



# STUDENT APPLICATION FOR ENROLLMENT

- For Office Use Only
- ☐ Registration Fee
- ☐ Gen. Permission Slip
- ☐ Payment Opt. form
- ☐ Immunization Record
- ☐ Birth Certificate
- ☐ Book Fees
- ☐ Previous Records

School year \_\_\_\_\_ Grade Entering \_\_\_\_\_

Student's Name (legal) \_\_\_\_\_ Circle One **Male** **Female**

Last First M.I.

Birth Date \_\_\_\_\_ Birth Place \_\_\_\_\_

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

Street City/State Zip

Mailing Address (if different from above) \_\_\_\_\_

Street City/State Zip

Email Address \_\_\_\_\_ May we email you the Warrior Weekly? Circle one Yes No

FATHER: \_\_\_\_\_ Living with child circle one Yes No Divorced or Deceased

Place of Employment/Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_ ext \_\_\_\_\_ cell Phone \_\_\_\_\_

Church membership? Circle one Yes No Where \_\_\_\_\_

MOTHER: \_\_\_\_\_ Living with child circle one Yes No Divorced or Deceased

Place of Employment/Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_ ext \_\_\_\_\_ cell Phone \_\_\_\_\_

Church membership? Circle one Yes No Where \_\_\_\_\_

School attended last year \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Street City/State Zip

How did you hear about TVCS? \_\_\_\_\_

## Pick up and Emergency Information

Name of Doctor \_\_\_\_\_ Phone \_\_\_\_\_

To the School: In case you are unable to reach me during any emergency, you are authorized to contact and, if necessary, release my child to one of the following:

1.Name \_\_\_\_\_ Phone Number \_\_\_\_\_

2.Name \_\_\_\_\_ Phone Number \_\_\_\_\_

3.Name \_\_\_\_\_ Phone Number \_\_\_\_\_

I understand that the school does not assume responsibility for payment of a physician in any case. However, in an emergency you may choose a physician: (Circle one: Yes No)

\_\_\_\_\_  
(Signature of parent or guardian)

\_\_\_\_\_  
(Date)



# TREASURE VALLEY CHRISTIAN SCHOOL

## STUDENT HEALTH QUESTIONNAIRE

Child's Name: \_\_\_\_\_ Age/Birth date: \_\_\_\_\_

### TO BE FILLED OUT BY THE PARENT

Has your child had any of the following communicable diseases? If so please give the date.

Chicken Pox	Date: _____
Diphtheria	Date: _____
Measles	Date: _____
Mumps	Date: _____
Whooping cough	Date: _____
Scarlet Fever	Date: _____
Pneumonia	Date: _____

Does your child suffer from any of the following conditions?

Asthma \_\_\_\_\_  
Hay fever \_\_\_\_\_  
Allergies (please list -are any life threatening) \_\_\_\_\_  
Colds (Frequent) \_\_\_\_\_  
Coughs (Frequent) \_\_\_\_\_  
Tonsillitis \_\_\_\_\_  
OTHERS \_\_\_\_\_

### Comment in regard to these factors of your child's general health:

Exposure to tuberculosis \_\_\_\_\_  
Accidents (give dates) \_\_\_\_\_  
Operations (give dates) \_\_\_\_\_  
Subject to Headaches \_\_\_\_\_  
Wears glasses (if so, date of last eye examination) \_\_\_\_\_

Does your child have any chronic health problems (such as diabetes, kidney or seizure disorders)?

Is your child currently on any medication? Yes or No

If yes please list: \_\_\_\_\_

Does this medication need to be given at school? Yes or No

If yes please ask for and fill out the medication administration permission form.

Is there any other medical problem with your child you feel we should know? \_\_\_\_\_

Treasure Valley Christian School has a health and medical policy governing student health care and medications used in school. Our goal is to provide a safe and healthy environment for all of our students and staff. The information provided here is considered confidential and will be used only to help the staff of TVCS care for your child's health needs while they are in school. Please read the medical policies in the student handbook.

## TREASURE VALLEY CHRISTIAN SCHOOL PARENT/SCHOOL AGREEMENT

As a Christian School endeavoring to give your child the best spiritual, academic, and physical preparation for life, we must work in harmony with the home and church. Therefore, as a parent who is vital to this process, you are asked to do the following:

1. **Attend the church of your choice regularly, realizing that Treasure Valley Christian School is a supplement to and not a substitute for a godly home and family.** Regular church attendance is Biblical (Hebrews 10:23-25). We all need encouragement of other believers in the body of Christ. (1 Thessalonians 5:11).
2. **Support the school with your prayers, and where possible your gifts, as you allow God to lead your life.** Seriously consider working with the various support groups. Your prayer support of the school is absolutely essential. This is a spiritual battleground, and the battle must be fought with spiritual weapons. Your prayers are as vital to a successful Christian school ministry as money and we need to carry on the work. (2 Corinthians 10:3-5, Ephesians 6:12, and 1 Timothy 2:1-4).
3. **Pay your tuition on time each month.** Your tuition and fees pay for the normal operating expenses which include faculty salaries.
4. **Support Treasure Valley Christian School's rules, policies, and discipline.** Your tuition and fees pay for the normal operating expenses which include faculty salaries.
5. **When you have questions involving school policies, procedures, or discipline you should contact the person most immediately involved.** That person will normally be the student's teacher. If questions remain, you should contact the school principal. If questions still remain, you should then contact a member of the School Board. The chain of communication is first to the student's teacher, then to the school principal, then to the School Board. All persons (parents and teachers) should not share problems with those not directly involved in the situation, and should refrain from ignoring the chain of communication. (Matthew 5:23-25, 18:15-17).

**Thank you for taking time to read this and your willingness to take these responsibilities seriously. We pray that this coming school year will be the best ever for you and your child.**

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# TREASURE VALLEY CHRISTIAN SCHOOL

## GENERAL ACTIVITIES PERMISSION FORM

My child \_\_\_\_\_ has permission to attend any **local** classroom field trip or other classroom activity during the school day. This includes accelerated reading classes at Aiken, swimming lessons, PE trips to the park, etc...

All field trips will be announced in the warrior folder, either in the classroom newsletter, the office newsletter or the monthly calendar of events. Parents must notify the school office in writing if they do not want their child to participate in a particular activity.

\_\_\_\_\_  
Parent signature

date \_\_\_\_\_

**This permission slip only applies to local trips.** For field trips out of our local area a separate permission form will be sent home by your child's teacher for that individual trip and must be returned prior to the field trip.

**Treasure Valley Christian School**  
**386 North Verde Drive**  
**Ontario, OR 97914**  
**(541) 889-4662**

## **REQUEST FOR TRANSFER OF EDUCATIONAL RECORDS**

Name, Address, and Phone number of last school attended:

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Student(s) Name \_\_\_\_\_ (date of birth) \_\_\_\_\_

Enrolled at Treasure Valley Christian School on \_\_\_\_\_

Please send the above named student's records, including any special education records, IEP, behavioral, speech, etc... to Treasure Valley Christian School in care of:

**Crystal Pfeiler / TVCS Secretary**

\_\_\_\_\_  
**Parent signature**

\_\_\_\_\_  
**Date**



## CRIMINAL HISTORY VERIFICATION

Name : \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

List Other Names Previously Used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Social Security No: \_\_\_\_\_ \*

\*Your social security number will be used only as stated above. State and Federal laws protect the privacy of your records.

Mailing Address: \_\_\_\_\_  
Full Street/Address/Post Office Box

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

A. Have you **ever** been convicted of a sex-related crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: \_\_\_\_\_

If yes, did the crime involve force of minors? Yes \_\_\_\_\_ No \_\_\_\_\_

B. Have you **ever** been convicted of a crime involving criminal activity in drugs or alcoholic beverages? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: \_\_\_\_\_

C. Have you **ever** been convicted of a crime involving violence or threat of violence? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: \_\_\_\_\_

D. Have you **ever** been convicted of any other crime except a minor traffic violation? (Includes Traffic Crimes) Yes \_\_\_\_\_ No \_\_\_\_\_

E. Have you been arrested within the last three years for a crime for which there has not yet been an acquittal or dismissal? Yes \_\_\_\_\_ No \_\_\_\_\_

**Advisory:** A check of the applicant's criminal history will be made to verify the responses to the preceding questions.

I hereby grant to, Treasure Valley Christian School, permission to check civil or criminal records to verify any statement made on this form. Regardless of whether the applicant grants consent, the school will conduct a criminal offender record check of applicants for positions that involve working with or around children, this includes volunteer positions in the classrooms, playground, etc. The applicant is entitled to review his/her criminal history for inaccurate or incomplete information. Discrimination by an employer on the basis of arrest records alone may violate federal civil rights law. . The applicant may obtain further information concerning the applicant's rights by contacting the Bureau of Labor and Industries, Civil Rights Division, State Office Building, Suite 1070, Portland, Oregon 97232, telephone (503) 731-4075.

I acknowledge reading and the receipt of this notice.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### APPLICATION INSTRUCTIONS

1. Fill out the downloaded pages.  
(Fill out the request for previous records if applicable.)
2. Attach a copy of your child's legal birth certificate
3. Attach a copy of your child's current immunization record also you will need to get an official Certificate of Immunization Status from the school office or the County Health Department
4. Fill out the Criminal History background check for any adult wanting to help at the school or on field trips
5. Mail all items with the appropriate registration fee enclosed to the following address:

Treasure Valley Christian School  
Attn: Crystal Pfeiler  
386 North Verde Drive  
Ontario, OR 97914