



## Checklist for Registration

20\_\_-20\_\_

*Please initial below as you complete and submit the following forms and/or agree to the following policies.*

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

\_\_\_\_\_ APPLICATION FOR ADMISSION

\_\_\_\_\_ CONSENT FOR TREATMENT FORM

\_\_\_\_\_ FINANCIAL AGREEMENT

\_\_\_\_\_ NETWORK USAGE POLICY

\_\_\_\_\_ PERMISSION FOR MEDICATION

\_\_\_\_\_ TRANSPORTATION, FIELD TRIP, and MEDIA RELEASE FORM

\_\_\_\_\_ TUITION & FEES SHEET

I have received this sheet and understand and agree to the policies therein.

\_\_\_\_\_ STUDENT & FAMILY HANDBOOK

I have received the Handbook and agree to read and comply with policies therein.

\_\_\_\_\_ NON-REFUNDABLE REGISTRATION FEE and FIRST MONTH'S TUITION

I understand that the registration fee is non-refundable and non-transferable.

\_\_\_\_\_ COPY of BIRTH CERTIFICATE

\_\_\_\_\_ CURRENT IMMUNIZATION RECORD

\_\_\_\_\_ PHYSICAL Required: Kindergarten / 7<sup>th</sup> Grade / 1<sup>st</sup> Year of school

\_\_\_\_\_ REQUEST FOR RECORDS



## New STUDENT INFORMATION

20\_\_-20\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Nickname: \_\_\_\_\_ Gender: Male  Female   
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
First Language: \_\_\_\_\_  
Child Lives With: Mother  Father  Other: \_\_\_\_\_  
Home Church: \_\_\_\_\_ Baptized: Yes  No

Parent/Guardian Name: \_\_\_\_\_

Relationship to Student: Father  Mother  Other: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Contact: \_\_\_\_\_ Home Church: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Married  Single  Divorced\*  Separated

\*If parents are divorced who has primary custody? \_\_\_\_\_

Are they any custody or "No Contact" court order in place regarding the child? Yes  No

**\*\*Copies of any such court orders must be on file with the school. \*\***



Parent/Guardian Name: \_\_\_\_\_

Relationship to Student: Father  Mother  Other: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Contact: \_\_\_\_\_ Home Church: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Married  Single  Divorced  Separated

Parent/Guardian Name: \_\_\_\_\_

Relationship to Student: Father  Mother  Other: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Contact: \_\_\_\_\_ Home Church: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Married  Single  Divorced  Separated



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1<sup>st</sup> Emergency Contact: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\*Parents will be contacted first; but we need two additional emergency contacts.

Family Doctor: \_\_\_\_\_

Name of Practice: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_



## Application for Admission 20\_\_-20\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Ridgetop Adventist Elementary School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at our school and makes no discrimination on the basis of race, color, national and ethnic origin in administration of education policies, applications for admittance, and extracurricular programs.

Ridgetop Adventist Elementary School reserves the right to withdraw acceptance or dismiss the applicant from school in the event that incomplete or inaccurate information is provided. The application information is confidential and is intended for the school's purposes only.

Parents/guardians are responsible for providing RAES with any updates to information contained herein in a timely manner should changes occur during the school year.

This form is an application for admission only. Upon completion of all application procedures and Admissions Committee approval, you will be notified of acceptance.

We (I) affirm that the information provided in this application is true to the best of our (my) knowledge

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Please submit your completed application to school personnel or mail to:

ATTN: Admissions  
Ridgetop Adventist Elementary School  
PO Box 829  
Ridgetop, TN 37152



# Consent for Treatment

20\_\_-20\_\_

I/We the undersigned parents or legal guardian of \_\_\_\_\_, a minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital services that may be rendered to said minor under the general or special supervision of any physician and surgeon, licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at the licensed hospital.

It is further understood that this consent is given in advance of any specific diagnosis, treatment, or hospital care which might be required, but is given to provide authority to Ridgetop Adventist Elementary School, or the physician to exercise their best judgment as to the requirements of such diagnosis and treatment. It is further understood that reasonable effort be made to contact parents/guardians or emergency contact prior to using this consent.

I/We hereby authorize any hospital or physician which has provided treatment to the above named minor to surrender physician custody of such minor to an agent of Ridgetop Adventist Elementary School upon completion of treatment.

This consent shall remain in continuous effect until revoked in writing and delivered to Ridgetop Adventist Elementary School, or through the specified dates as indicated (Effective \_\_\_\_\_ through \_\_\_\_\_).

I/We hereby authorize any hospital, physician, or other person who has attended or examined the minor to furnish to the General Conference Insurance Service, 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 digital copy of this authorization shall be considered as effective and valid as the original.

**Ridgetop Adventist Elementary School is not responsible for any fees incurred not covered by insurance.**

Father/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Mother/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_



## Financial Agreement

20\_\_-20\_\_

Student Name: \_\_\_\_\_

Responsible Party Information:

Parent/Guardian:	Parent/Guardian:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone: _____	Cell Phone:

Other responsible party: (complete only if someone other than a Parent/Guardian is responsible for paying the bill.)

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Statements will be mailed by the 20<sup>th</sup> of each month listing tuition and any other charges. The entire balance is due on the 1<sup>st</sup> of the month. If you are unable to meet this commitment, it is **your** responsibility to submit an Alternative Payment Plan to the Finance Committee (via the Principal or Board Chair).

*I (We) have read the financial information policies regarding tuition in the Student & Family Handbook and I (We):*

- Agree to pay as stated under the Financial Information Policy.
- Wish to submit a Request for Financial Assistance/Payment Plan to the Finance Committee.

Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

School Treasurer: \_\_\_\_\_ Date: \_\_\_\_\_



## Network Usage Policy

20\_\_-20\_\_ School Year

The Ridgetop Adventist Elementary School computer network is designed to be an integral component of teaching and learning at our school. This network is provided for students to conduct research, complete assignments, and to communicate with others. The privilege to access the network services is given to students who act in a considerate and responsible manner

Students are responsible for good behavior on school computer networks just as they are in a classroom. As such, general school rules for behavior and communications apply and users must comply with school standards. Beyond the clarification of such standards, the school is not responsible for restricting or controlling the communications of individuals utilizing the network. School staff or IT volunteers may review files and communications to maintain system integrity and ensure that users are using the system responsibly. Users should not expect that files stored or information transferred via school servers will be private. Content filtering and/or monitoring software is enabled on all student-accessible PCs.

- Any information gathered should be processed and reinterpreted at the student's level when presented as their own work. Direct copying of content found online—even with minor changes—is unethical and violates copyright laws.
- Ridgetop Adventist Elementary School and its affiliated institutions are not liable for any claims and damages of any nature arising from students' use of, or inability to use, the RAES network or Internet, including, but not limited to claims that may arise from the unauthorized use of the system to purchase products or services.
- Parents are responsible for communicating the ideas, guidelines, agreements, and restrictions set forth in the Network Usage Policy to their child(ren).
- Parents are strongly encouraged to monitor and limit student home use of social media sites (e.g. Facebook, Twitter, Instagram) as appropriate. Many of these sites offer age-restricted and/or mature content, and should not be accessed by children unsupervised.





# Network & Technology Initiative at Ridgetop Adventist Elementary School

## Student Expectations & Responsible iPad Use Policy

### 1. General Expectations

- a. The primary purpose of iPad use at Ridgetop Adventist Elementary School (RAES) is to facilitate and enhance student learning.

### 2. Care of the iPad

Students are responsible for the care and safe keeping of the iPad assigned to them during the school day. School-owned iPads that are damaged or fail to work properly must be taken immediately to the Front Office. See Section 2.C for what you should do in case of damage.

#### a. General Care

- i. Care should be taken to prevent the iPad and accessories from undue wear and damage. To prevent accidental spills, students will not be permitted to use the iPad around open food and drink.
- ii. School-owned iPad should remain free of personalization.

#### b. Screen Care for iPads

- i. Use only a clean soft cloth to wipe the screen. Do not use cleansers of any type.
- ii. Do not lean or place anything heavy against the screen.

#### c. Protective Cases and In-Case-of-Damage-Procedure

A protective case for the iPads is furnished by RAES and students must keep the iPad in this protective case at all times.

Any damage to the iPad or case should be reported immediately and the damaged iPad should be returned to the Front Office as soon as possible. Each break/damage incident will incur a \$50 fine to be paid before return of iPad.

### 3. Network & Content Usage & Management

#### a. Downloading Content

- i. All content, including required apps and books, should already be downloaded to the iPad. Also, the student is prohibited from participating in non-educational content unless explicitly directed by a staff member.



- ii. Any information gathered should be reinterpreted at the student's level. Direct copying - even with minor changes - is unethical and violates copyright laws.
  - iii. RAES and affiliated institutions are not liable for any claims and damages due to inability to use the network, including but not limited to unauthorized use of the system to purchase products or services.
  - iv. Parents are responsible for communicating the ideas, guidelines, agreements and restrictions set forth in this policy as well as encouraged to monitor and limit home use of social media sites to avoid unsupervised access to restricted/mature content.
- b. Memory and Storage
- i. Students must maintain sufficient storage on the iPad to accommodate all school-required content.
  - ii. Required apps and books must remain on the iPad in usable condition and be easily accessible at all times.
- c. Personal Media
- i. Inappropriate media may not be stored on the iPad at any time. Inappropriate media includes but is not limited to the presence of weapons, pornographic materials, inappropriate language, and references to tobacco, alcohol, drugs, and violence.
4. Use of the iPad at School
- Teachers will inform students when they need to checkout and return their iPad. Students are to use the iPads only when and as directed to by their supervising staff member.
- a. iPad Check-Out
- i. At the beginning of the year, each student is assigned a numbered RAES owned iPad that will be available for his or her use while at school. When school is not in session, these iPads will be kept in a secure location.. The teacher will dictate to the student the appropriate times to checkout and return their iPads to the designated location. Should a student need to leave school early, it becomes their responsibility to make sure that the iPad is returned to the designated location.
- b. Charging the iPad's Battery
- i. It is the students' responsibility to notify their teacher should their iPad's battery level fall below 20% while in use so that it can be charged.
- c. Unsupervised iPads
- i. The iPad is the responsibility of the student while it is in their use. Under no circumstances should iPads be left unsupervised on the floor or in any other area other than the student's desk. Before leaving the classroom, the student must place the cover on their iPad and return it to their designated location.
- d. Sound, Music, Games, and Headphone Use



- i. Sound must be muted at all times unless permission is obtained from the teacher for instructional purposes.
  - ii. Students may not wear headphones to listen to music or other media on the iPad unless it is directly related to the classroom instruction and directed by the teachers.
  - iii. Only Instructional games may be used under the direction of the teacher.
- e. Internet Access
- i. Students will be instructed regarding the setup of wireless networks on campus. RAES staff will closely monitor all internet activity by students.
- f. Appropriate Use
- i. Students are responsible for the safety and activity of the RAES iPad. Students must never loan the iPad to another student unless the supervising staff member has granted permission.
  - ii. Any activities not directly related to teacher-directed classroom activities are considered inappropriate use. These activities include but are not limited to texting, FaceTime, and social networking (such as Facebook), and are not permitted during class time.
  - iii. Attempts to “jailbreak” devices - that is, make changes to the iOS operating system - will be treated as vandalism. Personal devices that have been “jailbroken” are not allowed on the school network.
  - iv. Changing the passcode or wallpaper on any iPad or accounts will be treated as theft or hacking and will be handled according to the RAES Handbook.
  - v. Copyright laws, plagiarism and computer hacking are punishable by state and federal law. If a student is in doubt about how to properly give credit for digital content or how to avoid breaking privacy or proprietary laws while using the iPad or any other electronic device, it is the student’s responsibility to seek guidance from a teacher.
- g. Audio/Video Recording and Photos
- i. Common courtesy dictates asking permission to take a person’s photo or make an audio or video recording of them.
  - ii. Students may record audio or use the camera to record still or video photos in a classroom only with the prior consent of the teacher or responsible staff member.
  - iii. At all times, students are responsible for ensuring that all individuals or groups are aware and agree to the recording or photo.
  - iv. Students must not share any audio, video, or photographic likeness without express consent from all parties involved.
  - v. Bathrooms are considered private areas. Recording or photo equipment is not to be used in these areas at any time.
  - vi. Use of recording and photo equipment is governed by both school policy and state and federal law. Students are advised that any infractions of this policy may be dealt with as a criminal offense.



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- h. Privacy
  - i. Student users should assume that none of their data is private or confidential. Any communication or data may be subject to review by network or school administration.

*Please keep this sheet with your Student & Family Handbook for reference.*



## Student Technology & Network Use Pledge

- I will follow all of the ideas, guidelines, agreements and restrictions found in the Network and Technology Initiative.
- When I find information online, I will put it all in my own words, and will include appropriate references when I reference or quote it.
- I will only view websites that are appropriate to students my age and/or educational content relevant to school assignments.
- I will be polite and Christ-like when communicating online.
- I understand that my communication online and files saved are not private.
- I will not give out personal information about myself or others to anyone on the Internet.
- I will not share my password or use anyone else's for any reason.
- I will not alter computer or network files/settings or install programs without permission.
- I understand that use of the RAES network is a privilege which I could lose should I violate this pledge and Network Use Policy. I understand that any school work missed because of lost privileges will be my and my parent's responsibility to complete at home.

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Student Signature

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Date

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Student Name (please print)

## Parent/Guardian Network Use Agreement

- I agree to support and uphold the above Network & Technology Use Policy, and associated policies found in the Student and Family Handbook.
- I agree to support the school in the enforcement of the policies herein, and to assist and support my child(ren) in upholding the Student Network & Technology Use Pledge.

\_\_\_ *I give my permission for my child(ren) to use and access the RAES network and Internet.*

\_\_\_ *I DO NOT give my permission for my child(ren) to use and access the RAES network or Internet.*

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Parent/Guardian Signature

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Date

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Parent/Guardian Name (please print)



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## Permission for Medication

20\_\_-20\_\_

Name : \_\_\_\_\_

Grade: \_\_\_\_\_

Whenever possible, medication should be given at home. However, when a child needs to be given medication at school, the policy is as follows:

- The child must be able to self-administer any medication.
- All medication must be in the original container (including over-the-counter).
- All medications must be stored in a secure cabinet accessible only to authorized school personnel.

Prescription medications must have a physician's authorization. The original prescription or refill must be provided by the parent and include the student's name, date, medication dosage, strength, and directions for use which includes frequency, duration, means of administration, physician and pharmacy name and phone number.

The use of any medications at school requires this form to be on file in the school office.

Parents must send written authorization for each medication with specific directions for use including frequency and dosage.

Please note that the school does not keep prescription or over-the-counter medicines on hand, and does not dispense medicine to students without the above written authorizations.

*My child may self-administer medications when they have been sent with my authorization and the conditions stated above fulfilled.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## After School Transportation Permission 20\_\_-20\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

When school is dismissed, my child has permission to leave in the following manner:

\_\_\_\_\_ My child will ride with his/her parents only.

\_\_\_\_\_ My child will walk/ride a bike.

\_\_\_\_\_ My child may ride with the following adults:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**I understand that the classroom teacher must be notified in writing any time my child plans to go home in any manner that is different from the above, and the designee must present a valid Photo ID before the child will be released into his/her care.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## Field Trip Permission 20\_\_-20\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Each time a field trip is to be taken, information will be sent home to the parent/guardian regarding the activity such as the date, place, times for departure and returning to school, mode of transportation, and costs. We will also send a permission slip to ensure that you received the information and are aware of the activity. However, in the event that a child forgets the permission slip, this form shall serve as blanket consent for your child to attend all approved field trips during the course of the school year.

My child has permission to go on all field trips during the 2021-2022 school year unless notified by me.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## Media Release 20\_\_-20\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Ridgetop Adventist Elementary School has my permission to use photographs or videos of my child in school publications, on their website, and in promotional materials. Student names will not be published in off-campus or digital materials.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date