



TILLAMOOK ADVENTIST SCHOOL  
APPLICATION/REGISTRATION CHECKLIST

**Checklist for** (Student): \_\_\_\_\_ Grade: \_\_\_\_\_  
(Student): \_\_\_\_\_ Grade: \_\_\_\_\_  
(Student): \_\_\_\_\_ Grade: \_\_\_\_\_  
(Student): \_\_\_\_\_ Grade: \_\_\_\_\_

**Items REQUIRED for Application**

- \_\_\_\_\_ Application Form
- \_\_\_\_\_ Student Information Form
- \_\_\_\_\_ Family Information Form (both sides)
- \_\_\_\_\_ Consent for Testing Form
- \_\_\_\_\_ Recommendations (3 per student K-8)
- \_\_\_\_\_ School Entry Health Form
- \_\_\_\_\_ Birth Certificate (original)      *Verified by:* \_\_\_\_\_ *Date* \_\_\_\_\_
- \_\_\_\_\_ Immunization Records      *Verified by:* \_\_\_\_\_ *Date* \_\_\_\_\_
- \_\_\_\_\_ Consent to Treatment Form (both sides)
- \_\_\_\_\_ Compliance Form (signed by student(s) and parent/guardian)
- \_\_\_\_\_ Acceptable Use Policy [1<sup>st</sup>-8<sup>th</sup>](signed by student(s) and parent/guardian)
- \_\_\_\_\_ Media Usage Consent Form
- \_\_\_\_\_ Record Release (K-8<sup>th</sup>)

**AFTER** acceptance, **BEFORE** student may attend

- \_\_\_\_\_ Meet with Treasurer to sign financial contract  
\_\_\_\_\_ (*Treasurer sign-off*)

-----  
*Application:* \_\_ *accepted* \_\_ *denied*    *Date:* \_\_\_\_\_  
*Date letter sent:* \_\_\_\_\_

*Registered By:* \_\_\_\_\_



# APPLICATION

## Grades K - 8

**PARENTS/GUARDIANS:** Complete one application form per student, sign and return it to the school office.

Not previously enrolled in school     Transferring to TAS from another school

STUDENT'S NAME: \_\_\_\_\_ GRADE ENTERING: \_\_\_\_\_

Why do you want your student enrolled at TAS? \_\_\_\_\_

\_\_\_\_\_

Is your student:     Right-Handed     Left-Handed     Both

Is your student fluent in English?     Yes     No     Somewhat

Describe your student's general nature (likes, dislikes, special interests and abilities): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your student's general attitude about attending school: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any concerns that you have regarding your student's readiness for school: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your student have any extra-curricular commitments that may interfere with school activities?

If "Yes," describe: \_\_\_\_\_

\_\_\_\_\_

Does your student take any medication that may affect his performance at school?

If "Yes," describe: \_\_\_\_\_

\_\_\_\_\_

Has your child ever been requested to:     Repeat a grade level     Skip a grade     Withdraw from school

If "Yes," please describe: \_\_\_\_\_

\_\_\_\_\_

Describe any disciplinary incidents within the past school year that have involved the school administrator:

\_\_\_\_\_

\_\_\_\_\_

cont'd



# APPLICATION

## Grades K - 8

Has your student ever been suspended or expelled from school?  Yes  No

If "Yes," please describe the circumstances on a separate paper, including the name and address of the school, and whether or not your child is eligible for readmission and under what circumstances.

Describe any mental, emotional or physical conditions which could impair your child's performance in the classroom or limit participation in any school activities: \_\_\_\_\_

\_\_\_\_\_

*I certify that the above information is true.*

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



# STUDENT INFORMATION

PARENTS/GUARDIANS: Fill in the requested information as completely as possible. Please print clearly.

## GENERAL INFORMATION FOR STUDENT #1

LEGAL LAST NAME: \_\_\_\_\_ SUFFIX (Circle One): Esq. II III Jr. Sr.  
 LEGAL FIRST NAME: \_\_\_\_\_ PREFERS TO BE CALLED (Nickname): \_\_\_\_\_  
 LEGAL MIDDLE NAME: \_\_\_\_\_ GENDER:  Male  Female  
 BIRTHDATE (MM/DD/YY): \_\_\_\_\_ GRADE STUDENT WILL BE ENTERING: \_\_\_\_\_  
 BIRTH COUNTRY: \_\_\_\_\_ BIRTH STATE: \_\_\_\_\_  
 ETHNICITY (Circle One): Hispanic or Latino, Not Hispanic or Latino

### *IF BAPTIZED*

DATE BAPTIZED: \_\_\_\_\_ BAPTIZED SEVENTH-DAY ADVENTIST?  Yes  No \_\_\_\_\_  
 NAME OF SCHOOL MOST RECENTLY ATTENDED: \_\_\_\_\_  
 SHIRT SIZE: \_\_\_\_\_ (Children / Youth / Adult)

## GENERAL INFORMATION FOR STUDENT #2

LEGAL LAST NAME: \_\_\_\_\_ SUFFIX (Circle One): Esq. II III Jr. Sr.  
 LEGAL FIRST NAME: \_\_\_\_\_ PREFERS TO BE CALLED (Nickname): \_\_\_\_\_  
 LEGAL MIDDLE NAME: \_\_\_\_\_ GENDER:  Male  Female  
 BIRTHDATE (MM/DD/YY): \_\_\_\_\_ GRADE STUDENT WILL BE ENTERING: \_\_\_\_\_  
 BIRTH COUNTRY: \_\_\_\_\_ BIRTH STATE: \_\_\_\_\_  
 ETHNICITY (Circle One): Hispanic or Latino, Not Hispanic or Latino

### *IF BAPTIZED*

DATE BAPTIZED: \_\_\_\_\_ BAPTIZED SEVENTH-DAY ADVENTIST?  Yes  No \_\_\_\_\_  
 NAME OF SCHOOL MOST RECENTLY ATTENDED: \_\_\_\_\_  
 SHIRT SIZE: \_\_\_\_\_ (Children / Youth / Adult)



# STUDENT INFORMATION

## GENERAL INFORMATION FOR STUDENT #3

LEGAL LAST NAME: \_\_\_\_\_ SUFFIX (Circle One): Esq. II III Jr. Sr.  
 LEGAL FIRST NAME: \_\_\_\_\_ PREFERS TO BE CALLED (Nickname): \_\_\_\_\_  
 LEGAL MIDDLE NAME: \_\_\_\_\_ GENDER:  Male  Female  
 BIRTHDATE (MM/DD/YY): \_\_\_\_\_ GRADE STUDENT WILL BE ENTERING: \_\_\_\_\_  
 BIRTH COUNTRY: \_\_\_\_\_ BIRTH STATE: \_\_\_\_\_  
 ETHNICITY (Circle One): Hispanic or Latino, Not Hispanic or Latino

### *IF BAPTIZED*

DATE BAPTIZED: \_\_\_\_\_ BAPTIZED SEVENTH-DAY ADVENTIST?  Yes  No \_\_\_\_\_  
 NAME OF SCHOOL MOST RECENTLY ATTENDED: \_\_\_\_\_  
 SHIRT SIZE: \_\_\_\_\_ (Children / Youth / Adult)

## GENERAL INFORMATION FOR STUDENT #4

LEGAL LAST NAME: \_\_\_\_\_ SUFFIX (Circle One): Esq. II III Jr. Sr.  
 LEGAL FIRST NAME: \_\_\_\_\_ PREFERS TO BE CALLED (Nickname): \_\_\_\_\_  
 LEGAL MIDDLE NAME: \_\_\_\_\_ GENDER:  Male  Female  
 BIRTHDATE (MM/DD/YY): \_\_\_\_\_ GRADE STUDENT WILL BE ENTERING: \_\_\_\_\_  
 BIRTH COUNTRY: \_\_\_\_\_ BIRTH STATE: \_\_\_\_\_  
 ETHNICITY (Circle One): Hispanic or Latino, Not Hispanic or Latino

### *IF BAPTIZED*

DATE BAPTIZED: \_\_\_\_\_ BAPTIZED SEVENTH-DAY ADVENTIST?  Yes  No \_\_\_\_\_  
 NAME OF SCHOOL MOST RECENTLY ATTENDED: \_\_\_\_\_  
 SHIRT SIZE: \_\_\_\_\_ (Children / Youth / Adult)



# FAMILY INFORMATION

**PARENTS/GUARDIANS:** Fill in the requested information (front and back) as completely as possible. Please print clearly.

## GENERAL INFORMATION

STUDENT(S) NAME(S): \_\_\_\_\_  
\_\_\_\_\_

### PARENT / GUARDIAN #1

### PARENT/GUARDIAN #2

RELATION TO STUDENT(S): \_\_\_\_\_

SALUTATION: (Circle One) Mr. Dr. Mrs. Miss Ms. Mr. Dr. Mrs. Miss Ms.

LEGAL FIRST NAME: \_\_\_\_\_

LEGAL LAST NAME: \_\_\_\_\_

SUFFIX: (Circle One) Esq. II III Jr. Sr. Esq. II III Jr. Sr.

HOME ADDRESS: \_\_\_\_\_ (IF DIFFERENT THAN PARENT #1):

MAIL: \_\_\_\_\_

STREET: (If Different) \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

CHURCH MEMBERSHIP AT: \_\_\_\_\_

BAPTIZED ADVENTIST?  Yes  No  Yes  No

MAY PICK-UP STUDENT(S)?  Yes  No  Yes  No

EMERGENCY CONTACT?  Yes  No  Yes  No

RECEIVE GRADES/SCHOOL INFORMATION?  Yes  No  Yes  No

RECEIVE TUITION BILLS?  Yes  No  Yes  No

*PLEASE NOTE: Separated or divorced parents may wish to provide a copy of the court order indicating custodial parent along with any special instructions.*



# FAMILY INFORMATION

## EMERGENCY CONTACT INFORMATION

Please list individuals we should contact in case of emergency when the parents/guardians listed previously cannot be reached.

	<u>CONTACT #1</u>	<u>CONTACT #2</u>
NAME:	_____	_____
RELATION TO STUDENT(S):	_____	_____
WORK PHONE:	_____	_____
HOME PHONE:	_____	_____
CELL PHONE:	_____	_____
MAY PICK UP STUDENT(S)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## PERMISSION TO PICK-UP STUDENTS

Please list individuals other than parents/guardians that have permission to pick your student(s) up from school.

	<u>NAME</u>	<u>RELATION TO STUDENT(S)</u>	<u>PHONE</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

**A signed note is required if it is necessary for your student to go home with someone other than those persons on the above list.**

A verbal authorization is allowable, to a member of the school staff, for my student(s) to leave with someone not on the above list.  Yes  No \_\_\_\_\_ (Initial)

## PLEDGE AND PERMISSIONS

- I agree to join my child's teachers as a partner. This means I will do my best to support and encourage his/her teachers, maintain cordial two-way communication, attend school functions and participate in student-parent-teacher conferences.
- I give permission for my child to accompany his/her classmates and teacher on official class field trips.
- Per Oregon State law, I agree to keep immunization records for my student(s) up to date and on file at the school.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# CONSENT FOR TESTING

**PARENTS/GUARDIANS:** TAS tests all new students in order to assess each child's strengths and weaknesses and provide support in meeting the student's educational needs. Please complete this form (one per student) and submit it to the school office. We will have a conference with you after the results are available.

## AUTHORIZATION

STUDENT NAME: \_\_\_\_\_

I grant consent for my student to undergo the following tests. I understand that I will be notified if further testing is required.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## FOLLOW-UP CONFERENCE

(To be completed after testing.)

FURTHER TESTING REQUIRED?  Yes  No

DATE OF CONFERENCE: \_\_\_\_\_

MODIFICATIONS RECOMMENDED:  Yes  No

DESCRIPTION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand the results of my student's tests. I agree to the recommended modifications in the educational program, if any.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_





# RECOMMENDATION

**PARENTS/GUARDIANS:** Fill in your student's name and submit this form to your student's Pastor, Teacher, or a person of authority all of whom should not be related to student.

STUDENT'S NAME: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_

**THE FOLLOWING TO BE COMPLETED BY A PASTOR, TEACHER, OR PERSON OF AUTHORITY:**

**PASTOR, TEACHER OR PERSON OF AUTHORITY:** This student is being considered for admission to Tillamook Adventist School. Your assistance in evaluating this student is greatly appreciated. Please return this form by fax (503-842-6236) or by mail (address on reverse). Since this student's enrollment process cannot be completed without this recommendation, we thank you for your timely response.

PERSONAL CHARACTERISTICS:	Below Average	Average	Above Average	ACADEMIC PERFORMANCE:	Below Average	Average	Above Average
Leadership Qualities				Ability to Follow Directions			
Honesty				Problem Solving Abilities			
Emotional Maturity				Ability to Work in a Group			
Spiritual Development				Ability to Work Independently			
Relationship with Peers				Organizational Skills			
Relationship with Adults				Level of Responsibility			
Sense of Fair Play				Reading Comprehension			
Self Confidence				Oral Expression			
Self-Motivation				Written Expression			
Positive Influence on Peers				Attention Span			
Response to Constructive Criticism				Finishes On Time			
Attitude Toward Authority				Study Habits			
Refrains from Profanity or Vulgarity				Attendance			

1. What positive characteristics do you observe in this student? \_\_\_\_\_

\_\_\_\_\_

2. In what areas does this student need the greatest development? \_\_\_\_\_

\_\_\_\_\_

3. For academic ability and promise, I recommend this student:

- with reservations    without enthusiasm    fairly strongly    strongly    enthusiastically

4. For character and personal promise, I recommend this student:

- with reservations    without enthusiasm    fairly strongly    strongly    enthusiastically

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

How long have you known the student? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail address \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please make any additional comments on the back side.

Fold here last and tape.

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Place  
Stamp  
Here To  
Mail



**TILLAMOOK ADVENTIST SCHOOL**  
4300 12<sup>th</sup> Street  
Tillamook, OR 97141

Fold here first.

ADDITIONAL COMMENTS: \_\_\_\_\_

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# RECOMMENDATION

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1. What positive characteristics do you observe in this student? \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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- with reservations    without enthusiasm    fairly strongly    strongly    enthusiastically

4. For character and personal promise, I recommend this student:

- with reservations    without enthusiasm    fairly strongly    strongly    enthusiastically

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

How long have you known the student? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail address \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please make any additional comments on the back side.

Fold here last and tape.

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Place  
Stamp  
Here To  
Mail



**TILLAMOOK ADVENTIST SCHOOL**  
4300 12<sup>th</sup> Street  
Tillamook, OR 97141

Fold here first.

ADDITIONAL COMMENTS: \_\_\_\_\_

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# RECOMMENDATION

**PARENTS/GUARDIANS:** Fill in your student's name and submit this form to your student's Pastor, Teacher, or a person of authority all of whom should not be related to student.

STUDENT'S NAME: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_

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\_\_\_\_\_

2. In what areas does this student need the greatest development? \_\_\_\_\_

\_\_\_\_\_

3. For academic ability and promise, I recommend this student:

- with reservations    without enthusiasm    fairly strongly    strongly    enthusiastically

4. For character and personal promise, I recommend this student:

- with reservations    without enthusiasm    fairly strongly    strongly    enthusiastically

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

How long have you known the student? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail address \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please make any additional comments on the back side.

Fold here last and tape.

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Place  
Stamp  
Here To  
Mail



**TILLAMOOK ADVENTIST SCHOOL**  
4300 12<sup>th</sup> Street  
Tillamook, OR 97141

Fold here first.

ADDITIONAL COMMENTS: \_\_\_\_\_

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**SCHOOL ENTRY HEALTH FORM**

To Parent/Guardian: Please complete and sign Part I – Child’s Medical History.

*(Please Print)*

Name of Child (Last, First, Middle)		Birth Date	Sex
Address (Street)		City and State	Zip
Home Telephone	Cell Phone	Parent/Guardian (Last, First, Middle)	

**PART I – CHILD’S MEDICAL HISTORY**

**To Parent/Guardian:** Please check answers to questions 1-7 below in the column on the left. Please explain any ‘Yes’ answers in the space provided below.

1. Yes  No  Any concerns about general health (eating and sleeping habits, weight, etc.)?
2. Yes  No  Any other specific illness or social/emotional or behavioral problems?
3. Yes  No  Any allergies (food, insects, medication, etc.)?
4. Yes  No  Any prescription medication (daily or occasionally)?
5. Yes  No  Any problems with vision, hearing, or speech (glasses, contacts, ear tubes, hearing aids)?
6. Yes  No  Any hospitalization, operation, or major illness (specify problem)?
7. Yes  No  Any significant injury or accident (specify problem)?

**To Parent/Guardian:** Please explain any ‘Yes’ answers from above.

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**I am the parent/guardian of the child named above. I give permission for the information on PARTS I and II of this form provided about my child to be reviewed and utilized only by the staff of this school for the limited purposes of meeting my child’s health and educational needs.**

_____	_____
<b>Signature of Parent/Guardian</b>	<b>Date</b>

**Partnership for School Readiness Recommendations for Prekindergarten and Kindergarten**

**To Parent/Guardian:** Please obtain the services listed below in order to find any problems. Please work with your health care provider to correct or treat any problems that may reduce your child’s ability to learn in school. **(These services are recommended, but not required.)**

1. Vision Evaluation by optometry if suggested by primary care physician, or if you have concerns about your child’s eyes Date of Exam: _____ Results of Exam: _____ _____ Health Care Provider: _____ (check one) Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/>	Please describe any corrective action for any problems detected and any accommodations required.
2. Comprehensive Dental Examination & Cleaning Date of Exam: _____ Results of Exam: _____ _____ Dentist: _____	Please describe any corrective action for any problems detected and any accommodations required.



<b>Name of Child (Last, First, Middle)</b>	<b>Birth Date</b>
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**Part II – MEDICAL EVALUATION**

**To be completed and signed by the Health Care Provider ONLY:**

**The child named above has had a complete history and physical exam on the following date:** \_\_\_\_\_  
 (Exam must be within one year of enrollment) Month Day Year

Screen Results:  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Heart Rate: \_\_\_\_\_ BMI%: \_\_\_\_\_ O<sub>2</sub>: \_\_\_\_\_

Vision – Without Glasses	Right 20/____	Left 20/____	Passed <input type="checkbox"/>	Hearing - Right	Passed <input type="checkbox"/> Failed <input type="checkbox"/> Referred <input type="checkbox"/>
			Failed <input type="checkbox"/>		
Vision – With Glasses	Right 20/____	Left 20/____	Referred <input type="checkbox"/>	Hearing - Left	Passed <input type="checkbox"/> Failed <input type="checkbox"/> Referred <input type="checkbox"/>
Hearing	Subjectively Normal: <input type="checkbox"/> Yes <input type="checkbox"/> No				

- Gross dental (teeth and gums)  Normal  Abnormal \_\_\_\_\_ Refer/Tx: \_\_\_\_\_
- Head/scalp/skin  Normal  Abnormal \_\_\_\_\_ Refer/Tx: \_\_\_\_\_
- Eyes/Ears/Nose/Throat  Normal  Abnormal \_\_\_\_\_ Refer/Tx: \_\_\_\_\_
- Heart  Normal  Abnormal \_\_\_\_\_ Refer/Tx: \_\_\_\_\_
- Lungs  Normal  Abnormal \_\_\_\_\_ Refer/Tx: \_\_\_\_\_
- Abdomen  Normal  Abnormal \_\_\_\_\_ Refer/Tx: \_\_\_\_\_
- Musculo-skeletal  Normal  Abnormal \_\_\_\_\_ Refer/Tx: \_\_\_\_\_

This child has the following problems that may impact the education experience:

- Vision  Hearing  Speech/Language  Physical  Social/Behavioral  Cognitive

Specify: \_\_\_\_\_  
 \_\_\_\_\_

This child has a health condition that may require emergency action at school, e.g. seizures, allergies. Specify below.

Recommendations (Attach additional sheet if necessary) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Please Check One)

- This child may participate fully in school activities including physical education.  
 This child may participate in school activities including physical education with the following restrictions/adaptations.

(Specify reason and restriction) \_\_\_\_\_  
 \_\_\_\_\_

Immunizations:  Up to date  Not current Catch up schedule: \_\_\_\_\_

<b>Signature/Title of Health Care Provider</b>	<b>Date</b>	<b>Address (Please print or stamp)</b>
	____ / ____ / ____	
<b>Name (Please print or stamp)</b>		





# CONSENT TO TREATMENT

**PARENTS/GUARDIANS:** Complete a form (front and back) for each student. Please print clearly.

## CONTINUOUS CONSENT TO TREATMENT

We, the undersigned parent or guardian of (student's name) \_\_\_\_\_ a minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of (student's physician) \_\_\_\_\_, M.D., at (physician's phone #) \_\_\_\_\_ or any physician the school may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. It is understood that reasonable effort will be made to contact the doctor listed above before any other physician is called.

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 Tillamook Adventist School or the physician to exercise their best judgment as to the requirements of such diagnosis or treatment. This consent shall remain in continuous effect until revoked in writing and delivered to the physician named above or to the school entrusted with the custody of said minor.

We would like to have our student go on all field trips. We recognize that the teacher and those assisting are to use their best judgment in caring for the children while on these trips. We absolve the school and the directing personnel from any legal liability.

The above named student  is  is not covered by health insurance.

Current Health Insurance Company: \_\_\_\_\_

Member #: \_\_\_\_\_ Group #: \_\_\_\_\_

Which hospital does your insurance cover? \_\_\_\_\_

Parent/Guardian's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

## CONTACT INFORMATION

### Parent/Guardian #1

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

Cell Phone #: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

### Parent/Guardian #2

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

Cell Phone #: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_



# CONSENT TO TREATMENT

## MEDICAL INFORMATION FOR STUDENT

Medical Conditions and Medications Taken (such as asthma, heart, etc.):

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### Oral Medication Policy:

Tillamook Adventist School is authorized to administer oral medication to students during school hours ONLY after a parent/guardian and/or physician has signed a permission form. It is our policy that such medication will only be administered when the failure to receive medication may result in the student being unable to attend school and/or be well enough to participate in learning activities. Please include original instructions with all medications still in their original containers. We define medication to include all drugs, whether prescription or over-the-counter.

I give permission to Tillamook Adventist School to administer any necessary medication according to their policy. I agree to include original instructions with all medications still in their original containers.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## ALLERGY INFORMATION FOR STUDENT

Medication Allergies:  Yes  No

Explain: \_\_\_\_\_

Bee Sting Allergies:  Yes  No

Severity of Allergy: \_\_\_\_\_

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

Food Allergies:  Yes  No

Explain: \_\_\_\_\_

Environmental Allergies:  Yes  No

Explain (grass, cats, bandage materials, etc.) \_\_\_\_\_



# COMPLIANCE FORM

## HANDBOOK COMPLIANCE

We, the undersigned, have read, understand, and agree with the philosophy, policies, and procedures as outlined in the following sections of the TAS handbook. We have also explained all of this to our student(s) who also understand(s) and will comply with the handbook.

- Attendance (pg. 5)
- School Property (pg. 6)
- Lost or Damaged Books (pg. 6)
- Personal Property (pg. 6)
- Personal Technology Devices (pg. 7)
- Search and Seizure (pg. 7)
- Dressing for Success (pg. 8)
- Code of Conduct (pg.9)
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- Honor Roll (pg. 11)
- Academic Honesty (pg. 11)
- Sports (pg. 11)
- Student Illness (pg. 13)
- Safety (pg. 14)
- Students Leaving School Grounds (pg.14)
- Bullying (pg. 15)
- Sexual Harassment (pg. 17)
- Conflict Resolution Policy (pg. 17)

STUDENT SIGNATURE (ALL GRADES): \_\_\_\_\_

DATE: \_\_\_\_\_

STUDENT SIGNATURE (ALL GRADES): \_\_\_\_\_

DATE: \_\_\_\_\_

STUDENT SIGNATURE (ALL GRADES): \_\_\_\_\_

DATE: \_\_\_\_\_

STUDENT SIGNATURE (ALL GRADES): \_\_\_\_\_

DATE: \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



# ACCEPTABLE USE POLICY

Grades 1 - 8

In order to use the computer network and Internet, I need to understand and agree to obey the following rules. If I do not use the Internet in the right way, my teacher may take away my privilege of Internet use and possibly computer as well.

### Use Rules

1. Time on-line is only for assignment work.
2. Go only to the sites allowed by your teacher.
3. Never download/install programs or files without your teacher's permission.
4. Never use any e-mail unless instructed to do so and supervised by TAS staff.
5. Never bring disks from home and put them in the school computers.
6. Never open any e-mail from someone you don't know.
7. Never share your password with anyone.
8. Never erase the history or cookies off of any school computer.

### Safety Rules

1. Never give out your personal information (i.e. Name, Address, Phone, Email) or anyone else's
2. Always tell your teacher when someone asks you for personal information.
3. Do not put a picture of yourself on the Internet without your parents' permission.
4. Always tell your teacher if you come across information or messages that are dangerous, mean, embarrassing or that make you feel uncomfortable.
5. Never e-mail someone for the first time without your teacher's permission.

### Legal Stuff

1. Teachers and staff may review documents and log files to ensure that you are using the system responsibly.
2. You will not copy information from the Internet or local network and give it to your teacher as your own work. You cannot use the words or pictures from an Internet site without giving credit to the person who owns the site.
3. You are not to open other students' folders or files.
4. Chat rooms are off limits unless the teacher has entered with you or provided a monitored site.

5. Never look at, send, or try to find any pictures or words that you would not want your parents or the teachers to see.

The school makes no guarantee that the functions or the services provided by or through the system will be error-free or without defect. The school will not be responsible for any damage you may suffer, including, but not limited to, loss of data or interruption of service. The school is not responsible for the accuracy or quality of the information obtained through or stored on the system. The school will not be responsible for financial obligations arising from un-authorized use of the system.

## ACCEPTABLE USE POLICY FOR INFORMATION TECHNOLOGIES

**STUDENT AGREEMENT:** I have read the Acceptable Use Policy, as outlined on the front side of this page, and understand it fully. I agree to follow the principles and guidelines it contains.

STUDENT SIGNATURE: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_

**PARENT /GUARDIAN AGREEMENT:** As the parent or guardian of this student, I have read the Acceptable Use Policy. I understand that Internet access at school is provided for educational purpose only. I understand that employees of the school will make every reasonable effort to restrict accessible for materials my student(s) acquires or sees as a result of the use of the Internet from the school facilities. I give my permission to allow the student above to use the Internet on the computer system at school.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



# MEDIA USAGE CONSENT

**PARENTS/GUARDIANS:** Please complete this form (one per family) and submit to the school office.

## PHOTO, VIDEO, AUDIO, AND COMMENT CONSENT FORM

STUDENT NAMES: 1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

I understand that any and all comments (by audio recording(s) and/or transcription), photograph(s) or video taken of me and/or my child(ren) by agents, employees or representatives of Oregon Conference of Seventh-day Adventist shall be used in connection with the Oregon Conference of Seventh-day Adventist for any purpose, without compensation to me. The dissemination of information by its departments to the general public.

I hereby irrevocably authorize the Oregon Conference of Seventh-day Adventist to copy, exhibit, publish, distribute, copyright, and reproduce in whole or in part any and all such comments, images, video and audio of me or wherein I appear, in any or all media, including composite or artistic forms and media, as described above for use in promotional materials, whether the use of above materials be for public relations, advertising, or any other legitimate purpose of Oregon Conference of Seventh-day Adventist.

All content and formats collected and distributed on the mentioned mediums are owned by the Oregon Conference of Seventh-day Adventist and reserves the right to use these the collected content in any of its print or electronic publications.

In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my likeness appears. Including but not limited to any liability arising by virtue of any blurring, distortion, alteration, illusion, editing, or use in composite form, whether intentional or otherwise, that may occur in the making or processing of the finished product.

I hereby hold harmless and release and forever discharge the Oregon Conference of Seventh-day Adventist from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I hereby acknowledge that I am 18 years of age or older and have read and understood the terms of this release.

**Parent/Guardian's:**

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# RECORD RELEASE

**PARENTS/GUARDIANS OF TRANSFER STUDENTS:**

Please complete this form, submit to the school office, and we will mail it for you.

**Office Use Only**

Date Faxed/Emailed: \_\_\_\_\_

Second Request: \_\_\_\_\_

## AUTHORIZATION

STUDENT'S LEGAL NAME: \_\_\_\_\_

NAME OF PREVIOUS SCHOOL ATTENDED: \_\_\_\_\_

SCHOOL'S STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SCHOOL'S PHONE NUMBER: \_\_\_\_\_

We request the transfer of:

All records      or      ONLY those records as checked below:

- Grade reports
- Mental ability test results
- Achievement test results
- Health records
- Clinical test results

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## RECORD REQUEST

**Attention School Personnel:**

The student named above is transferring to Tillamook Adventist School. Please forward the records requested above to:

<p>TILLAMOOK ADVENTIST SCHOOL 4300 12<sup>th</sup> Street Tillamook, OR 97141</p>
---

Thank you for sending these records as soon as possible. If you have questions, please call 503-842-6533.

Teresa Shultz  
Administrative Assistant

TILLAMOOK ADVENTIST SCHOOL  
4300 12<sup>th</sup> Street  
Tillamook, OR 97141

www.tillamookadventistschool.org  
info@tillamookadventistschool.org  
Phone: 503-842-6533

# TILLAMOOK ADVENTIST SCHOOL

We are accredited by:

the North American  
Division Commission on Accreditation

the National Council for Private  
School Accreditation.

and

Northwest Accreditation Commission

Tillamook Adventist School  
is supervised through the  
Oregon Conference  
Department of Education  
19800 Oatfield Road  
Gladstone, OR 97027-2546  
(503) 850-3500



**HANDBOOK**  
**2024 - 2025**

4300 12<sup>th</sup> Street  
Tillamook, OR 97141  
(503) 842-6533  
[www.TillamookAdventistSchool.org](http://www.TillamookAdventistSchool.org)

# TAS Handbook | 2024-25

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## OUR SCHOOL

### TAS Mission and Vision

#### Mission

Living God's love through caring, learning and sharing.

#### Vision

Build forever friendships with Jesus,  
Provide balanced academic excellence,  
Demonstrate loving service as good citizens and children of God

## ADMINISTRATIVE INFORMATION

### Entrance Guidelines

Acceptance for all students is based on the following criteria:

1. Class size.
2. Prospective student's commitment to Christian education in keeping with our school philosophy and objectives.
3. Ability of the school to meet the prospective student's educational needs. (Testing & evaluation may be recommended as a prerequisite to acceptance).
4. Ability to meet the financial obligations.
5. Satisfactory character references.
6. Student commitment.

The Admissions Committee may interview prospective students and their parents before they are accepted at Tillamook Adventist School. Students will be accepted on a one-month probationary period subject to review of the school board and faculty.

## **Pre-Kindergarten and Kindergarten Entrance**

A child entering Pre-Kindergarten must be four on or before August 31; a child entering kindergarten must be five on or before August 31. Parents should keep in mind, however, that the chronological ages of kindergarten students at TAS usually extend from a little past five to seven years of age. This reflects the concern of parents and teachers for the correct placement of each child.

A child's developmental age, not his/her age in years or his/her I.Q., is the most effective criterion for determining school placement. During the first three weeks of school, the primary teaching staff will evaluate each child's school readiness through observation and a comprehensive testing program. At that time recommendations for appropriate placement will be made. The teaching staff needs to be knowledgeable about each child before determining placement of the student.

Tillamook Adventist School requires a birth certificate for all new students at registration.

## **Physical Examinations**

Physical and optometric examinations are required for all new students. Students in any grade may be required to take a physical examination if deemed necessary.

## **School Hours**

Monday – Thursday	8:00 A.M. to 3:00 P.M.
Friday	8:00 A.M. to 12:00 P.M.
Minimum Day	8:00 A.M. to 12:00 P.M.

## Attendance Policy

Student achievement is directly linked to their attendance at school. If a need other than illness arises that a student needs to miss school, please complete a Pre-Arranged Absence form in advance so that your child's teacher is aware and arrangements can be made. Regular and prompt attendance at all school appointments is expected at TAS. Absences for medical or legal reasons, or death of a family member, are the only excused absences.

## Attendance

Students are expected to arrive at school between 7:45 and 8:00 a.m. Students not in their classroom at 8:00am are considered tardy.

Students should leave the building and grounds as soon as they are dismissed at the close of the day. Parents should pick up their students within 15 minutes of dismissal. Any exceptions should be arranged with the office.

Absences for reasons other than illness or emergency should be arranged with the student's teacher and the administration. Medical appointments that necessitate the student leaving campus during the school day, or vacations that occur while school is in session, should be avoided whenever possible.

Realizing that excessive absences may cause scholastic harm to the student, every reasonable effort should be made to avoid absences.

## School Closure

When District #9 Schools are closed for the day because of snow or emergency conditions, TAS will also be closed. When District #9 Schools start the day late because of snow or emergency conditions; TAS will also follow the delayed schedule.

**Closed and late openings will be posted on our Facebook page and an email or text will be sent out**

## **Before and After School Policy**

Supervision before school begins at 7:45 A.M. Supervision for those waiting to be picked up continues for fifteen minutes after dismissal.

Students must be picked up within 15 minutes of dismissal. Consistent lateness will incur a charge of \$50 per late pickup.

## **School Property**

Students must protect and care for all property. They are responsible for the care of their lockers. Only authorized material may be kept in lockers. Items inside of lockers should be consistent with the philosophy of the school. There may be periodic locker checks. Personal padlocks are not allowed.

Students will pay for or replace all property which has been destroyed or damaged willfully or foolishly. Unauthorized possession of library materials is not allowed. Because of security, school appearance, and safety concerns, you are not to leave books or bags in the halls. If they require extra storage space for school items, they may request an additional locker. Items left in the hallways or in unlocked lockers will be taken to the front office. Repeated occurrences may result in fines or confiscation of material.

## **Lost or Damaged Books**

Students are subject to replacement cost plus a \$5.00 processing fee for each lost or damaged textbook, library book or electronic media. The \$5.00 processing fee is not refundable if a missing item is later returned.

## **Personal Property**

Students are discouraged from bringing personal property on campus. Tillamook Adventist School accepts no responsibility for the damage or loss of personal items.

## Personal Technology Devices

Technology is a fact of life. However, cell phones and personal electronic devices cause legal, ethical, safety, privacy and practical issues. Due to these concerns, students may not use cell phones or other personal electronic devices at school for the hours they are in attendance on campus, or at school sponsored activities unless given permission by staff. Failure to comply with this policy is as follows:

Any unauthorized electronic device used at school may be confiscated. Its content may be reviewed by the teacher or principal, who must report some types of communications to the appropriate law enforcement agency. The device will be returned to the student (at the discretion of the teacher) or a parent/guardian. Further offenses will be subject to disciplinary action.

All student cell phones and electronic devices brought to school must be turned off and secured by the student in a locker or backpack. The school and school personnel are not responsible for any personal electronic devices brought on campus.

## Search and Seizure

Tillamook Adventist School reserves the right to search lockers, vehicles, electronic media and files, and personal belongings for objects or materials deemed noncompliant with the school's rules and regulations, or which threaten the safety of the school and its students. Confiscated property will be returned at the discretion of the administration.

## Dressing for Success

Student's dress and grooming should support and promote the Mission and Vision of Tillamook Adventist School. Our dress code emphasizes ***simplicity, modesty, neatness and safety***. The Dress Code should be followed during school hours and at all school sponsored functions. If a student's appearance does not meet Dress Code guidelines, the student's parents may be asked to provide Dress

Code-appropriate clothing. Students may be asked to wait in the office until appropriate clothing is available. Given the variable nature of style and fashion this Dress Code is subject to change.

1. Clothing shall fit appropriately (not too tight, too loose or too big). Shorts, skirts and pants should reach mid-thigh or longer. Pajamas are not acceptable for school. Skirts and dresses must have shorts underneath.
2. Clothing shall be clean, neat and free from tears.
3. Clothing must be free of inappropriate artwork, phrases, and logos. This includes, but is not limited to, alcohol advertisements, celebrities, bands, skulls, pirates, occult, gang-related, political phrases or slogans, and anything that has a primary association with anti-Christian values or that in the judgment of school staff does not represent the standards of the school.
4. Shirts must be long enough to ensure that the midriff and undergarments are covered at all times.
5. Sleeveless shirts may be worn as long as the shoulder strap is at least three fingers wide. Necklines must be modest and undergarments may not show.
7. Appropriate footwear must be worn at all times while at school and they must have at least a heel strap. Slippers, flip-flops, or bare feet are not appropriate.
8. Gym shoes are required for play in the gym or on the playground and must be tied in such a manner that they do not fall off.
9. Grades 5–8 students will wear only TAS PE shirts during PE class or sports events. The first shirt is free and additional ones may be purchased in the office. You are also required to wear appropriate gym shorts or sweatpants.
10. For all school-sponsored swim activities, swimsuits must be modest or covered with a modest tee shirt at all times.
11. Earring studs, hoops and dangles are allowed. Hoops and dangles must be no bigger than a dime.
12. Hair must be of a natural color and not styled as a distraction.
13. Hats/caps/beanies, etc. may not be worn indoors. Hoods are not to be worn up indoors.

These guidelines apply to field trips and school functions as well. The teachers and school board are the final authority in interpreting the school's dress standards.

## Code of Conduct

Horseplay, being consistently late or absent, loitering, littering, boisterous behavior, running in halls, tussling, vandalism, inappropriate language, forging signatures, disrespect, lying, disrupting class, cheating, skipping classes, bullying others, irresponsible use of school or private property, unauthorized printed materials, unauthorized personal items, theft, possession of a controlled substance, fighting or assault, outlawed materials, insubordination, abusive language or gestures, aiding and abetting, or any unsafe behavior is not acceptable. This is a weapon-free zone, therefore no guns or knives are allowed.

## Relationship Guidelines

Students are encouraged to foster friendships with each other and to view everyone as a potential friend. Extra-curricular student activities which are sponsored by the school are always group functions and are designed to promote healthy relationships. Dating relationships are discouraged at TAS. To help create a wholesome atmosphere, while respecting the comfort of others, students are expected to refrain from kissing, caressing, carrying another student on their back, picking up other students, and other affectionate displays at TAS or its sponsored functions.

At TAS, we ask that students be respectful, responsible, and safe. Choosing not to will result in the following: The first offense, the student will be asked to resolve the issue (this may mean talking to a student or staff, or completing the "I Made a Choice" form); the second offense, the student will be sent to the principal's office; if there is a third offense, the student's parents will be called and the student may be asked to go home.



## **ACADEMIC EXCELLENCE**

### **Scholastic Excellence**

It is the aim of the school that “The youth should be encouraged to advance just as far as their capabilities will permit.” (*Education, pg. 234*).

### **Course of Study**

The course of study offered at Tillamook Adventist School provides each student all standard subjects they would expect in any other good school; Art, English, handwriting, mathematics, music, physical education, reading, science & health, social studies, and spelling. But there is more, and there is a difference!

Added is the loving familiarity and study of the Bible. We begin Pre-K with the simple Bible biographies and the basic Bible concepts, and progress through grade eight to advance a student’s knowledge of our English Bible and the Scripture’s teachings of how God has communicated His will to man through the centuries.

Another difference is that science, social studies and reading are approached not from a materialistic or evolutionary viewpoint, but from a Christian, Biblical worldview. The literature the student reads does not contain the anti-Christian or even the New Age thoughts found in so much of today’s assigned reading. The Christian point of view of history is that even though not always evident, the hand of God is at work in human events. The Creationist view of science is that God created this earth and the universe around us, “He spoke and it was,” that there was a tremendous cataclysm, the flood, unlike anything else before or since, whose effects are visible and serve to explain the fossils in the rocks around us.

### **Testing**

There is another difference as well. When TAS students take statewide testing, which measures a child’s scholastic progress in

reading, language and mathematics, they usually show above average progress. They are considerably above the national median. This becomes valuable when the student enters high school.

## K - 8 Curriculum

Our school provides state-approved curriculum and is supervised and accredited through the Education Department of the Oregon Conference of Seventh-day Adventists.

The basic curricula for grades K - 8 are as follows:

Bible	English	Physical Education	Art
Reading	Handwriting	Social Studies	Health
Science	Mathematics	Spelling	Music

## Honor Roll: Grades 7 - 8

Honor rolls will be published at the end of each 9-week period based on a weighted average of grades earned.

Honor Roll: GPA 3.50 - 3.79

Principal's List: GPA 3.80 - 4.00

## Academic Honesty

Academic honesty is a manifestation of Tillamook Adventist School's core values. Cheating involves presenting work or answers for credit in which the credit actually belongs to someone else. Plagiarism is a specific type of cheating in which the work of another is copied and submitted without acknowledging the original source.

All student work must be properly credited. Working in teams is allowed as specifically permitted by the teacher.

## Sports

Students are encouraged to get involved in the sports program in the public school system (OSAA) or through the YMCA if they are interested. To participate in the sports program students must receive

and maintain passing grades in all classes with a G.P.A. of 2.0 or greater and acceptable attendance. Academic classwork, homework and projects will not be adjusted based on sports schedules.

## **CARE FOR OUR CHILDREN**

### **Immunizations**

Oregon state law requires all students in grades PreK-8 to submit proof of immunization against polio, diphtheria, tetanus, measles, mumps, and rubella at the time of registration.

Immunization will not be required if a physician signs a written certification stating that a particular vaccine is not advisable for the child, or the parent/guardian completes a non-medical exemption certificate.

A Certificate of Tuberculosis Status may be required on all foreign-born students enrolling in an Oregon school for the first time.

### **Oral Medication Policy**

Tillamook Adventist School is authorized to administer oral medication to students during school hours **ONLY** after parents and/or physicians have signed a permission form. It is our policy that such medication will only be administered when the failure to receive medication may result in the student being unable to attend school and/or be well enough to participate in learning activities. Medications must be in their original package and include dosage instructions. We define medication to include all drugs, whether prescription or over-the-counter. Medication may be dispensed by authorized school personnel.

### **Medical Emergencies**

In case of a serious emergency, such as accident or sickness, the school will attempt to contact the parents or guardian of the child. If the parent cannot be reached, and in the judgment of the teacher or

principal immediate medical attention is needed, the teacher, principal or authorized staff person will summon or take the child to receive medical aid.

## Student Illness

If a student is ill and cannot attend school, please inform the front office as soon as conveniently possible. Arrangements will be made to help keep the student current in their class assignments.

If a student has vomited or had a fever in the last 24 hours, please keep them home. Children who come to school sick are not productive learners and are more often miserable all day. More importantly, they can spread the illness to classmates and teachers.

The following is a guide of whether to send your student to school:

- **Fever:** Greater than 100.2° F; student may return when fever-free for 24 hours (WITHOUT use of fever-reducing medicine).
- **Vomiting:** One or more episodes in the preceding 24 hours, unless determined to be from non-communicable conditions; student may return when resolved.
- **Red Eyes:** do not send a child to school if their eyes are red or draining. They can return to school when symptoms resolve, or with a doctor's note stating they are not contagious.
- **Diarrhea:** 3 or more watery or loose stools in 24 hours; student may return when resolved for 24 hours.
- **Stiff Neck:** Or headache with accompanying fever; student may return after resolution of symptoms or diagnosis made and health provider clearance given.
- **Rash:** Any new onset of rash if accompanied by fever; student may return after rash resolves or diagnosis is made and health provider clearance given.
- **Other:** Symptoms or complaints that prevent the student from active participation in usual school activities.

## **Accidents and Insurance Recovery**

Children who have accidents while at school must report them immediately to their teacher. Injuries to children while going to or from school must also be reported immediately to the school office. Students are covered for up to one hour while traveling to and from school directly and without interruption. They are also covered for a maximum of 30 minutes after school dismisses, while on school property.

### **Safety**

- ◇ Bicycles are not to be ridden during school hours. It is recommended that the bicycle be locked in the bicycle rack.
- ◇ Skateboards are not to be ridden during school hours.
- ◇ Safety laws prohibit playing on any playground equipment or in the gym without adult supervision.
- ◇ Running in the hallways is not permitted.

## **Students Leaving School Grounds**

Students are not permitted to leave school grounds without a request from the parent or guardian either in person or in writing, and permission from the teacher.

Students will not be permitted to leave the school premises with anyone other than those known to the staff to be the legal guardian, parent, or those authorized via written permission or phone call.

## **School Volunteers**

Individuals must go through an online approval process before they can volunteer at the school. Student safety is of the utmost importance and our insurance requires a thorough background check. All school volunteers are required to sign in at the front desk upon arrival and sign out when they leave.

## Getting Involved

We would love it if every parent got involved in the learning process here at TAS. There are many opportunities to provide for this:

- Classroom volunteers. Please talk with the teacher of the classroom you wish to volunteer in.
- Driving or volunteering for field trips.
- Helping to organize school events.
- Volunteering to be on school committees.

## Visitors

Parents and school board members are encouraged to visit the school. Please arrange these visits ahead of time with the teacher and the principal. Visitors are required to sign in at the school office upon arrival. No student should bring relatives or friends to school without the advance permission of the office. Permission must be received no later than the day prior to the visit. Student guests must observe school regulation and dress policies.

## Field Trip Drivers

Parents helping with field trip transportation must be approved volunteers and have a copy of their proof of insurance and a valid driver's license on file in the school office. Stop by the office and we will make a copy for our files, making you eligible to drive on class and field trips. Oregon state laws governing seat belts, child safety seats, and front seat airbags must be observed.

## Bullying

Bullying is unwanted, aggressive behavior among school-aged children that involves a real or perceived power imbalance. The behavior is repeated, or has the potential to be repeated, over time. Both kids who are bullied and who bully others may have serious, lasting problems.

In order to be considered bullying, the behavior must be aggressive and include:

- **An Imbalance of Power:** Kids who bully use their power—such as physical strength, access to embarrassing information, or popularity—to control or harm others. Power imbalances can change over time and in different situations, even if they involve the same people.
- **Repetition:** Bullying behaviors happen more than once, or have the potential to happen more than once.

## **Types of Bullying**

There are three types of bullying:

- **Verbal bullying** is saying or writing mean things. Verbal bullying includes:
  - Offensive teasing
  - Name-calling
  - Inappropriate sexual comments
  - Taunting
  - Threatening to cause harm
- **Social bullying**, sometimes referred to as relational bullying, involves hurting someone's reputation or relationships. Social bullying includes:
  - Shunning someone on purpose
  - Telling other children not to be friends with someone
  - Spreading rumors about someone
  - Embarrassing someone in public
  - Using electronics to make someone feel unsafe
- **Physical bullying** involves hurting a person's body or possessions. Physical bullying includes:
  - Hitting/kicking/pinching
  - Spitting
  - Tripping/pushing
  - Taking or breaking someone's things
  - Making mean or rude hand gestures

Students should notify a teacher if they see any bullying.

## **Sexual Harassment Policy**

TAS is committed to providing a school environment free from sexual harassment for all students and staff.

Sexual harassment is defined as any type of offensive behavior with a sexual overtone that is unwelcome and makes a person feel uncomfortable. That behavior may be verbal, written, or physical, including such things as sexually suggestive remarks, jokes of a sexual nature, offensive pictures, offensive gestures, offensive notes or inappropriate touching. All incidents of sexual harassment are to be reported to school authorities as soon as possible and appropriate follow-up action(s) will be taken.

## **Mandatory Reporting Rules**

School personnel are required by law to file a report with *Child Protective Services* if they observe or have reason to suspect child abuse or neglect. Child abuse and neglect includes physical injury inflicted upon a child by other than accidental means; sexual abuse (including sexting) or assault; neglect or maltreatment of a child threatening the child's health or welfare; willfully harming, injuring or endangering a child and unlawful corporal punishment or injury.

## **CONFLICT RESOLUTION POLICY**

As a school, we are always striving to improve. If you have ideas or constructive criticism for TAS, please feel free to talk to a teachers or the principal.

Throughout the school year conflicts between students and teachers arise from time to time. The positive resolution of conflict promises growth for all parties involved. These conflicts should be



resolved with the principles of Christian behavior and courtesy in mind.

1. Attempt to focus on resolving the issue.
2. Remain calm during the conference, speak in a low voice and attempt to avoid extreme emotional behavior.
3. Listen to the other's point of view without interrupting. Each party should be given a chance to speak their opinions.
4. Remember that compromise is essential, and probably no party will get 100% of what one believes best.
5. Keep your sense of humor!
6. Support the decision you agree to, particularly to the student, following the conferences.