

Application for Admission 2020-2021

Before completing the application form, please read the handbook information carefully. Your signature on this application indicates that you have received and taken responsibility to read and support all terms and conditions of the school handbook.



3510 George Dieter Dr. El Paso, TX 79936
(915) 855-7312

(Please type or print all information in blue or black ink)

Date of Application _____/_____/_____

Applying School Year _____

Grade Entering _____

I. STUDENT

LEGAL NAME: LAST		FIRST	MIDDLE	PREFERRED NAME	
PERMANENT ADDRESS: STREET			CITY	STATE	ZIP
DATE OF BIRTH	AGE	PLACE OF BIRTH (CITY & STATE)	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	HOME PHONE _____	
				STUDENT CELL PHONE _____	
SOCIAL SECURITY NUMBER _____/_____/_____		CITIZENSHIP <input type="checkbox"/> USA <input type="checkbox"/> _____	IF YOU ARE NOT A US CITIZEN, WHAT IS YOUR LEGAL STATUS <input type="checkbox"/> PERMANENT RESIDENCY <input type="checkbox"/> VISA (TYPE)		
RELIGIOUS DENOMINATION <input type="checkbox"/> SDA <input type="checkbox"/> NONE <input type="checkbox"/> OTHER _____		BAPTIZED <input type="checkbox"/> YES DATE _____ <input type="checkbox"/> NO	IF SDA, WHICH CHURCH HOLDS YOUR FAMILY MEMBERSHIP _____		
HEALTH <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	DOES THE STUDENT HAVE ANY PHYSICAL CONDITION THAT WOULD LIMIT HIM/HER IN ANY CAPACITY: <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, PLEASE DESCRIBE) _____		DOES THE STUDENT HAVE A SPECIAL NEED THAT WOULD HINDER YOU FROM BEING SUCCESSFUL AT EPAJA: <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, PLEASE DESCRIBE) _____		

II. FAMILY

FATHER'S NAME _____	MOTHER'S NAME _____
MAILING ADDRESS _____	MAILING ADDRESS _____
CITY _____ STATE _____ ZIP _____	CITY _____ STATE _____ ZIP _____
MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> OTHER	MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> OTHER
CUSTODIAL PARENT <input type="checkbox"/>	CUSTODIAL PARENT <input type="checkbox"/>
E-MAIL _____	E-MAIL _____
PHONE (HOME) _____	PHONE (HOME) _____
PHONE (CELL) _____	PHONE (CELL) _____
OCCUPATION _____	OCCUPATION _____
EMPLOYER _____	EMPLOYER _____
EMPLOYER PHONE _____	EMPLOYER PHONE _____

(Continued on other side)

III. FINANCIAL

PERSON RESPONSIBLE FOR ACCOUNT FATHER MOTHER OTHER (IF OTHER, PLEASE STATE THE PERSON RESPONSIBLE)

RESPONSIBLE PERSON'S NAME _____ PHONE _____

MAILING ADDRESS _____ CITY _____ ZIP _____

SOCIAL SECURITY NUMBER _____ / _____ / _____

DO YOU HAVE AN UNPAID ACCOUNT AT ANOTHER SCHOOL? YES NO

IF YES, GIVE THE NAME AND ADDRESS OF THE SCHOOL _____

I AGREE TO ASSUME FULL FINANCIAL RESPONSIBILITY FOR EDUCATIONAL EXPENSES AT EL PASO ADVENTIST JUNIOR ACADEMY FOR THE ABOVE STUDENT DURING HIS/HER ENROLLMENT. I UNDERSTAND THAT A TRANSCRIPT/DIPLOMA WILL BE RELEASED WHEN THE ACCOUNT IS PAID IN FULL.

SIGNATURE OF PERSON RESPONSIBLE FOR ACCOUNT

DATE

IV. RESPECT

STUDENT PLEDGE OF RESPECT:

I HEREBY AGREE TO RESPECT AND OBEY THE REGULATIONS AND UPHOLD THE STANDARDS OF EL PASO ADVENTIST JUNIOR ACADEMY. I WILL DO MY BEST TO MAKE POSITIVE CONTRIBUTIONS TO THE TOTAL SCHOOL PROGRAM.

SIGNATURE OF STUDENT

DATE

PARENT / GUARDIAN PLEDGE OF RESPECT:

I HAVE READ THE ANSWERS ON THIS APPLICATION AND FIND THAT THEY ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO RESPECT AND SUPPORT THE REGULATIONS AND POLICIES OF THE SCHOOL AS PUBLISHED OR AMMENDED BY THE ADMINISTRATION AND ENCOURAGE MY CHILD TO DO SO. I FURTHER PLEDGE TO ASSUME THE FINANCIAL RESPONSIBILITY FOR THE STUDENT, AND TO PAY BILLS PROMPTLY OR BE SUBJECT TO LEGAL ACTION.

SIGNATURE OF PARENT / GUARDIAN

DATE

V. CONSENT

I UNDERSTAND THAT THIS FORM MAY BE VIEWED BY SCHOOL TEACHERS AND STAFF

SIGNATURE OF PARENT / GUARDIAN

DATE

FINANCIAL AGREEMENT 2020-2021



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I. STUDENT

LEGAL NAME: LAST	FIRST	MIDDLE	GRADE	
RETURNING STUDENT (Y / N)	APPLICATION FEE	EMAIL	PHONE	
PERMANENT ADDRESS: STREET		CITY	STATE	ZIP

II. FEES

REGISTRATION FEE (DUE AT TIME OF REGISTRATION): GRADES K-8. \$475 GRADE 9. \$500	TUITION FEE GRADES K-8. \$420 monthly payment/10 mo GRADES 9. \$450 monthly payment/10 mo
REGISTRATION FEE (NON REIMBURSABLE): \$ _____ EARLY DISCOUNT (Y / N) TOTAL REGISTRATION: \$ _____	TUITION: \$ _____ DISCOUNT: \$ _____ (constituent, multiple students) TOTAL TUTION (10 months): \$ _____

III. PAYMENT

TUITION MONTHLY PAYMENT: \$ _____ TOTAL MONTHLY AID REQUESTED FROM LOCAL CHURCH \$ _____
 TUITION AID STATEMENT FROM LOCAL CHURCH INCLUDED YES NO (must be included at registration)

NOTE: The monthly payment is due on the third of each month. The final payment is due May 5th unless other written agreement has been made. Pledges or third party payments to your account will not be credited until received. You are responsible for the full payment if pledges or third party payments are not received (INCLUDING LOCAL CHURCH AID).

I the undersigned responsible party accept the Financial Agreement. By signing this agreement, I accept full responsibility for payment to our account with El Paso Adventist Junior Academy (EPAJA) and understand that my child(ren) will be subject to suspension if payment is not made in full by due date each month. Also, I understand that an OFFICIAL TRANSCRIPT AND FINAL REPORT CARD will be released only if my account with EPAJA is Paid in Full.

Printed Name Responsible Party

Responsible Party Signature

Date

OFFICE USE ONLY

FINANCIAL CLEARANCE: YES NO

DATE _____ INITIALS _____

ACCEPT DENY

DATE _____ INITIALS _____

TUITION AID STATEMENT FROM LOCAL CHURCH RECEIVED YES NO

DATE _____ INITIALS _____

Medical Information and Release 2020-2021



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STUDENT INFORMATION

STUDENT NAME _____

PERMANENT ADDRESS: STREET _____

CITY _____

STATE _____

ZIP _____

DATE OF BIRTH _____ / _____ / _____

AGE _____

SOCIAL SECURITY NUMBER _____ - _____ - _____

FATHER/GUARDIAN _____

MOTHER/GUARDIAN _____

SSN _____ - _____ - _____

PHONE (HOME) _____

PHONE (CELL) _____

PHONE (WORK) - _____

STUDENT'S MEDICAL INFORMATION

DOCTOR'S _____

PHONE (OFFICE) _____

PHONE (CELL) _____

DENTIST'S _____

PHONE (OFFICE) _____

PHONE (CELL) _____

HOSPITAL PREFERENCE _____

MEDICAL / HEALTH INSURANCE CO. _____

ID # _____

GROUP # _____

DENTAL INSURANCE CO. _____

ID # _____

GROUP # _____

ALLERGIES TO SUBSTANCES OR MEDICATIONS _____

LIST ANY MEDICATIONS TAKEN ON A REGULAR BASIS _____

MEDICAL HISTORY _____

Continued on other side

PARENT/GUARDIAN CONSENT

The persons listed below have consented to assume responsibility of my child in case of illness or accident until I can be reached.

NAME _____

NAME _____

PHONE (HOME) _____

PHONE (HOME) _____

PHONE (CELL) _____

PHONE (CELL) _____

PHONE (WORK) _____

PHONE (WORK) _____

If emergency services involving medical action or treatment are required and neither parent nor the family physician can be reached for consent, the parents/guardians hereby consent to the rendering of such emergency medical service for the above named student as shall be necessary in the opinion of El Paso Adventist Junior Academy or the medical personnel rendering the service. This authorization is given pursuant to the local state Civil Code. I understand that I will be responsible for any medical expenses occurring as a result of such treatment.

SIGNATURE OF PARENT / GUARDIAN

DATE

Acceptable Use Policy 2020-2021



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El Paso Adventist Junior Academy (EPAJA) of the Seventh-day Adventist education system is pleased to offer their students access to a computer network for electronic mail and the Internet. To gain access to email and the Internet, both parent and 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 to email and the Internet 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 any disadvantages and therefore support the school's choosing to make the Internet available to our students. But because ultimately, parents and guardians are 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 computer network, 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 or legal action.

User Agreement and Parent Permission Form

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

Student signature: _____

Printed Name: _____

Birth Date: _____

Grade: _____

As the parent or legal guardian of the student signing above, I grant permission for my son, daughter or legal charge to access networked 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 guidance of Internet use-setting and conveying standards for my child to follow when selecting, sharing or exploring information and media.

Parent or Legal Guardian Signature: _____

Printed Name: _____

Date: _____

Street Address: _____

Telephone: _____

Student Handbook Agreement Form 2020-2021

Students

I, (student printed name) _____ attest that I have received and read (or have been read) the EPAJA student Handbook and that I understand and agree to abide the rules and procedures set forth in the Handbook.

I understand and agree that failure to abide by the terms set forth in the Handbook could result in disciplinary action, up to and including dismissal from El Paso Adventist Junior Academy.

Signature: _____

Date: _____

Parent/Guardian

I, (parent printed name) _____ Parent/Guardian of (student printed name) _____ verify by signing below that I have read, understand, and agree to follow and be held accountable to the rules, policies, procedures, and other information provided in the El Paso Adventist Junior Academy Student Handbook for the 2020-2021 school year.

Signature: _____

Date: _____