

6. Is this student a baptized member of the SDA Church? Yes No If yes, what year were they baptized? _____ Where is their church membership? _____

if no, what church do they attend? _____

7. Has this child been previously identified as qualifying for special services? YES NO If yes, please provide documentation to the school office.

8. Does this student or his/her sponsor have an unpaid account at another school? YES NO If yes, Where? _____

9. Financial statements and billing should be sent to: (Include individuals and/or sponsoring churches)

Name	Address	Phone Number	Church Affiliation

10. Photo Release

Cleburne Adventist Christian School occasionally uses student photos, or video clips with students in them. This will include brochures, videos, power point presentations, the school Facebook page etc. It is our policy to make every attempt to protect your child by not placing individual names with the pictures used. The exception to this rule is our yearbook publication where students are identified by first and last name, as well as grade. We are asking for your permission to use your child's photo/video in this manner.

I give permission for my child's photo/video to be used in school materials for the duration of their enrollment at Cleburne Adventist Christian School.

Parent Signature _____ Date _____

11. Parent Contract

I hereby agree to support school regulations and to help my child observe them, to supply physical examination reports and immunization records as required for this student, and to accept all financial obligations for this student. I also agree to uphold the school rules and policies as outlined in the school handbook for the duration of this student's enrollment.

Parent Signature _____ Date _____

12. Student Contract

I agree to uphold the school's regulations. I pledge my cooperation with and loyalty to Cleburne Adventist Christian School and its employees. I will live in harmony with the school's Christian principles for the duration of my enrollment at CACS. I also agree to uphold the school rules and policies as outlined in the school handbook for the duration of this my enrollment.

Student Signature _____ Date _____

Signatures below indicate that the relevant information has not changed and has been verified by the parent/guardian for subsequent years.

2nd Year Parent Signature _____ Date _____ 4th year Parent Signature _____ Date _____

3rd year Parent Signature _____ Date _____ 5th year Parent Signature _____ Date _____

STUDENT RECORD REQUEST FORM

Date: _____

To: _____
School

_____ Address

_____ City State Zip

The following student has applied for enrollment at Cleburne Adventist Christian School.

Please send us student records including:

- _____ **a complete transcript**
- _____ **withdrawal grades**
- _____ **standardized test scores**
- _____ **vaccination/health data**
- _____ **testing**
- _____ **Individualized Education Plans (IEP)**

_____ Student Name

_____ Grade

_____ Date of Birth

Thank you for your prompt attention to this matter. If permanent records have been forwarded to another school, please call us with the new school's name, or forward this request to the appropriate school.

_____ Parent Signature

_____ Principal Signature

Send To: SCHOOL PRINCIPAL

School: Cleburne Adventist Christian School

Address: 111 Meadowview Drive
Cleburne, TX 76033

E-mail: CACS4CHRIST@outlook.com

Student Pick-Up Consent List

Student Name(s) _____

My signature below indicates that the following people have my permission to pick up the above listed child(ren) from school. I have listed them in the order that they should be contacted if I cannot be reached. No other persons will be allowed to pick up the listed child(ren) without a signed note, text, or phone call from a parent/guardian. If there are any changes to this list during the year, I accept that it is my responsibility to notify the school.

Person's Name	Relationship to Student	Phone Number
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Print Parents Name _____

Year 1 - Signature _____ Date _____

Year 2 - Signature _____ Date _____

Year 3 - Signature _____ Date _____

Year 4 - Signature _____ Date _____

Year 5 - Signature _____ Date _____

Cleburne Adventist Christian School

Technology Acceptable Use Policy and Agreement

1. As a student/parent/teacher at CACS, I understand that the use of the school computer equipment and internet access is a privilege, not a right. My responsible use of computer equipment, software, and access to information contained on any such devices or accessed through the internet at CACS, is a requirement for that privilege to continue.
2. I understand that my use of the internet must be only to meet the requirements of a class or official school business.
3. I will not download software, audio, video, or written information which violates copyright laws.
4. I will not use any technology at CACS for illegal purposes, in support of illegal activities, or for any other activity prohibited by school and/or conference policy.
5. I will use all hardware, software, and data in a responsible manner, and I understand that any damage to any of these items will result in disciplinary action and/or charges to my school account for repair or replacement.
6. I will use only my own login information unless specifically instructed to do otherwise by a teacher or administrator.
7. I will not intentionally view inappropriate material on a computer system that originates from any source.
8. Any messaging programs such as e-mail, chat, social media, etc. will only be used for school purposes and not for personal use.
9. I understand that anything stored on the school network is open for review by the technology administrator who has the right to remove material that is considered inappropriate or that abuses the network space available.
10. I understand that if I do not comply with the CACS Technology Acceptable Use Policy and Agreement, I will lose the privilege of technology access and use at CACS.
11. I understand that although all internet content is filtered to block unacceptable sites, some pages may still contain inappropriate material until it can be blocked. It is my responsibility to exit from the page and immediately report the problem to a teacher or technology administrator.
12. I understand that this agreement is binding for the duration of my enrollment at, association with, or employment for CACS.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Teacher Signature _____ Date _____

Only Parent Signature necessary for renewal for up to 5 years.

Year 2 Renewal Parent Signature _____ Date _____

Year 3 Renewal Parent Signature _____ Date _____

Year 4 Renewal Parent Signature _____ Date _____

Year 5 Renewal Parent Signature _____ Date _____

Cleburne Adventist Christian School - Southwestern Union Conference

CONSENT TO TREATMENT

Only designated staff, such as the school nurse or physician, will have access to the completed form. This form will be stored in a locked file.

This form must be filled out at the beginning of each school year to cover the activities for the school year. A copy of each student's form must be taken on off-campus activities.

Student's Name _____ Age _____ Date of Birth _____
First Middle Last Mo. Day Year

Address _____

Parent Guardian (Name)	Cell Phone	Work Phone	Home Phone
Friend or Relative for Emergency if parent can't be reached	Cell Phone	Work Phone	Home Phone

Allergies to medications or food

Name of food or medication	Reaction	Name of food or Medication	Reaction

Date of last Tetanus Shot _____

Please give the name of your local family physician to be called in case your son or daughter becomes ill or has an accident at school and you cannot be reached.

Family Physician _____ Office Telephone _____

If students need to be taken to the hospital, they will be taken to **Texas Health Cleburne.**

Please give the names of two relatives or friends who have consented to assume the responsibility of your son or daughter in case of illness or accident until you can be reached. In case of any changes in the named persons, it is your responsibility to notify the school in writing.

If emergency service involving medical action or treatment is required and neither the parent nor the family physician can be reached for consent, the parents hereby consent to the rendering of such emergency medical service for the above-named student as shall be necessary in the medical opinion of the doctor rendering the service. This authorization is given pursuant to the local state Civil Code.

Parent Signature _____ Date _____

Year 2 Parent Signature _____ Date _____

Year 3 Parent Signature _____ Date _____

Year 4 Parent Signature _____ Date _____

Year 5 Parent Signature _____ Date _____