BOISE VALLEY
ADVENTIST SCHOOL

Application for Admissions

Preschool - 8th Grade

Boise Valley Admissions Checklist

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

Pre-Enrollment Process (for new students only)

- Provide 1-3 references for the student that may be contacted. (Name and phone number/email)
- Schedule a shadow day in the class.
- Completed applications will be reviewed before admission is granted.
- Enrollment includes a minimum probationary period of one month, as outlined in the Student and Parent Handbook (p. 6).

Application Process (For new and returning students)

- To be considered for enrollment or re-enrollment, families must complete **all** required sections of this application packet including:
  - Enrollment information
  - Health documentation
  - Permissions
  - Parent questionnaires.

- Submission of all sections enables a smooth transition into the BVAS community.

Additional Enrollment 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.

After the Application for Admission and $300 registration fee are received, the school administration will follow up with families regarding the enrollment process.

As a private school, BVAS carefully reviews each application and reserves the right to determine admission based on the best interests of the school community.

Registration is not finalized until a school staff review has been completed.

Boise Valley Adventist School
Application for Enrollment

Grade Applying For_____ Date of Application_____

Student Full Legal Name_____ Sex M☐ F☐
Last, First, Middle

Date of Birth_____ Place of Birth_____ Age_____

Street Address_____ Phone #_____

City_____ State_____ Zip_____

Is this student a baptized member of the Seventh Day Adventist Church?

Yes☐ Year Baptized_____ No☐

School last attended_____
Name of school Address Phone Number

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

I give permission for BVAS to contact my child's previous school.

_____
Parent Signature

I verify that this information is true to my knowledge.

_____
Parent Signature

Student living with: Father □ Mother □ Grandparent □ Step Parent □

Family Information

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

Names of other children in the family:

_____ Living at home? Yes☐ No☐ Boy☐ Girl☐ Age ____
_____ Living at home? Yes☐ No☐ Boy☐ Girl☐ Age ____
_____ Living at home? Yes☐ No☐ Boy☐ Girl☐ Age ____

Boise Valley Adventist School
Medical Release Information

Last Name: _____ First Name: _____ M/F ____ Birth Date: _____ 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 that our child(ren) becomes ill or sustains an injury while in the care of Boise Valley Adventist School and we cannot be reached, we authorize school personnel to take all reasonable steps necessary to ensure appropriate medical care.

If the physician(s) listed on this form are unavailable, we grant consent for any licensed physician, dentist, or qualified medical provider to evaluate and provide emergency treatment deemed necessary for our child's health and safety.

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.

My student may take the following:	*Acetaminophen (Tylenol)*	*Yes* ☐	*No* ☐
	Ibuprofen (Advil)	*Yes* ☐	*No* ☐
	Benadryl	*Yes* ☐	*No* ☐

Signature _____ Date: _____

Internet and Website Permission

Boise Valley Adventist School requests permission to use photographs and/or examples of your child's schoolwork for educational, promotional, or informational purposes. These may appear on the school website, official social media accounts (Facebook & Instagram), printed materials, brochures, newsletters, or other school publications. No student names will be published without additional written consent.

Please indicate your preference below:

□ Yes, I grant permission for BVAS to use photographs and/or examples of my child's work as described

□ No, I do not grant permission for BVAS to use photographs or examples of my child's work

Student & Parent Handbook

I have read and agree to the policies outlined in the BVAS Student & Parent Handbook including the Acceptable Use 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 illness such as the common cold, influenza, COVID-19, or other contagious conditions, exposure may occur in a school or community setting despite necessary precautions. Boise Valley Adventist School implements cleaning, sanitization, and safety protocols designed to reduce the risk of illness. However, it is not possible to eliminate all risk of exposure.

By signing below, I acknowledge and accept this risk and consent to my child attending Boise Valley Adventist School.

Parent Signature _____ Date: _____

Authorized Pick Up Information

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

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

If there are any custody agreements, court orders, or restrictions regarding who may have access to your child, please notify the school office and provide the appropriate documentation.

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 Boise Valley Adventist School participates in.

It is understood that this consent is given in advance of any extra-curricular planning and that 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 OPEN online, 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 BVASpolicy,all driversmusthave a minimuminsurance coverage of at least $250,000 bodily injury liability, $100,000 property damage liability, $5,000 medical payments comprehensive, $100 deductible collision and $500 deductible uninsured motorist statutory when transporting students. One seat-belt must be used by each student. All drivers are required to authorize the Idaho Conference of Seventh-day Ad-ventists, 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) 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 acceptable.

Parent Questionnaire

Student's name: _____ Applying for Grade: _____
Please answer each of the following questions so that we may better understand your child.

BVAS considers the education of a child a partnership between home, school, and church.

1. Why are you interested in enrolling your child at BVAS?

_____

2. What are your child strengths?

_____

3. In what areas would you like to see your child grow this year?

_____

4. What is your child's spiritual life like?

_____

5. Has your child ever received academic support services (such as tutoring or remediation)?

□ Yes □ No If yes, please explain: _____

6. Has your child ever experienced significant academic or behavioral challenges at school?

□ Yes □ No If yes, please explain: _____

7. Has your child ever been suspended or expelled from a school?

□ Yes □ No If yes, please explain:_____

7. Has your child ever had behavioral or academic difficulties in school? Yes ☐ No ☐

If yes, please explain: _____

8. Are there any medical, emotional, learning, or social factors we should be aware of to best support your child? □ Yes □ No If yes, please explain: _____

9. How would you describe your child's personality (e.g., outgoing, reserved, adaptable, etc.)?

_____

10. Does your child prefer working independently, in small groups, or in larger group settings?

_____

11. How does your child typically respond to structure and classroom expectations?

_____

12. Is there anything else you would like us to know about your child?

_____