



RETURNING STUDENT APPLICATION TO ATTEND B.V.C.S.



Legal Name of Student: _____ Nick Name: _____

Gender: ☐ Male ☐ Female Birthdate: _____ Child # _____ of _____

Church Affiliation: _____ Attends Church: ☐ Y ☐ N Years in Church School: _____

Years in Public School: _____ Place of Birth: _____

Home address: _____
Street City State Zip

Family E-Mail Address: _____

Parental/Family Information

Mother	☐ Lives with Student ☐ Students Legal Guardian ☐ SDA Member	Name _____ Mailing Address _____ Work Phone: _____ Home Phone _____ Cell _____ Occupation _____ Church Affiliation: _____ Email Address _____
Father	☐ Lives with Student ☐ Students Legal Guardian ☐ SDA Member	Name _____ Mailing Address _____ Work Phone: _____ Home Phone _____ Cell _____ Occupation _____ Church Affiliation: _____ Email Address _____
Guardian Other	☐ Lives with Student ☐ Students Legal Guardian ☐ SDA Member	Name _____ Mailing Address _____ Work Phone: _____ Home Phone _____ Cell _____ Occupation _____ Church Affiliation: _____ Email Address _____

New Student Information

Do you have an unpaid account in any other school? ☐ Y ☐ N If yes, amount \$ _____

If yes, name of school: _____

Has student been suspended or expelled from any school? ☐ Y ☐ N

If yes, for what reason? _____

Previous Schools

Last elementary School attended _____ Grade _____

Questions for Parents

Has student ever received service from or been involved in: (check all that apply)

☐ Special Education ☐ Title 1 ☐ Reading Tutor ☐ Speech Therapy ☐ Counseling

☐ Gifted Program ☐ Behavior Management Other: _____

Is there any information that would help us better serve your student? _____

CONTINUING PHOTO RELEASE CONSENT

I give permission for photographs of my student to be used in school publications, public relations material, and web site display.

This consent shall remain in continuous effect until revoked in writing and delivered to the above named school.

☐ I do not want my child's photographs used in any school publications _____
Initials

Emergency Contacts

Name _____

Relation to student _____ Email Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____

Relation to student _____ Email Address _____

Authorization to Pick Up Please list all people who have your permission to pick up your child from Blodgett View Christian School. All those authorized to pick up must be at least 18 years old and be able to provide a legal ID.

1. _____
2. _____
3. _____
4. _____

Parent/Guardian Signature _____ Date _____



FINANCIAL AGREEMENT

Blodgett View Christian School



Name of Parents/Guardian _____

Address _____

City _____ State _____ Zip Code _____

Email address: _____

ENTRANCE FEE

The Entrance Fee must be paid in full at the time of registration, and is non-refundable once the school year has begun.

ENTRANCE FEES: Grades K-8

Entrance Fees per student: \$350.00

TUITION

The tuition charge is a yearly amount that is spread over a 10-month payment period from August through May, and is due on the 10th of each month. The first of the 10 monthly payments is due on August 10.

TUITION CHARGES:

Grades 1-8

3750.00 per year \$375.00 per month

Parents that are members of a constituent church receive a 500.00 /per year or \$50.00 monthly discount.
Each additional child enrolled from the same family qualifies for a 25% discount.

All parents must keep their accounts current or be subject to being asked to withdraw from the school. All outstanding accounts with BVCS must be paid in full before registration will be considered complete and acceptance can be approved. I agree to abide by the school's Financial Policy, and understand that this is a binding financial agreement applies to all students I have enrolled at BVCS.

SIGNED _____ DATE _____

It is expected that all families read the school's Financial Policy (which is available at the time of registration) before registration will be considered complete. Families must agree to abide by this policy as a condition of admittance of their children.



Consent Form

PERMISSION FOR MEDICAL TREATMENT,
PARTICIPATION IN ACTIVITIES,
TRAVEL, AND RELEASE FORM



Blodgett View Christian School

I/We the undersigned parent(s) or legal guardian(s) of _____
(minor "child hereby permit, consent and release as follows:

I. Consent to any needed emergency medical treatment as a result of accident or sickness. The teacher in charge, designated driver or any of their assistants acting at their direction shall have authority to obtain such emergency medical assistance for the child and transport the child as is necessary. Authority and permission to any x-ray examination, anesthetic, medical or surgical diagnoses or treatment and hospital service that may be rendered to the child is also granted to the medical care providers. I/We will be contacted as soon as reasonably possible regarding the medical emergency.

It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize medical personnel and school personnel to exercise their best judgment as to the requirements of such diagnosis or treatment.

☐ The child is covered by health care insurance as follows:
Insurance Company Name: _____
Name of Policy Holder: _____
Policy Number _____

☐ The child is not covered by health care insurance.

II. Field Trips

When parental notification has been provided I/we give permission for the child to participate in the following off-campus, board-approved school events including, but not limited to Traditional Field Trips taking place during normal school hours.

For the child to participate in off-campus, board approved trips that fall outside of normal school hours or trips not described in Section A, additional parental approval at the time of the field trip will be required.

I/We give permission for the child to be transported to and from the above-described school trips by school board approved drivers.

After receiving notification of the field trip and I do not wish for my child to participate in that trip, I will give written notification to the principal of my wishes.

IV. I voluntarily release, indemnify and hold harmless the Montana Conference of Seventh-day Adventists, and its employees, representatives, agents, and affiliates from any claims, actions, losses, damages or liabilities (including reasonable attorney fees), for myself and for any occurrences or actions which result in injury, illness, accident or harm of any kind, now or in the future, to the named child while participating in the above-referenced events or activities, and from any act or omission of negligence in rendering or failing to render any type of emergency or medical service.

By signing this form, I declare that I have read and understand the contents of this form and agree to all the terms and conditions herein.

I declare that I am the legal parent and/or guardian of the child listed above and that I am authorized to sign this document. The information I have provided is truthful and accurate to the best of my knowledge.

If any provisions of this document should be invalid or unenforceable, the remaining provisions shall continue to be fully effective.

V. We hereby authorize any hospital, physician, or other person who has attended or examined the minor to furnish to Adventist Risk Management, Inc. or its representative any and all information with respect to any illness, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records. A photo static copy of this authorization shall be considered as effective and valid as the original.

Parent/Legal Guardian

Date

Parent/Legal Guardian

Date

Emergency Contact Information:

Name and Phone Numbers		
Mother:		
Home:	Cell:	Work:
Father:		
Home:	Cell:	Work:
Physician:		Phone
Other:		
Home:	Cell:	Work:

4/2/2023



Computer and Internet Acceptable Use Policy



The schools of the Seventh-day Adventist education system are pleased to offer their students access to a computer network and the internet. To gain access to the Internet, the legal parent and student sign and return this form to the school.

The Internet is a powerful resource for expanding the educational experience of each student. Access to 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 materials 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.

School computers are for educational purposes only. 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. School staff may review files and communications to maintain system integrity and ensure 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
- Comply with the Blodgett View Computer and Internet Acceptable Use Policy
- Not attempt to access or alter unauthorized areas of a computer system

Any activity not in compliance with these rules may result in a loss of access as well as other disciplinary or legal action.

Additional regulations may be applied throughout the year. Should this occur, information about it will be communicated to the student as well as the parents.

INTERNET ACCESS AGREEMENT

STUDENT

I understand that the Internet can connect me to much useful information stored on computers around the world.

While I have access to the internet provided by the school

- I will use it only for educational purposes.
- I will not look at or participate in anything that is illegal, dangerous, offensive or opposed to the Adventist values of this school.

If I accidentally come across something that is illegal, dangerous or offensive, I will:

- ⇒ Clear any offensive pictures or information from my screen; and
- ⇒ Immediately, quietly, inform my teacher.
- ⇒ I will not reveal home addresses or phone numbers mine or anyone elses
- ⇒ I will not use the Intenet to annoy or offend anyone else
- ⇒ I understand that if the school decides I have broken these rules, appropriate action will be taken. Any activity not in compliance with these rules may result in a loss of access as well as other disciplinary or legal action.

Student's Name: _____ School Blodgett View Christian School_

Student's Signature: _____ Date: _____

PARENT OR GUARDIAN

I understand that the Internet can provide students with valuable learning experiences.

I understand that the school provides a filtering system on computers connected to the Internet and that every reasonable effort will be made to provide supervision. I also understand that the school cannot completely control what is accessed and that a very small part of that information can be illegal, dangerous or offensive.

I accept that, while teachers will always exercise their duty of care, protection against exposure to harmful information must depend finally upon responsible use by students.

I believe _____ (Name of Student) understands this responsibility, and I hereby give my permission for him/her to access the Internet under the school rules. I understand that students breaking these rules will be subject to appropriate action by the school. Any activity not in compliance with these rules may result in a loss of access as well as other disciplinary or legal action.

Parent or Guardian Name (printed): _____

Parent or Guardian's Signature: _____ Date: _____



Blodgett View Christian School Student Pledge & Parent Contract

STUDENT'S PLEDGE

Spiritual:

1. I am open to learning about God as revealed in the Bible
2. I will show reverence and actively participate in all spiritual activities and programs
3. I am willing to pursue a personal relationship with Jesus Christ

Academic:

1. I will take responsibility for completing and turning in my assignments on time.
2. I will strive to do my best each day
3. If I am absent I will make up my assignments
4. I will come to class with all necessary books and materials ready to work.
5. I will be attentive to my teacher and use my time wisely.

Behavioral:

1. I will honor and show respect to those God has put in authority over me.
2. I will learn and follow all school rules.
3. I will make sure that my teacher knows where I am at all times by staying in a supervised area or by having permission to be elsewhere
4. I will follow the golden rule-"In everything do to others what you would have them do to you..." Matthew 7:12
5. I will be truthful and honest in all my words and actions
6. I will be a good example to other students by using positive words and actions.
7. I will avoid actions, words and situations by using positive words and actions.
8. I will not use profane, obscene, or demeaning language, gestures, or symbols.
9. I will follow the dress code.
10. I will act responsibly to keep my books and school property in good condition.

Handbook: I have read the handbook

I understand that my attendance at Blodgett View Christian School is conditional upon keeping my pledge. If I make choices contrary to this pledge, I will actively cooperate with the redemptive discipline process of this school, or I will be ineligible to attend.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Parent Contract

I have read the Student Pledge and handbook and am in agreement with the mission statement, guiding principles, code of ethics and regulations of the school and will work with my student to uphold this. I pledge myself to work with the school not only to meet these goals, but to give effective direction to my child's diet, rest and schedule to maximize the educational experience. My financial obligation is clearly understood and I agree to pay my child's account each month, unless I arrange otherwise with the financial committee in advance. As a parent I understand that I am welcome to volunteer and encouraged to participate in school activities and functions.

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____



Student Cell Phone Policy

This form must be filled out, if a student is bringing a cell phone to school.

Cell Phone Policy

Students are not to have cell phones during the school day, or on field trips. Any students bringing cell phones to school must turn them in when they arrive to school and pick them up at the end of the day. Should a student have a cell phone that they did not turn in, the phone will be confiscated and the consequences will be:

1st Offense: The cell phone will be taken away and the student will be given a warning and reminder from the administration that they must remember to turn in their cell phone each morning. It will be returned at the end of the school day.

2nd Offense: The cell phone will be taken away and will only be returned when a parent comes in with the student to talk to the administration.

Further Offenses: Consequences for any further offences will be decided by the administration.

Cell phone use in the van or any vehicle used for school functions: The use of cell phones or any other electronic devices on the bus are a privilege which students can lose should they share with others, play it out loud or distract the driver. Inappropriate use of any cell phone may result in losing the privilege of being able to bring the cell phone to school. **We have read & understand the cell phone policy.**

Parent Signature: _____ Date: _____

Parent Phone #: _____

Student Signature: _____ Date: _____

Student Cell Phone #: _____