

TUALATIN VALLEY JUNIOR ACADEMY

21975 SW Baseline Road, Hillsboro, OR 97123
Phone 503-649-5518 Fax: 503-642-7654

Office Use Only

Start Date _____
Deposit Amount \$ _____
Check # _____
Check # _____
Date _____
Withdrawal Date _____

Student Enrollment Application 2009- 2010

Student Information

				Grade: _____
Legal Name:	_____			Age: _____ <input type="checkbox"/> M <input type="checkbox"/> F
	Last	First	M.I.	Goes By
Address:	_____			Phone: _____
	Street	City	State	Zip
Mailing Address:	_____			
	(Only if different from above)			
Birth Date:	_____	Place of Birth:	_____	
		(City)	(State)	(Country)
Home Church:	_____		<input type="checkbox"/> Baptized	Baptized Date: _____
Previous School:	_____		Address: _____	

Family Information

Marital Status of Parents:	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Single Parent
Student Lives With (Check all that apply)					
<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Step Father	<input type="checkbox"/> Step Mother	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Guardian

Father

Name:	_____	Employer:	_____	Occupation:	_____
Home Address:	_____				
	<input type="checkbox"/> (Address is same as above)				
Home Phone:	_____	Cell Phone:	_____	Work Phone:	_____
Email:	_____				
Religious Affiliation:	_____	<input type="checkbox"/> Baptized	Home Church: _____		

Mother

Name:	_____	Employer:	_____	Occupation:	_____
Home Address:	_____				
	<input type="checkbox"/> (Address is same as above)				
Home Phone:	_____	Cell Phone:	_____	Work Phone:	_____
Email:	_____				
Religious Affiliation:	_____	<input type="checkbox"/> Baptized	Home Church: _____		

Stepparent

Name: _____ Employer: _____ Occupation: _____

Home Address: _____
☐ (Address is same as above)

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail: _____

Religious Affiliation: _____ ☐ Baptized Home Church: _____**Guardian**

Name: _____ Employer: _____ Occupation: _____

Home Address: _____
☐ (Address is same as above)

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail: _____

Religious Affiliation: _____ ☐ Baptized Home Church: _____

If there is any custody or restrictions regarding your family
that impacts your student in this school, please inform us.

Emergency Contact (s)☐ Mr.
Name ☐ Mrs. _____ Relationship: _____ ☐ Permission to pickup

Home Phone: _____ Cell Phone: _____ Work Phone: _____

☐ Mr.
Name ☐ Mrs. _____ Relationship: _____ ☐ Permission to pickup

Home Phone: _____ Cell Phone: _____ Work Phone: _____

☐ Mr.
Name ☐ Mrs. _____ Relationship: _____ ☐ Permission to pickup

Home Phone: _____ Cell Phone: _____ Work Phone: _____

☐ Mr.
Name ☐ Mrs. _____ Relationship: _____ ☐ Permission to pickup

Home Phone: _____ Cell Phone: _____ Work Phone: _____

☐ Mr.
Name ☐ Mrs. _____ Relationship: _____ ☐ Permission to pickup

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Medical Consent

In case of accident or serious illness, if the school is unable to contact me or the other authorized person, I hereby authorize the school to take my child to the below named physician or a hospital authorized by the Board of Health. TVJA reserves the right to have your child transported by ambulance or school official to the nearest hospital or medical facility to obtain medical treatment authorized by the Board of Health in case of an accident or serious illness.

Student's Full Name: _____ Grade: _____

* Physician's Name: _____ Phone: _____

* Parent's/Guardian's Signature: _____ Date: _____

* Other contact person who may authorize treatment in case of an emergency.

* Name: _____ Phone: _____

Field Trip Permission

I hereby authorize Tualatin Valley Junior Academy to take my child named above on field trips and other outings at their discretion.

Parent's/Guardian's Signature: _____ Date: _____

Other

* Do you give permission to have your student's name and picture published in the yearbook and other school publications? ☐ Yes ☐ No

* Do you give permission to have your name and address along with your student's name published in the school directory? ☐ Yes ☐ No

* Parent's/Guardian's Signature: _____ Date: _____

Student Pledge

I desire the privilege to attending Tualatin Valley Junior Academy. I accept that my participation at Tualatin Valley Junior Academy is a privilege. I have read and understand the Mission Statement, Guiding Principles, and Virtues for life. I pledge myself to apply the Guiding Principles in my life and conduct. It is my desire to actively develop the character traits found in the Virtues for Life. I choose to uphold school policies at all school functions and live by the guidelines of this handbook and any other regulations which may be deemed necessary by the Administration or School Board.

I understand that my attendance at Tualatin Valley Junior Academy is conditional upon keeping of my commitment. If I make choices contrary to this commitment, I will actively cooperate with the redemptive discipline process of this school.

* Signed: _____ Date: _____

Parent Contract

I have read the Handbook and I am in agreement with the Mission Statement, Guiding Principles, Virtues for Life, and regulations of the school. 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 school administration or finance committee in advance.

*Signed: _____ Date: _____