

GUAM ADVENTIST ACADEMY

STUDENT APPLICATION AND INFORMATION FORM SY 2022-2023

Student Information:

#1 (Last)	(First)	(Middle)	/ / Birth Date (m/d/y)	Age	Sex	Grade	Social Security Number	Ethnicity	Citizenship	1 st language
#1 (Last)	(First)	(Middle)	/ / Birth Date (m/d/y)	Age	Sex	Grade	Social Security Number	Ethnicity	Citizenship	1 st language
#3 (Last)	(First)	(Middle)	/ / Birth Date (m/d/y)	Age	Sex	Grade	Social Security Number	Ethnicity	Citizenship	1 st language
#4 (Last)	(First)	(Middle)	/ / Birth Date (m/d/y)	Age	Sex	Grade	Social Security Number	Ethnicity	Citizenship	1 st language

#1 Student Cell	#1 Student E-Mail	#2 Student Cell	#2 Student E-Mail
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Name of student's father	Name of student's mother
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Mailing Address: P O Box	Street Address:
(Box #) (Village) (Zip)	(House #) (Street) (Village) (State) (Zip Code)

Name of person student lives with:

(Last)	(First)	(Middle)	Relation to student	Occupation	Business Phone	Home Phone	Cell/Beeper	E-Mail Address
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Name of student's 2nd responsible party (regardless whether student lives with him/her):

(Last)	(First)	(Middle)	Relation to student	Occupation	Business Phone	Home Phone	Cell/Beeper	E-Mail Address
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Emergency Information: Please give the name of your local family physician to be called in case your child(ren) becomes ill or has an accident and you can't be reached.

Physician Name	Office Phone	Clinic Name/Location	Allergies or Medical Alert Condition
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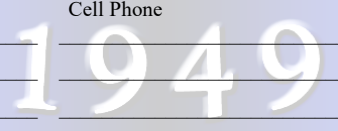
If emergency service involving medical action or treatment is required and neither the parents, nor family physician, nor emergency contact person cannot be reached for consent, the parents/guardians hereby consent to the rendering of such emergency medical service for the above named student(s) as shall be necessary in the medical opinion of the doctor rendering such service.

Emergency Contact Person(s)	Relationship with the minor	Cell Phone	Home Phone	e-mail address

Field Trip Authorization:

I () GIVE () DO NOT GIVE permission for my child (ren) to accompany his/her/their class on all class field trips and other off-campus activities, excluding off-island trips. I understand all such trips will end by the regular school dismissal time unless otherwise indicated in writing.

I () GIVE () DO NOT GIVE permission for my child to swim during off-campus activities



Photograph Release Authorization:

I () GRANT () DO NOT GRANT Guam Adventist Academy permission to use my child (ren)'s photograph in any official GAA publicity piece including but not limited to videos, and the school website.

Transportation to GAA: The children listed on the front side of this form will come to school by one of the following means.

() GAA Private Bus * (Not available yet), () DPW Agana, () DPW Talofofo, OR Privately by: () Parent or family member, () Other student, () Drive by self, () Walking

Please also indicate how your child(ren) will return home:

() GAA Private Bus *, (Not available yet) () DPW Agana, () DPW Talofofo, OR Privately by: () Parent or family member, () Other student, () Drive by self, () Walking

*there is a charge for this service

Please list persons authorized to pick up your children):

Note: Any change in rides must be given in writing to the office. **Student Drivers** must have a copy of their license, proof of insurance, and registration in the office, **before driving to school.** Legal guardian written permission must be on file for student drivers to give other students rides. Student riders also need written permission by legal guardian.

Student #1 Church Affiliation: (If any) _____ Baptized? Y N Student #3 Church Affiliation: (If any) _____ Baptized? Y N

Student #2 Church Affiliation: (If any) _____ Baptized? Y N Student #4 Church Affiliation: (If any) _____ Baptized? Y N

Father's Church Affiliation: (If any) _____ Mother's Church Affiliation: (If any) _____

General Information:

Do you have an unpaid account at another school? Y N If yes, please indicate where: _____ Amount Owed _____

When will this bill be paid? _____

Student Contract: (Students in grades 7-12 need to complete this section) Please be honest. GAA does accept students with these problems, but it will be monitored very carefully. Failure to answer these questions truthfully may result in expulsion. Please use a separate paper if you are enrolling more than one student which will answer yes to any of these questions.)

Do you or have you ever been suspended or asked to withdraw from any school(s)? Y N If yes, please explain: _____

Do you or have you ever used alcoholic beverages? Y N If yes, when? _____

Do you or have you ever used tobacco? Y N If yes, when? _____

Do you or have you ever used any other addictive drugs or other substances? Y N If yes, when? _____

Do you or have you ever used Betel nut? Y N If yes, when? _____

Do you have a police record? Y N If yes, when and for what? _____

- If the answers for the questions above are different between students, a separate form must be filled out for each student.

I have read the regulations contained in the current GAA Student Handbook and I plan to live in harmony with them. I acknowledge my role in making my educational experience the best it can be.

#1 _____ #2 _____ #3 _____ #4 _____

(Student(s) Signature(s))

Parent/Guardian Contract: (To be read and signed by a parent/guardian)

I have completed this entire form to the best of my knowledge. By my signature I am granting the applicable authority for emergency situations, transportation, use of student's photograph, and field trips. I have read the answers to the questions on this application and find that they are correct. I have read the regulations and policies in the current GAA Handbook, and understand that additional regulations duly considered and publicly announced will have the same force as those printed.

Parent / Guardian Name (Print) _____ Parent / Guardian Signature _____ Date _____

Party Responsible for Tuition if other than parent (Print) _____ Signature _____ Date _____

Applicant Referred By: _____

-Please attach each student's application essay to this registration form-