

# Application for Admissions

Pre-Kindergarten through 8th grade



BOISE VALLEY  
**Adventist**  
SCHOOL

*Learning for Life, Impacting for Christ*

# Boise Valley Admissions Process

## Grades Pre– Kindergarten through 8th grade

Submit a completed Application for Admission with \$300 registration fee.

### **Pre-Enrollment Process** (for new students only)

Complete the screening packet (on site) for their grade level.

Provide 3 references for the student (name and phone number/email).

Student may shadow the class for a designated length of time if desired.

Student applications will be reviewed before admission is granted.

Student subject to a minimum probationary period of 1 quarter (see Student and Parent Handbook pg. 6)

### **Application Process** (for new and returning students)

Complete the General and Medical information.

Provide a physical exam or health certificate from the family doctor.

Complete the Parent Questionnaire.

Complete the Photo, Internet, and Website Permission form.

Complete the Fieldtrip form.

Provide updated immunization records, if applicable.

Complete information for field trip drivers.

### **Additional Application Process** (for new students only)

Provide immunization records or exemption form.

Provide a copy of a state certified birth certificate.

Provide a copy of the applicant's latest report card.

BVAS is a private school. Therefore, the school board and administration reserve the right to deny admission to anyone if it deems denial to be in the best interest of BVAS and its students. All registrations are tentative until reviewed by the administration.

# Boise Valley Adventist School Application for Enrollment

Grade Applying for \_\_\_\_\_ Date of Application \_\_\_\_\_

Full legal name of student \_\_\_\_\_ Sex M F  
Last, First, Middle Nickname

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_ Age \_\_\_\_\_

Home address \_\_\_\_\_ Home Ph # \_\_\_\_\_  
Street Address  
 \_\_\_\_\_  
City State Zip

Is this student a baptized member of the Seventh Day Adventist Church? No Yes If yes, year baptized \_\_\_\_

School last attended: \_\_\_\_\_  
Name of school Address Ph. #

I give permission for Boise Valley Adventist School to contact my child's previous teacher.

Parent Signature \_\_\_\_\_

I verify that this information is true to my knowledge.

Parent Signature \_\_\_\_\_

Student living with: Father ( ) Mother ( ) Grandparent ( ) Step Parent ( )

Does this student have an unpaid account at another school? No Yes If yes, where \_\_\_\_\_

## Family Information

Father _____
Address _____ _____
Email address: _____
Hm/Cell # _____
Wk. # _____
Place of Employment: _____
Occupation: _____
Church affiliation: _____
SDA Church Member: ____ Yes ____ No

Mother _____
Address _____ _____
Email address: _____
Hm/Cell # _____
Wk. # _____
Place of Employment: _____
Occupation: _____
Church affiliation: _____
SDA Church Member: ____ Yes ____ No

Names of other children in the family:

\_\_\_\_\_ Living at home? Yes No Sex M F Age \_\_\_\_\_  
 \_\_\_\_\_ Living at home? Yes No Sex M F Age \_\_\_\_\_  
 \_\_\_\_\_ Living at home? Yes No Sex M F Age \_\_\_\_\_

# Boise Valley Adventist School Medical Release Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M/F: \_\_\_ Birth Date: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Allergies (List type & severity): \_\_\_\_\_

Medications needed for allergy treatment: \_\_\_\_\_

Other medical conditions: \_\_\_\_\_

Medications needed for above medical condition (name and dosage): \_\_\_\_\_

Of the above medications, please list any needed at school: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_ Phone: \_\_\_\_\_

DENTIST'S NAME: \_\_\_\_\_ Phone: \_\_\_\_\_

Local persons authorized to care for child(ren) if parents cannot be reached in an emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

In the event our child (children) become(s) ill or sustains injury while in the care of Boise Valley Adventist School and the school is unable to reach us, we give our permission to those in charge to take whatever steps are necessary. If it is not possible to reach the physician named, consent is given to any licensed physician or dentist to perform such emergency procedures as they think the existing emergency requires.

Because Boise Valley Adventist School cannot give any medication to students without proper authorization from parents, and only within the guidelines of the Medication Administration Policy, we give permission for our child to receive Acetaminophen (Tylenol) or Ibuprofen (Advil) at the discretion of the School Nurse or appropriate school personnel.

<i>My student may take:</i>	<i>Acetaminophen (Tylenol)</i>	<i>yes</i> _____	<i>no</i> _____
	<i>Ibuprofen (Advil)</i>	<i>yes</i> _____	<i>no</i> _____
	<i>Benadryl</i>	<i>yes</i> _____	<i>no</i> _____

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Internet and Website Permission

BVAS would like your permission to post photographs of your child or exhibit your child's work on our website, on our Facebook page, in our brochure or other promotional materials. Student names will NOT be shared.

BVAS may use my **unnamed** child's photograph or work in printed or promotional materials. No Yes

## Student & Parent Handbook

I have read and agree to the policies outlined in the BVAS Student & Parent Handbook including the Internet policy, attendance policy, conduct and discipline policy, school dress code, financial policy, etc . . .

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Informed Consent

As with the transmission of any communicable disease, like a cold or the flu, your child may be exposed to COVID-19, also known as Coronavirus, at any time or in any place. Despite our enhanced cleaning protocols, and careful attention to sterilization and disinfection, there is still a chance that your child could be exposed to an illness on our campus.

Please be assured that we are following state and federal guidelines for schools to limit transmission of all diseases on our campus. Although we have taken measures to provide social distance in many of our school routines, due to the nature of the learning environment, it is not possible to maintain social distancing at all times.

I accept the risks and consent to sending my child to Boise Valley Adventist School.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Permission to Pick Up

Please list all who have permission to pick up your child (including yourself) on a regular basis. Otherwise, please notify the office or teacher as necessary.

---

---

Please list all who do not have permission to pick up your child. Otherwise, please notify the office or teacher as necessary.

---

## Field Trip Permission Slip/Release Form

We, the undersigned parents/guardians of \_\_\_\_\_ a minor, do hereby give permission for said minor to attend all field trips and off campus activities that the Boise Valley Adventist School participates in.

It is understood that this consent is given in advance of any extra-curricular planning and Boise Valley Adventist School will exercise their best judgment in arranging appropriate activities.

It is also understood that we will be notified in advance of each field trip regarding place, date and time.

A photocopy of this authorization shall be considered effective and valid as the original.

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

## Authorization for Release of Motor Vehicle Records

I, \_\_\_\_\_, do hereby authorize and allow OPENonline, acting as an agent, to obtain a copy of my drivers license record/abstract information, which may include personal information, to be used for verification of information and for employment purposes, and to release my information to:

Idaho Conference of Seventh-day Adventists, Inc. ~ 7777 Fairview Ave. ~ Boise, ID 83704 ~ 208-375-7524

Drivers Full Name: \_\_\_\_\_

License Number: \_\_\_\_\_ DOB: \_\_\_\_\_ State: \_\_\_\_\_

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

## Insurance Verification for Drivers on School Activities

According to NPUC Educational Code, therefore BVAS policy, all drivers must have a minimum insurance coverage of at least \$250,000 bodily injury liability, \$50,000 property damage liability, \$5,000 medical payments comprehensive, \$100 deductible collision and \$500 deductible uninsured motorist statutory when transporting students. One seatbelt must be used by each student. All drivers are required to authorize the Idaho Conference of Seventh-day Adventists, Inc. to obtain a DMV record.

If you plan to volunteer to help with transportation at any time during the school year, please complete the online screening with Verified Volunteers ([www.ncsrisk.org/adventist](http://www.ncsrisk.org/adventist)) and this form, plus attach verification of the required coverage. This information must be updated at the beginning of each school year and will be kept on file in the office.

Name: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Number of seatbelts: \_\_\_\_\_

Insurance Expiration Date: \_\_\_\_\_

Please attach a proof of insurance coverage to this form (a copy of your insurance policy that discloses coverage amounts is adequate)

## Parent Questionnaire

Student's name \_\_\_\_\_ Applying for Grade \_\_\_\_\_

Please answer each of the following questions so that we may better understand your child and reasons for choosing Boise Valley Adventist School. In keeping with Proverbs 22:6, we consider the education of a child a partnership between home, school, and church.

1. Please give your reasons for choosing BVAS. \_\_\_\_\_
2. What are your child's strengths? \_\_\_\_\_
3. What are your child's weaknesses? \_\_\_\_\_
4. Describe your child's spiritual life. \_\_\_\_\_
5. Has it ever been recommended that your child receive remedial or tutorial services? Yes \_\_\_ No \_\_\_
6. Has your child ever received remedial or tutorial services? Yes \_\_\_ No \_\_\_ If yes, explain.  
\_\_\_\_\_  
\_\_\_\_\_
7. Has your child had any behavioral or scholastic difficulties in school? Yes \_\_\_ No \_\_\_ If yes, explain.  
\_\_\_\_\_  
\_\_\_\_\_
8. Has your child ever been dismissed, suspended or expelled from any school? Yes \_\_\_ No \_\_\_  
If yes, explain. \_\_\_\_\_  
\_\_\_\_\_
9. Does your child have any physical, emotional, or other issues that may affect attendance or behavior?  
Yes \_\_\_ No \_\_\_ If yes, explain. \_\_\_\_\_
10. Is your child outgoing or shy? Explain. \_\_\_\_\_
11. Does your child work best independently or in groups?
12. How well does your child concentrate? \_\_\_\_\_