



**Los Angeles Adventist Academy (LAAA)**  
**846 East El Segundo Boulevard - Los Angeles, CA 90059**  
**(323) 321-2585 – (310) 532-0733 - [www.laadventistacademy.org](http://www.laadventistacademy.org)**

9. Emergency Contact if persons in #6 are not available (2 required):

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone # \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone # \_\_\_\_\_

10. Persons who are authorized to pick up child in parents'/guardian's absence:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone # \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone # \_\_\_\_\_

11. Name and address of person who is responsible for paying student's tuition.

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone # \_\_\_\_\_

12. Tuition Payment Method (choose one): Installment Payments are due the 1<sup>st</sup> of each month and are considered late if not received by the 10<sup>th</sup>.

\_\_\_\_\_ Year in Advance (*One payment in August*)      \_\_\_\_\_ Semester In Advance (*Two pymts per year - Aug and Jan*)

\_\_\_\_\_ 12 Monthly payments (*June and July payments reqd.*)      \_\_\_\_\_ 10 Monthly payments (*Due on the 1<sup>st</sup> of the month*)

\_\_\_\_\_ Weekly      \_\_\_\_\_ Bi-Weekly

**STUDENT CONTRACT:**

I agree to obey the rules of Los Angeles Adventist Academy as outlined in the current School Handbook. In addition, I agree to cooperate in upholding the standards of the school.

\_\_\_\_\_, 20\_\_\_\_\_  
*(Student Signature)*      *Date*

**PARENT/GUARDIAN CONTRACT:**

I agree to enroll my child at Los Angeles Adventist Academy for the 2012-2013 school year. I agree to support and uphold the regulations and principles upon which LAAA is based. I accept all financial policies and assume personal liability for timely payments of all tuition and applicable fees due for my child. I understand that **tuition payments become delinquent when they are in excess of 30 days. I also understand that my child or children will be asked to withdraw from school after tuition is 60 days past due.**

\_\_\_\_\_, 20\_\_\_\_\_  
*(Parent/Guardian Signature)*      *Date*

\_\_\_\_\_, 20\_\_\_\_\_  
*(Person Paying Tuition's Signature)*      *Date*

## STUDENT MEDICAL RECORD

Only the principal, teachers, school secretary, school nurse or physician, will have access to this completed form, and will be stored in a locked file cabinet.

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Father/Guardian \_\_\_\_\_ Name of Mother/Guardian \_\_\_\_\_

Medical history: Please check past illnesses and allergies that student has had.

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Cancer        | <input type="checkbox"/> Rheumatic Fever | Allergies:                            |
| <input type="checkbox"/> Chicken Pox   | <input type="checkbox"/> Scarlet Fever   | <input type="checkbox"/> Asthma       |
| <input type="checkbox"/> Diabetes      | <input type="checkbox"/> Tuberculosis    | <input type="checkbox"/> Hay Fever    |
| <input type="checkbox"/> Diphtheria    | <input type="checkbox"/> Whooping Cough  | <input type="checkbox"/> Insect Bites |
| <input type="checkbox"/> Epilepsy      | <input type="checkbox"/> Ear Infections  | <input type="checkbox"/> Penicillin   |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Measles         | <input type="checkbox"/> Other Drugs  |

Explain briefly factors such as surgeries, serious accidents or injuries, congenital defects, which may affect the child's school experience.

\_\_\_\_\_

Indicate physical problems by checking all applicable:    Hearing ( )    Heart ( )    Sight ( )    Speech ( )

Other \_\_\_\_\_

*PLEASE SPECIFY*

### IMMUNIZATIONS:

1. An official record of immunizations must accompany this medical record for **all students entering this school for the first time regardless of grade level**. An official record of immunization must accompany this medical record for **all returning students entering first, fourth, seventh, and ninth grades**.  
**No Exceptions!**
2. Records considered official are:
  - a. State Immunization Record
  - b. Health Provider Record – must have signature, stamp, or initials next to each date.
  - c. Physician's Record
  - d. County Health Department Record
  - e. Official Immunization Record from another state
  - f. School Immunization Record

### LABORATORY RECORD:

	Type*	Dates Given	Given by	Date Read	Read by	Impression
<b>TB SKIN TESTS</b>	<input type="checkbox"/> PPD Mantoux					<input type="checkbox"/> Pos
	<input type="checkbox"/> Other _____					<input type="checkbox"/> Neg
	<input type="checkbox"/> PPD Mantoux					<input type="checkbox"/> Pos
	<input type="checkbox"/> Other _____					<input type="checkbox"/> Neg
	<input type="checkbox"/> PPD Mantoux					<input type="checkbox"/> Pos
	<input type="checkbox"/> Other _____					<input type="checkbox"/> Neg

\* Must be Mantoux unless the Los Angeles County Health Department grants an exception.

**CHEST X-RAY**    Film date \_\_\_\_/\_\_\_\_/\_\_\_\_    Impression     Normal     Abnormal

Person is free of communicable tuberculosis     yes     no

Signature/Agency \_\_\_\_\_

## PHYSICIAN EXAMINATION

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

	Normal	Abnormal	Not Examined	Explain Abnormalities
Skin				
Eyes, Visions, Glasses				
Ears, Hearing				
Nose and Throat				
Mouth, Teeth, Speech				
Glands				
Chest, Lungs				
Cardiovascular Heart				
Abdomen, enlargement				
Tenderness				
Hernia				
Spine, Back				
Scoliosis for Grade 7				
Posture				
Extremities				
Genitourinary				
Nervous System, Reflexes				

Nutritional status and general appearance of the child

\_\_\_\_\_

\_\_\_\_\_

Recommendations for additional medical or dental care \_\_\_\_\_

This student may participate in a normal physical education program which includes such activities as running, jumping, tumbling [ ] Yes [ ] No

If student must be restricted from participating in activities such as listed above, please indicate physical activities that may be permitted.

Date \_\_\_\_\_ Physician's Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

To be completed by the family physician and kept on file at the school for all children, **a)** entering school for the first time, **b)** at grades 1<sup>st</sup>, 4<sup>th</sup>, 7<sup>th</sup> and 9<sup>th</sup>. Grade 7 should include the scoliosis examination, **c)** at other grades, when required by the Education Conference.

## CONFIDENTIAL STUDENT REFERENCE FORM

Applicant's Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle

The above named student has applied for admission to Los Angeles Adventist Academy and has listed your name as a reference. Please respond to the following questions regarding your perspective of the applicant's potential for personal and academic success at Los Angeles Adventist Academy. Please enclose your response in the self addressed envelope and return it to the school or mail it to the school. Thank you.

1. How long have you known the applicant \_\_\_\_\_ months or \_\_\_\_\_ years
2. Based on your knowledge of the applicant, place a check in the appropriate rating column for each category which best describes his/her personal characteristics and motivation.

Categories	Outstanding	Average	Above Average	Needs Improvement	Not Observed
<b>Over all Academic Achievement</b>					
<b>Writing Skills</b>					
<b>Reading Skills</b>					
<b>Mathematical Reasoning</b>					
<b>Ability to Work in Cooperative Groups</b>					
<b>Self-Motivation</b>					
<b>Academic Potential</b>					
<b>Over all Behavior</b>					

Describe briefly why this applicant would be an asset to our school.

What special circumstances should we be aware of as we evaluate this applicant?

Check your appropriate position:

Principal     K-6<sup>th</sup> Grade Teacher     7-8<sup>th</sup> English Teacher     7-8<sup>th</sup> Math Teacher

High School English Teacher     High School Math Teacher     Other \_\_\_\_\_

Print Full Name \_\_\_\_\_ Name of School/Church \_\_\_\_\_

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

Thank you for your time in completing this student evaluation.

## STUDENT CONSENT TO TREATMENT

Only the principal, teachers, school secretary, school nurse or physician, will have access to this completed form, and it will be stored in a locked file cabinet. 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.

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Father/Guardian \_\_\_\_\_ Name of Mother/Guardian \_\_\_\_\_

Father/Guardian \_\_\_\_\_

Cell Phone #

Home Phone #

Work Phone #

Mother/Guardian \_\_\_\_\_

Cell Phone #

Home Phone #

Work Phone #

Please describe student's allergies to substances and medication. \_\_\_\_\_

If on regular medication, please specify \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

Please give the name of your local family physician(s) 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 \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Telephone \_\_\_\_\_

Family Physician \_\_\_\_\_ Office Telephone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Telephone \_\_\_\_\_

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 person(s), **notify the school immediately in writing.**

Name \_\_\_\_\_ Telephone Numbers \_\_\_\_\_  
Cell / Home / Work

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Name \_\_\_\_\_ Telephone Numbers \_\_\_\_\_  
Cell / Home / Work

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

If an 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/Guardian Signature)

\_\_\_\_\_, 20\_\_\_\_\_  
Date

**EXTENDED DAY CARE REGISTRATION Grades 1-8**

**HOURS:**

For the convenience of working parents who are in need of extended day care, EDC will operate between the hours of 6:30 a.m. to 6:00 p.m., Monday-Thursday, and 6:30 a.m. to 4:00 p.m. on Friday.

**RATE:**

The monthly rate is \$120.00 per child or \$200.00 per family of two from same household.

**LATE FEE:**

A late fee of \$50.00 per child will be charged for the first 15 minutes and \$15.00 every 15 minutes or fraction thereof for parents picking up children after the closing hours of 6:00 p.m. Monday – Thursday and 4:00 p.m. on Friday.

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

**CHILD/CHILDREN INFORMATION:**

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

**PARENT INFORMATION:**

Mother/Guardian's Name \_\_\_\_\_

Mother/Guardian \_\_\_\_\_  
Home Work Cell

Father/Guardian's Name \_\_\_\_\_

Father/Guardian \_\_\_\_\_  
Home Work Cell

**FINANCIAL INFORMATION: Choose method of payment:**

\_\_\_\_\_ I will prepay weekly \_\_\_\_\_ Bill to Student Account Monthly

*I agree to enroll my child (ren) in the Extended Day Care Program. I agree to support all regulations and principles associated with this Program including personally signing my child in and out everyday and promptly paying all financial obligations. I understand that participation in the EDC Program is a contractual obligation and termination/ withdrawal from this Program can only be made by written request to the Business Office.*

\_\_\_\_\_, 20\_\_\_\_\_  
(Parent/Guardian Signature) Date

## PUBLICATION RELEASE FORM

Please complete one per family.

I, the undersigned, by voluntarily providing my signature, hereby agree that I fully understand that my child or children's picture(s) may be taken at any time during the course of his or her enrollment at Los Angeles Adventist Academy. By providing my signature, I therefore permit such use by Los Angeles Adventist Academy for its own educational and public relations purposes, including but not limited to the school yearbook, school newsletter, school internet website or school brochures and materials.

Please check only the items you want **EXCLUDED** from the school's publications.

\_\_\_\_\_ Student's name                      \_\_\_\_\_ Student's Grade  
\_\_\_\_\_ Student's picture                      \_\_\_\_\_ Student's telephone number  
\_\_\_\_\_ Student's address                      \_\_\_\_\_ Family's e-mail address

Please check only the publications from which you want to be **EXCLUDED**.

\_\_\_\_\_ Yearbook only                      \_\_\_\_\_ Web site  
\_\_\_\_\_ Newsletter only                      \_\_\_\_\_ Brochures only  
\_\_\_\_\_ I do not want my child included in any publication

*Please print*

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Name \_\_\_\_\_ / \_\_\_\_\_  
Mother Father

\_\_\_\_\_, 20\_\_\_\_\_  
(Parent/Guardian Signature) Date



## **FINANCIAL POLICIES**

The following financial policies and procedures are in effect at Los Angeles Adventist Academy. By signing the application and/or registration form, parents/guardians are indicating full agreement to adhering and upholding these policies.

Please initial each statement and sign at the end.

### **Payments** [     ]

LAAA directly receives all monthly payments of tuition. Payments are accepted in the form of cash, money order, personal or cashier's check. *All payments are due on the 1st of each month.*

### **Returned Checks** [     ]

There will be a \$25.00 fee for all returned checks. Returned checks will not be re-deposited.

If a family is deemed habitual in the submission of insufficient checks (greater than twice in a school year), only cash, money order or cashier's check will be accepted for the remainder of the school term.

### **Financial Responsibility** [     ]

All accounts must be kept current. First contact will occur on the fifth (5) day of the month. Second contact will occur on the tenth (10th) day of the month, at which time you will receive a letter and your account will be considered delinquent, and a \$25.00 late fee will be charged. Any student account 15 days past due will be considered as seriously delinquent, for which an immediate payment or specific arrangements with the business office must be made. If an account is 30 days past due, the student WILL be asked to withdraw from school until the outstanding amount is paid in full, or satisfactory financial arrangements are made. Cash, cashier's check, or money order will be required for payment on delinquent accounts.

### **American Agencies** [     ]

All accounts that become delinquent by thirty (30) days or more will be referred to *American Agencies* for assistance with collection. If your account is referred for collections, an additional charge of \$35.00 will be applied to your account.

### **Tuition** [     ]

Tuition is based on a yearly cost. The yearly tuition cost represents the total cost of educating each student in their respective grade. There are three options for payment: **Year Advance, Semester Advance, and Monthly Installment Plan**. Families who utilize the year advance will receive a 5% discount, while those who opt for the semester advance will receive a 3% discount. Monthly payments are discussed below:

#### **Payment Plans** [     ]

The monthly installment plan is designed to help parents spread the cost of tuition over 10 months, **August through May**, or **12 months July through June**, and does not intend to quantify an "amount" for education each month. The monthly tuition payment plan is administered by Los Angeles Adventist Academy. Families may choose the method of payment (cash, check or money order) *and a payment date of the 1st of each month*. A late charge of \$25.00 is assessed for any payment not received within 10 days of the payment due date. A \$25.00 fee will be assessed for checks whose funds are deemed insufficient and will not be re-deposited.

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**Discounts** [    ]

Tuition has been discounted for two or more children per immediate family. Family discounts are applied only to accounts that are kept current. **Note:** If your tuition balance becomes 30 days delinquent, your family discount will be forfeited for the remainder of the school term.

**Regular Student Rates** [    ]

Tuition payments do not cover the full cost of operating Los Angeles Adventist Academy. Members of the Seventh-day Adventist Church support Adventist education through substantial subsidies. Los Angeles Adventist Academy reserves the right to charge higher rates for students who are not members of the Seventh-day Adventist Church.

**Tuition Refund** [    ]

The first tuition payment of each semester (August and January) may be prorated if a student withdraws within the first 10 (ten) days of the semester. All other installment payments (September – December and February – May) may be fully refunded or charges reversed if the student withdraws before the 15<sup>th</sup> day of the month. Tuition will not be prorated for late registrants who enroll after the 15<sup>th</sup> day of any of the above semesters.

**Financial Assistance** [    ]

Families seeking assistance may contact local church education representatives, or the Southern California Conference of SDA Office of Education for applications and/or information on the Pacific Union Endowment Fund, Conference Ethnic Scholarships, or the church's education assistance program.

**Sponsorship** [    ]

Student sponsors will assume responsibility for the yearly, semester, or monthly installment of tuition.

**Application Fee** [    ]

A one-time nonrefundable application fee of \$25 must accompany the initial application for grades K-12. This fee is automatically waived for students that were enrolled from the previous year.

**Registration Fee** [    ]

A yearly registration fee will be charged once a student has been accepted to Los Angeles Adventist Academy.

**Refunds** [    ]

All registration and enrollment fees are **NON REFUNDABLE**.

**Student Name(s):** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

I have read, and agree to adhering and upholding the Financial Policy of Los Angeles Adventist Academy. I also understand that the tuition payment and or EDC payment is due on the first of each month.

\_\_\_\_\_  
(Parent/Guardian/Sponsor/Responsible Party)

\_\_\_\_\_, 20\_\_\_\_\_  
Date

## STUDENT/PARENT/SCHOOL PARTNERSHIP AGREEMENT

Parents and students in all grades should read, discuss, and sign their agreement to the following guidelines:

### A. Commitment of Students

1. Maintain a courteous, grateful, respectful, and forgiving attitude, exercising restraint when necessary.
2. Work responsibly and independently in the classroom without unnecessarily distracting others.
3. Love and serve one another with a Christ-like attitude in all action and speech.
4. Be open to biblical instruction, seeking to love God and others more fully.
5. Regularly attend a local church, desiring Christian fellowship, spiritual growth, and biblical instruction.
6. Dress neatly and modestly in school uniform and keep body clean and well-groomed.
7. Follow all policies outlined in the *Student Policies Handbook*.

### B. Commitment of Parents

1. Foster a courteous, grateful, forgiving, respectful, and cooperative attitude, demonstrating self-control in words, actions, and attitude.
2. Regularly attend a local church, desiring Christian fellowship, spiritual growth, and biblical instruction.
3. Resolve school-related conflicts utilizing the principles stated in Matthew 18:15-17. For specific details on this principle, please contact the school office.
4. Nurture habits of punctuality, thoroughness, neatness, honesty, resourcefulness, and independent study.
5. Expect and facilitate completion of daily homework, making sure that all books and completed homework are returned to the school.
6. Train children at home in the instruction and discipline of the Lord.
7. Support school personnel, programs, and policies with prayer and open communication.

### C. Commitment of School

1. Foster a courteous, grateful, forgiving, respectful, and cooperative attitude, demonstrating self-control in words, actions, and attitude.
2. Resolve school-related conflicts utilizing the principles stated in Matthew 18:15-17.
3. Communicate expectations to all students and commend, counsel, or correct as occasion demands.
4. Communicate regularly regarding the progress of your child.
5. Make the student's educational experience as complete and fulfilling as possible.
6. Support the student and family with prayer.

I/We have read the above guidelines and agree to support and abide by them during enrollment at LAAA.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_, 20\_\_\_\_  
Date

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_, 20\_\_\_\_  
Date