



EXCEL ADVENTIST ACADEMY NEW STUDENT APPLICATION

SOUTHWEST REGION CONFERENCE OF SEVENTH-DAY ADVENTIST SCHOOLS

Date of Application: _____

Child's Full Legal Name

Last First Middle Nick name

Grade Entering Gender Place of Birth Date of SDA Baptism Office Use Only – NAD Student ID

Month/Day/Year Date of birth Years/Months Age Ethnic Origin
(For Federal Government and North American Division purposes only)

Family Information:

Student living with (check all that apply): ☐ Both Parents ☐ Father ☐ Mother ☐ Stepfather ☐ Stepmother

☐ Guardian ☐ Grandparent ☐ Aunt/Uncle ☐ Other (please explain) _____

Who can receive report cards? ☐ Both Parents ☐ Father ☐ Mother ☐ Guardian (name): _____

Legal name of parent or guardian with whom the student is living:	Father's Full Name:	Mother's Full Name:
Check if NOT financially responsible		
Home Address		
City, State, Zip		
Home Phone		
Business Phone		
Cell Phone		
Email Address (required)		
Occupation		
Marital Status		
Church Affiliation	Denomination	Denomination
	Church	Church
	Baptized? Yes () No ()	Baptized? Yes () No ()
Languages Used at Home		

Full Name	Gender	Age	School Child is Attending

a. Indicate physical problem by check mark Hearing () Heart () Speech ()

b. Any known allergies? _____

c. If on regular medication, please specify _____

d. In the event of sudden illness or accident requiring attention, school personal are authorized to administer first aid, and if necessary, take child for emergency treatment to a doctor's office or hospital.

Family physician _____	Name	Full Address	Telephone #
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Please give the names of local relatives or friends who have consented to assume the responsibility of your child in case of illness, accident, or in the event of a major disaster until you can be reached. Listing their name here indicates they are authorized to take the student from campus if necessary.

Full Name	Relationship	Home Phone	Cell Phone

Full Name	Relationship	Home Phone	Cell Phone

General and Financial Information

Does student have an unpaid balance from another SDA school? Yes () No ()

Who is financially responsible for this bill? ____ Father ____ Mother ____ Other

Name Responsible for Bill		
Billing Address		
City, State, Zip		
Phone Number		
Email Address		

School last attended

Name of School	
Address	
City, State, Zip	
Phone Number	
Fax Number	

Has this student been previously identified as qualifying for a gifted education program? Yes () No ()

If yes, What kind? _____ When? _____

Where? _____ By whom? _____

Has this student been previously identified as qualifying for a special education program? Yes () No ()

If yes, What kind? _____ When? _____

Where? _____ By whom? _____

Has the student ever had an Individual Education Plan (IEP)? Yes () No ()

Please explain why you want your child to attend Excel Adventist Academy? _____

How did you find out about Excel Adventist Academy? _____

EXCEL ADVENTIST ACADEMY

FINANCIAL AGREEMENT AND POLICY STATEMENT

- Registration fees are due at time of registration and are non-refundable.
- Each month's tuition must be paid no later than the fifth business day of the month
- There will be a late fee of \$20.00 if tuition is paid after the fifth business day of the month
- There will be a \$30.00 charge for returned checks
- Returned checks will not be re-deposited
- The amount of returned checks and related fees must be paid in cash or by money order
- Once a check has been returned, future payments must be made in cash or money order
- A student will not be allowed to attend classes if tuition is not paid by the 15th of the month
- Should an account become delinquent, the student (s) will be officially withdrawn from the school
- Students with outstanding balances will not be re-admitted unless all previous indebtedness is paid in full
- Student's record will not be released until all financial obligations are paid in full
- Tuition not paid at the end of the school year will be sent to a collection agency

I agree to the conditions in the Policy Statement above and agree to pay my tuition as indicated:

- In ten (10) equal payments due the first business day of each month of the school year but not later than the fifth business day
- In two equal payments due between the first and fifth business day in August and January of the school year respectively
- In one (1) payment due between the first and fifth business day in August of the school year

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

Student's Signature _____ Date _____

SOUTHWEST REGION CONFERENCE OF SEVENTH-DAY ADVENTISTS
CONSENT TO TREATMENT

Student's Name _____

Age _____ Date of Birth _____ Social Security Number _____
mo day yr

Address _____

Parent/Guardian's Name _____

Father/Guardian _____
Business Phone _____ Social Security Number _____

Mother/Guardian _____
Business Phone _____ Social Security Number _____

Please describe allergies: _____

Date of last tetanus shot _____

Please give the name of your local family medical information in case your son or daughter becomes ill or had an accident at school and you cannot be reached.

1. Family Physician _____ Office Telephone _____

Address _____

2. Family Physician _____ Office Telephone _____

Address _____

Hospital preference _____

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, notify the school in writing.

1. Name _____ Telephone _____

Address _____

2. Name _____ Telephone _____

Address _____

In emergency service involving medical action or treatment is required and neither 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's Signature _____ Date _____

SOUTHWEST REGION CONFERENCE

Computer Systems Acceptable Use Policy



The Southwest Region Conference schools are pleased to offer their students access to a computer network for electronic mail and the Internet. To gain access to e-mail and the Internet, both parents and the student must sign and return this form to the school.

The Internet is a powerful resource for expanding the educational experience of each student. Access will enable students to explore thousands of libraries, databases, and bulletin boards while exchanging messages with Internet users throughout the world. Unfortunately it is true that some material accessible via the Internet may contain items that are illegal, defamatory, inaccurate or offensive. We believe, however, that the benefits to students in the form of information resources and opportunities for collaboration exceed the disadvantages and, therefore support the school's choosing to make the Internet available to our students. But because parents and guardians are ultimately responsible for setting and conveying the standards that their children should follow when using media and information sources, we respect each family's right to decide whether or not to apply for access.

Since the network is provided for students to conduct research and communicate with others, access is given to students who agree to act in a considerate and responsible manner. Parental permission is required. Access is a privilege-not a right. Access entails responsibility.

Students are responsible for Christian behavior and communication on the school system, just as they are anywhere on the school campus. It is presumed that users will comply with school standards and will honor the agreements they have signed. The school takes very seriously the responsibility for appropriate use of the network. School staff will guide students toward resources acceptable within the framework of the general school standards. If a student should access inappropriate material, the school will not be liable and the student will forfeit network privileges at this institution.

Computer storage files will be treated like school lockers. School staff may review files and communications to maintain system integrity and insure that users are using the system responsibly.

Students will adhere to Christian principles and will:

- Be responsible and courteous in all communications.
- Be responsible with all computer hardware and software.
- Keep their passwords to themselves.
- Respect the confidentiality of folders, work and files of others.
- Learn about and observe copyright laws.

Any activity not in accordance with these general rules may result in a loss of access as well as other disciplinary legal action.

ACKNOWLEDGEMENT FORM/PARENTAL AGREEMENT

I/We acknowledge that I/we have received a copy of the Academy's policies and procedures in the form of the Student Handbook. I/We acknowledge that I/we have read and been given the opportunity to ask questions concerning information stated within the Student Handbook.

I/We understand the school's philosophy and objectives, and I/we are in agreement with them. It is our aim and purpose to do all in our power to support the school in accomplishing these for our student (s).

Furthermore, I/we will uphold the principles and standards of the school so that there will be an evident cooperation between the home and the school.

Student's Name

Father's/Legal Guardian's Signature

Date

Mother's/Legal Guardian's Signature

Date



Excel
Adventist
Academy

7950 W. Fuqua, Missouri City, TX 77489
Tel: 281-835-0770 Fax: 281-835-1295
P.O. Box 2240, Missouri City, TX 77489

General After School Program Registration & Waiver Form

One Form per Student

CLUB / PROGRAM: After School Care

Student Name: _____ Grade: _____

Address: _____
Street City State Zip Code

Home Phone Number: _____

Father's Name: _____ Phone Number: _____

Mother's Name: _____ Phone Number: _____

Emergency Contact Name: _____

Work Phone: _____

Home Phone: _____

Cell Phone: _____

Pager/Other/Specify: _____

Please **list any allergies or medical conditions** that Excel Adventist Academy should be aware of:

Liability Waiver: I understand that although injuries are not common in supervised after school care, it is impossible to eliminate the risk.

Fees: I understand that participation in after school care will require additional fees as follows:

Dismissal is 3:00-3:15pm (2:00-2:15pm on Fridays). After school care is 3:15-5:30pm (2:15-4:30pm on Fridays). The flat rate for before/after school is \$15 per day, per child. If you pick up your child(ren) later than the times mentioned, you will be charged an additional \$5 per rounded-up 15-minute interval. For example, if you arrive at 5:35pm on a Tuesday, you will be charged \$5. If you arrive at 4:50pm on a Friday, you will be charged \$10.

*Note that during winter months when sunset is earlier, after school care will end at 4pm on Fridays.

**Southwest Region Conference School Computer Systems
User Agreement and Parent Permission Form**



As a user of the school's computer system, I agree to comply with the above-stated rules communicating over the Internet in a reliable fashion while honoring all relevant laws and restrictions.

Student's Signature _____

Printed Name _____

Birth Date _____

Grade _____

As the parent or legal guardian of the above-named student, I grant permission for my son or daughter to access computer services such as electronic mail and the Internet. I understand that individuals and families may be held liable for any inappropriate behavior. I understand that some materials on the Internet may be objectionable, but I accept responsibility to work with the school in the guidance of Internet use, setting and conveying standards for my child to follow when selecting, sharing or exploring information and media.

Parent Signature _____

Printed Name _____

Date _____

Street Address _____

City, State, Zip Code _____

Telephone _____



Excel Adventist Academy

7950 W. Fuqua, Missouri City, TX 77489
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P.O. Box 2240, Missouri City, TX 77489

Snacks: Do you agree to your child receiving snacks? Please mark > ☐ Yes ☐ No

Whenever snack items are available, what snacks do you prefer your child receive? Please circle below.

chips

soda

candy

fruit

fruit rollup

rice cakes

nuts

juice

popcorn

crackers

cheese-sticks

cookie

Please list below items you do not want your child to snack on.

Please list below others who are allowed to pick up your child along with their contact phone numbers.

I/We give permission for our son/daughter to participate in this service, and do release Excel Adventist Academy and its teachers, staff, volunteers and agents from any and all actions, all known and unknown personal injuries.

By signing this Agreement, I/we acknowledge that we have read and understand this document and accept the risk and responsibility of participation in this service.

Parent's Signature: _____ Date: _____

In the event of an emergency, I hereby certify that I am the parent/lawful guardian of _____, and grant to Excel Adventist Academy, its employees and agents full authority to take whatever action they may consider appropriate under the circumstances involved regarding the health and safety of my child and authorize them to obtain emergency medical or dental services for my child, if necessary, at my expense.

Parent's Signature: _____ Date: _____

Emergency Phone #: _____

Excel Adventist Academy

Photography/Video Release Form

Throughout the school year, teachers and staff may take pictures of the children engaged in various aspects of our children's program. These pictures may be displayed

- on the walls of the classroom
- on bulletin boards
- in promotional school material/DVDs
- on the school website (www.excel-tx.org)
- a local news photographer may come to the school or school events and these photos may be printed in the local paper

Please indicate below your permission to have your child's / Children's photo taken or appear in a school DVD by signing.

Student _____ Grade _____

Student _____ Grade _____

Student _____ Grade _____

____ Yes, I give my permission to have my child's / children's picture taken and utilized for school purposes.

____ No, please do not use my child's / children's photo.

Parent or Guardian Signature: _____

Date _____

Print Name: _____