



Application Form

Student's Personal Information

Name of Pupil _____
(last) (first) (middle) (nickname)

Full Address _____

Phone Number _____ Grade Entering _____

Proof of Birth: birth certificate passport hospital record other

Present Age _____ Date of Birth ____/____/____ Place of Birth _____

Birth Order in Family (1st Born, 2nd Born, etc) _____

of sisters _____ # of brothers _____

Language spoken at home _____

Does the student attend a Seventh-day Adventist Church? _____

If yes, are they baptized? _____ Date ____/____/____ Place of Membership _____

Student's Academic History Information

Total Number of Years Student has spent in school _____

Total Number of Years Student has spent in a Seventh-day Adventist school _____

Name of Last School Attended _____

School Address _____
(street address) (city, state) (zip code)

Student's Medical and Emergency Information

Child's Physician _____ Phone Number _____

Person to contact in case of emergency _____

Phone number of contact person _____

Date of Last Physical Examination _____

Does the Student have any allergies or health conditions of which the school should be aware?

Yes No

Parent's and Guardian's Information

	Father	Mother	Guardian
Name (First & Last)			
Address if Different from Student's			
Church Affiliation			
Birthplace			
Citizenship			
Educational Attainment			
Occupation			
Work Phone			
Cell Phone			

We understand the objectives and regulations of the school, as given in the school handbook and pledge our full support.

Signed: _____
(Parente/Guardian)

Signed: _____
(Student)

Date: _____

Date: _____

BAYBERRY CHRISTIAN SCHOOL EMERGENCY CARD YEAR _____

CHILD'S NAME: _____ D.O.B. _____

ADDRESS: _____
(number, street, town, zip code)

HOME PHONE: _____

Mother's Information

Father's Information

NAME: _____

WORK: _____

CELL # _____

IF PARENTS CANNOT BE REACHED, CONTACT:

NAME: _____ PHONE: _____ RELATIONSHIP TO CHILD _____

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CHILD'S NAME: _____ D.O.B. _____

ADDRESS: _____
(number, street, town, zip code)

HOME PHONE: _____

Mother's Information

Father's Information

NAME: _____

WORK: _____

CELL # _____

IF PARENTS CANNOT BE REACHED, CONTACT:

NAME: _____ PHONE: _____ RELATIONSHIP TO CHILD _____

PLEASE TURN OVER

In case of an emergency I authorize the Bayberry Christian School staff to provide First Aid and call 911. If transportation of my child to Cape Cod (or nearest) Hospital seems necessary, I consent to have my child transported by ambulance to the hospital. I understand that I will be contacted immediately after emergency services have been called.

CHILD'S PHYSICIAN: _____ PHONE: _____

CHILD'S ALLERGIES: _____

I authorize the following person(s) to pick up my child from Bayberry Christian School:

NAME:

RELATIONSHIP:

I WILL CALL AHEAD TO LET BCS KNOW WHEN A PERSON, OTHER THAN PARENTS, IS PICKING UP MY CHILD.

I UNDERSTAND THAT MY CHILD WILL NOT BE RELEASES TO ANYONE OTHER THAN THE PARENT OR PERSON MENTIONED ABOVE.

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CONTINUING CONSENT TO TREATMENT

We, the undersigned parents or legal guardians of _____
do hereby consent to an 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
_____ or any physician the 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 doctor listed above before any other physician is called
by the school.

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 _____
or to the physician to exercise their best judgment as to the requirements of such diagnostic or treatment.
This shall remain in continuous effect until revoked in writing and delivered to the physician named above.
or to the school entrusted with the custody of said minor.

Signature of father

Date

Signature of mother

Date

Signature of legal guardian

Date

Signature of witness

Date

AUTHORIZATION FOR MEDICATION

I hereby authorize BAYBERRY CHRISTIAN SCHOOL to administer the following medication to my child_____

Medication_____Prescription / Non-Prescription

Dosage_____

Date(s) on which medication is to be given_____

Time(s) on wich medication is to be given_____

Parent's Signature_____

Doctor's Signature on file (for non-prescription meds?)_____

Date_____

DATE	TIME	DOSAGE	STAFF PERSON'S SIGNATURE (FULL NAME)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This form must be filed in the child's record after the course of medication has been completed

NAME _____

MEDICAL HISTORY (give dates)

Accidents _____	Ear Infections _____	Measles _____	Scarlet Fever _____
Allergy _____	Encephalitis _____	Meningitis _____	Atred. Throat _____
Chicken Pox _____	German Measles _____	Mumps _____	Tonsillitis _____
Congenital Anomaly _____	Heart Disease _____	Operations _____	Tuberculosis _____
Convulsions _____	Hernia _____	Poliomyelitis _____	Whooping Cough _____
Diabetes _____	Kidney Disease _____	Rheumatic Fever _____	Other _____

PERTINENT FAMILY MEDICAL HISTORY

PHYSICIAN'S EXAMINATION

(O) Normal (X) Abnormal (Comment: Specify consultation requested)

Age _____ BP _____ / _____ Pulse _____ Hgt. _____ Wgt. _____

Physical Development _____

Nutritional Status _____

Skin _____

Eyes _____ Sclera _____ Pupils _____ Light & Distance: r. _____ l. _____ Glasses _____

Ears _____ Canals: r. _____ l. _____

Drums: r. _____ l. _____

Nose _____ Septum _____ Turbinates _____

Mouth _____ Lips _____ Tongue _____

Teeth _____ Gingiva _____

Neck _____ Mobility _____ Lymph nodes _____ Thyroid _____

Throat _____ Shape _____ Symmetry _____

Lungs _____

Heart _____ Rate _____ Rhythm _____ Murmur _____

Abdomen _____ Liver _____ Spleen _____ Hernias _____

Ano-Genital _____ Anus _____ Penis _____ Testicles: r. _____ l. _____

Labia _____

Spine _____

Lower Extremities _____ Range of Motion _____ Development _____ Strength _____

Upper Extremities _____ Range of Motion _____ Development _____ Strength _____

Cranial Nerve _____ I-XII _____ Gait _____ Coordination _____

Date of Exam _____

Physician's Signature _____

Physician's Name _____
Address, Tel. No. _____
(Please Print)



**Photo/Video Release for Children
Under 18 Years Age**

I hereby consent and authorize Bayberry Christian School and/or the Southern New England Conference of Seventh-day Adventists or its assigns the right to use my name and/or the names of my family members who are minors, as listed below, as well as my likeness, photos, videos, and other information (or that of family members who are minors) for the purpose of school news releases, publicity, advertising, publications, or distribution as Bayberry Christian School believes appropriate, without any compensation, whether print, digital, or electronic publishing via the internet. I understand that student confidentiality and safety are of the utmost importance to the school.

I hereby release Bayberry Christian School from all liability in connection with all such uses.

Additional comments (if any): _____

Dated this _____ day of _____, 20____.
(date) (month) (year)

I certify that I am a custodial parent and have the aforementioned rights to assign. On behalf of the student, I do give my consent to all stipulations and conditions mentioned above.

Printed Name of Parent or Guardian: _____ **Signature of Parent or Guardian:** _____

Address: _____
(number) (street) (town) (zip code)

Phone Number: _____

All Minor Family Members to Whom the Release Applies:

Witness:

(please print name) (signature) (date)

Bayberry Christian School
Acceptable Use Policy and Internet Safety for _____
(school year)

Consent Form

As a parent or legal guardian of _____, I have read and understand the Acceptable Use Policy and I agree to the following:

(Please initial where appropriate)

_____ As a parent or legal guardian of the student named above, I grant permission for my child to use a school computer or network software provides by the Bayberry Christian School Board.

_____ As a parent or legal guardian of the student named above, I grant permission for my child to access Internet services provided by the Bayberry Christian School Board.

_____ As a parent or legal guardian of the student named above. I grant permission for my child's photo, without identifying name or caption, to appear in any district, school, or teacher website connected with the Bayberry Christian School Board.

Child's Name (please print): _____

Parent phone number: _____

Parent e-mail address (please print): _____

Student Signature: _____

Parent (Guardian) Signature: _____