

VPK APPLICATION



FOREST CITY ADVENTIST SCHOOL

7563 Forest City Rd, Orlando FL 32810
Ph: 407-299-0703 | Fax: 407-299-9481
www.fcadventistschool.com
info@fcadventistschool.com

Student Name: _____

LAST NAME _____

FIRST NAME _____

MIDDLE NAME _____

Grade: _____

MOTHER INFORMATION/GUARDIAN

Last Name: _____
 Full First Name: _____
 Full Middle Name: _____
 Address: _____
 City: _____
 State: _____ ZIP Code: _____
 Home Phone: _____
 Cell Phone: _____
 E-mail Address: _____
 Seventh-day Adventist: Yes No
 Church Membership: _____
 Occupation: _____
 Name of Employer: _____
 Work Phone: _____
 Marital status: Single Married Divorced
 Widowed Separated

FATHER INFORMATION/GUARDIAN

Last Name: _____
 Full First Name: _____
 Full Middle Name: _____
 Address: _____
 City: _____
 State: _____ ZIP Code: _____
 Home Phone: _____
 Cell Phone: _____
 E-mail Address: _____
 Seventh-day Adventist: Yes No
 Church Membership: _____
 Occupation: _____
 Name of Employer: _____
 Work Phone: _____
 Marital status: Single Married Divorced
 Widowed Separated

SECURITY

Emergency Contacts (If Parents/Guardians cannot be reached):

Full name	Relationship to student	Cell Phone	Emergency	Pick Up

MEDIA INFORMATION RELEASE

I hereby give permission to the Forest City Adventist School to use photos/videos of my child for school promotions on printed material and/or the Internet. Yes No

 Signature of Parent/Legal Guardian

 Date

I understand that I am responsible financially for the annual tuition and miscellaneous charges. Payments are due monthly and must be kept current. I understand that the School Board has voted that any child whose account is not kept current will not be permitted to attend classes. I also understand that if I have an outstanding balance with the Forest City Adventist School or any other Seventh-day Adventist educational institution that arrangements must be made with the finance office before a student is permitted to enroll.

 Signature of Parent/Legal Guardian

 Date

 Print Name

MEDICAL CONSENT

NOTE: FAILURE TO SIGN THIS ACKNOWLEDGMENT WILL NOT RELEASE STUDENT OR THE PARENT(S) FROM COMPLIANCE WITH THESE CODES

Student Name: _____ Grade: _____ Student ID # _____

In a life threatening situation where all efforts to contact me have failed, I hereby authorize an adult representative from Forest City Adventist School to consent to emergency medical and/or hospital care as deemed necessary for my child. I understand that the Forest City Adventist School insurance will cover medical expenses up to \$500.

I am aware that my insurance will then be responsible for any remaining costs.

Yes No Parental Consent: _____

I hereby give permission for the office staff at the Forest City Adventist School to give my child Motrin and/or Tylenol.

Yes No Parental Consent: _____

It is imperative that the staff at the Forest City Adventist School be aware of any potential Life-threatening illness that your child may have. Please complete the following:

*ASTHMA Yes <input type="checkbox"/> No <input type="checkbox"/>	DIABETES Yes <input type="checkbox"/> No <input type="checkbox"/>	ALLERGIES Yes <input type="checkbox"/> No <input type="checkbox"/>	OTHER Yes <input type="checkbox"/> No <input type="checkbox"/>
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* (If yes, we must have an inhaler in the office for your child)

All medications (nonprescription or prescription) must be in the original container.

Name of physician: _____ Phone Number: _____

This section to be signed before a Notary Public

I state that I have responded personally to the information on this form and it is correct.

Parent/Guardian Signature

Date

Print Name

Daytime phone number

The foregoing instrument was acknowledged before me this _____ day of _____, 20 _____

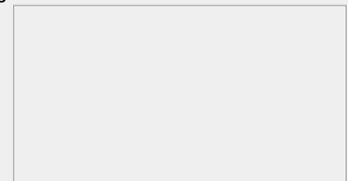
by _____ (name of person), who is personally know to me or who has

produced _____ (type of identification) as identification.

Notary Signature

Notary (Print Name)

Expiration Date



Notary Seal