment orders from your licensed healthcare provider, must be in place before your child can attend school.*

Health Condition	Yes	No	Explanation if "Yes"
<b>Medication Allergies</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>List:</b>
<b>Food Allergies</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Food(s):</b> <input type="checkbox"/> peanut <input type="checkbox"/> dairy <input type="checkbox"/> eggs <input type="checkbox"/> other _____ <b>Rate the reaction:</b> <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> life-threatening <b>Does your child require an EpiPen?</b> <input type="checkbox"/> yes <input type="checkbox"/> no
<b>Allergy to Bees Stings</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Rate the reaction:</b> <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> life-threatening <b>Does your child require an EpiPen?</b> <input type="checkbox"/> yes <input type="checkbox"/> no
<b>Allergies (other)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>List:</b>
<b>Asthma</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Rate the severity:</b> mild moderate life-threatening <b>Asthma medication taken at home:</b> <b>Medication required at school:</b>
<b>Diabetes</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <b>Type 1</b> (Insulin Dependent) <input type="checkbox"/> <b>Type 2</b> <b>Diabetes medication(s) taken at home:</b>
<b>Seizure Disorder</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Type of Seizure:</b> _____ <b>Medications:</b> _____
<b>Neurological Disorder</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Specify:</b> _____
<b>Heart Condition</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Specify:</b> _____
<b>Blood Disorder</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Specify:</b> _____ <b>Treatment:</b> _____
<b>Cancer</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Specify:</b> _____ <b>Treatment:</b> _____
<b>Bowel/Bladder Issues</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Specify:</b> _____
<b>Migraine Headaches</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Triggers:</b> _____ <b>Treatment:</b> _____
<b>Bone/Muscle Problems</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Specify:</b> _____ <b>Activity Restrictions:</b> _____
<b>ADD/ADHD</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Medication for ADD/ADHD:</b> _____
<b>Mental Health</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Specify:</b> _____
<b>Behavioral Issues</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Treatment/Medication:</b> _____
<b>Wears Glasses/Contacts</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <b>Glasses</b> <input type="checkbox"/> <b>Contacts</b> <input type="checkbox"/> <input type="checkbox"/> <b>For Distance</b> <input type="checkbox"/> <b>For Reading</b>
<b>Hearing Loss</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <b>Hearing Loss Right Ear</b> <input type="checkbox"/> <b>Hearing Loss Left Ear</b> <input type="checkbox"/> <b>Hearing Aid(s)</b>
<b>Other Serious Illness</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Specify:</b> _____ <b>Date of Onset:</b> _____
<b>Serious Injury</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Specify:</b> _____ <b>Date(s):</b> _____
<b>Surgery</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Specify:</b> _____ <b>Date(s):</b> _____
<b>Medication Taken at Home (if not already listed)</b>	<b>List:</b> _____		

The information on this form may be shared confidentially with school staff and emergency responders as needed. In the event of a medical emergency with my child, I understand every effort will be made to inform me. If emergency care is needed, I authorize qualified professionals to provide assessment, diagnosis and any necessary emergency treatment. I understand that the school district assumes no financial liability for expenses incurred due to accident, injury and/or unforeseen circumstance.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE