



# 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

<b>Parent Guardian</b>	<input type="checkbox"/> Lives with Student  <input type="checkbox"/> Students Legal Guardian  <input type="checkbox"/> SDA Member	Name _____ Mailing Address _____ Work Phone: _____ Home Phone _____ Cell _____ Occupation _____ Church Affiliation: _____ Email Address _____
<b>Parent Guardian Other</b>	<input type="checkbox"/> Lives with Student  <input type="checkbox"/> Students Legal Guardian  <input type="checkbox"/> SDA Member	Name _____ Mailing Address _____ Work Phone: _____ Home Phone _____ Cell _____ Occupation _____ Church Affiliation: _____ Email Address _____

## Financial Information

Name of person responsible for the student's account: \_\_\_\_\_

## 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
- Gifted Program     English 2nd Language     Behavior Management     Counseling
- Other: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contacts**

Name \_\_\_\_\_

Relation to student \_\_\_\_\_ Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_

Relation to student \_\_\_\_\_ Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

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. \_\_\_\_\_
5. \_\_\_\_\_

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



# Blodgett View Christian School

## Confidential Reference Form

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

**Parent(s) Name:** \_\_\_\_\_ **Parent Signature** \_\_\_\_\_

(Parent signature indicates that the parent understands he/she waives the right to see completed Confidential Reference Form)

Please place a postage stamp on the envelope before giving one form and envelope to each of the following persons: (1) Current Principal, (2) Current Teacher, (3) Clergy or School Counselor. ( If one of these is not available, select another church, school, or community leader (non-relative) who knows your child well enough to complete this form.) **Your application will not be processed until these references have been returned to Blodgett View Christian School.**

Instructions: Please give the applicant a rating on each of the characteristics below. Place rating number in the extreme right column. ( If you are unable to make a judgement, place "?" in the rating column.) This information will be kept confidential and used in only the admissions process, will not be part of the student's record, will not be subject to review by parent, and will be destroyed at the conclusion of the admissions process.

Characteristics	1	2	3	4	Rating
Health	Weak, often incapacitated	Low Vitality	Good, Average Health	Vigorous Health	
Personal Appearance	Undesirable	Careless	Neat, Clean	Well-Groomed	
Influence upon Peers	Detrimental	Passive	Helpful	Positive Influence	
Integrity	Dishonest: Steals/Cheats	Questionable at Times	Basically Honest	Trustworthy and Honest	
Friendships	No Standard of Choice	Careless in Choice	Usually Discriminates	Chooses Friends with High Standards	
Social Relationships	Disliked	Small Circle of Friends	Generally well-Liked	Exceptionally well-Liked	
Judgement	Poor Sense of	Jumps to Conclusions	Good Common Sense	Uses Good Judgement	
Reliability Trustworthiness	Often Irresponsible	Must be Supervised	Dependable	Conscientious & Reliable	
Industry	Lazy	"Gets by"	Works Well	Ambitious	
Cooperation	Self-Centered	Cooperates at Times	Cooperative	Good Team Player	
Emotional Stability	Tense, Excitable, Often Loses Control	Occasionally Over-Emotions, Moody	Fairly Well Balanced	Self-Controlled, Serene, Happy	
Spiritual Interest	Negative	Passive	Participates	Active, Leader	
Intellectual Ability	Below Average	Average	Above Average	Superior	

How long have you known the applicant \_\_\_\_\_ In what relationship? \_\_\_\_\_

To your knowledge has the applicant used any of the following substances during the past year (Please circle)?

Alcoholic Beverages Yes No      Tobacco Yes No      Illegal Drugs Yes No

Please note any disciplinary action, censure, suspension, expulsion, arrest, or probation:

Based on character alone, this applicant is (Please circle one):

Highly Recommended      Recommended      Recommended on a Probationary Basis      Not Recommended

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_



# ***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 \_\_\_\_\_

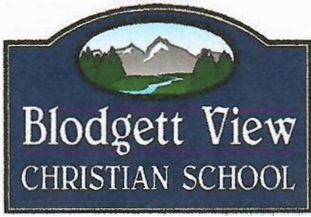
Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## ***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.

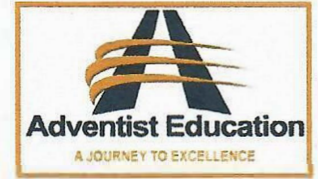
Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



# 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. Students who are registered by July 10 are eligible for a \$25 per student Entrance Fee discount. There is no additional discount in Entrance Fees for families that have more than one child enrolled. For students entering late, the charge for the school year will include a prorated portion of the Entrance Fee.

**ENTRANCE FEES:** Grades 1-8

Entrance Fees per student: \$275.00

### 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

2750.00 per year \$275.00 per month

Parents that are members of a constituent church receive a 500.00 /per year or \$50.00 monthly discount. Any parent paying the entire year in advance will be given a 10% discount.

The second child enrolled from the same family qualifies for a 25% discount; the third child qualifies for a 50% discount.

(Please complete the bottom of this form)

I am enrolling \_\_\_\_\_ students at BVCS. I agree to pay the entrance fees of \$\_\_\_\_\_ and the monthly tuition charges of \$\_\_\_\_\_ per month for 10 months, from August - May. If you will be receiving Worthy Student Assistance from your local church for any of the above charges, please list below the amount of assistance, and the name of the local church granting Worthy Student Assistance. Specify if any of this assistance is for Entrance Fees. If the local church cannot fulfill its commitment to provide Worthy Student Assistance for any reason, once approved, you will still be responsible for the full amount due.

I can afford to pay \_\_\_\_\_ per month and I am requesting the following

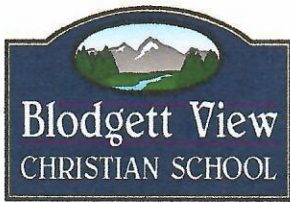
Assistance \$ \_\_\_\_\_ Scholarship \_\_\_\_\_ Apply to Entrance Fee \_\_\_\_\_

**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.**

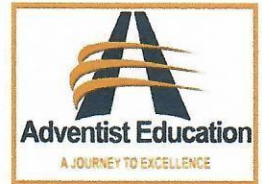
SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

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.





**CONTINUING CONSENT TO TREATMENT  
AND  
AUTHORIZATION TO RELEASE INFORMATION  
Blodgett View Christian School**



We, the undersigned parents or guardians of, \_\_\_\_\_  
(Name of Student)

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 \_\_\_\_\_, M.D., Phone \_\_\_\_\_

(Name of Physician)

or any physician the school or organization 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 the school or other organization calls any other physician.

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 Blodgett View Christian School or the physician to exercise their best judgment as to the requirements of such diagnosis or treatment.

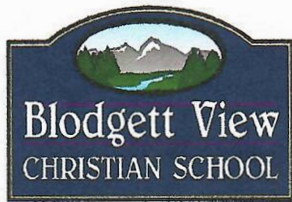
This consent shall remain in continuous effect until revoked in writing and delivered to the physician named above or to the school or organization entrusted with the custody of said minor.

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.

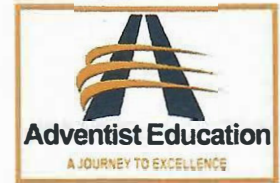
Dated: _____	Father's Signature _____
Phones _____	Mother's Signature _____
Home: _____	Guardian's Signature _____
Work: _____	
Cell: Mother: _____	Father: _____

***In case of an emergency (if unable to reach parent or guardian) please contact:***

Name: _____ (Person not living in same home as Parent/Guardian)
Address: _____ _____
Phone: Home: _____ Work: _____
Cell Phone: _____ Physician's Phone: _____



## 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 else's
- ⇒ I will not use the Internet 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.

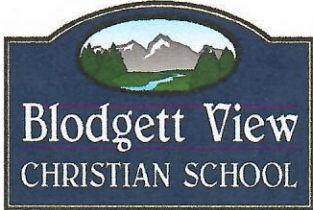
I believe \_\_\_\_\_ (Name of Student) understands this responsibility, and I hereby give my permission for him/her to access the Internet under the school rules. I understand that students breaking these rules will be subject to appropriate action by the school. Any activity not in compliance with these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

Parent or Guardian Name (printed): \_\_\_\_\_

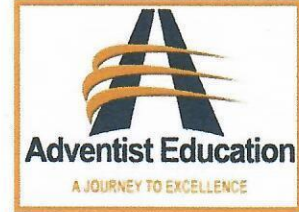
Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# **PLEDGE OF COOPERATION, SUPPORT, AND RESPONSIBILITY**



*By Parents and Students  
Blodgett View Christian School*



## ***PARENTS' PLEDGE***

I realize that attending Blodgett View Christian School is a privilege and not a right. *I have read the Student Handbook.*

I pledge to abide by the policies established by the school, including those mentioned in the Student Handbook; to support the administration, staff, and the school in general; and to cooperate with the administration and staff in regards to the rules, regulations, and procedures established by the school.

I accept responsibility for my child to follow the rules, regulations, and procedures of the school.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

## ***STUDENT'S PLEDGE***

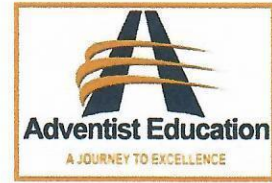
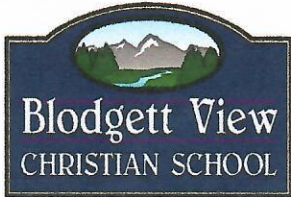
I realize that attending Blodgett View Christian School is a privilege and not a right. *I have read the Student Handbook.*

I pledge to abide by the policies established by the school, including those mentioned in the Student Handbook; to follow the rules, regulations, and procedures of the school; to respect the authority of the administration and staff; and to cooperate with the administration and staff. I accept responsibility for following the rules, regulations, and procedures of the school.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_



## **Blodgett View Christian School School**

### **CONTINUING PHOTO RELEASE CONSENT**

**As the undersigned parent or guardian of the following student(s) at Blodgett View Christian School, I give permission for photographs of my student(s) to be used in school publications, public relations material, and web site display.**

**Student name:** \_\_\_\_\_

**Student name:** \_\_\_\_\_

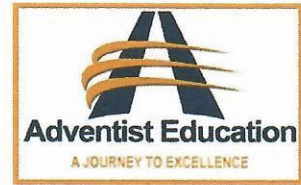
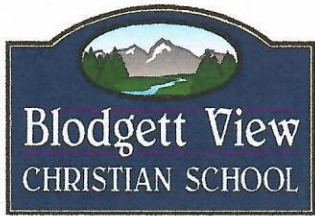
**Student name:** \_\_\_\_\_

**Student name:** \_\_\_\_\_

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

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

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



## ***Blodgett View Christian School***

### ***VOLUNTEERS***

I am available to assist in the classroom:    Yes            No

If yes, I prefer grades \_\_\_\_\_

(If "yes" please obtain a Background Screening Packet from the Principal)

I am available to transport students in my vehicle:    Yes    No

(If "yes" please obtain "certificate of Qualification to Transport Students by Private Vehicle" form from the Principal)

I have a Teaching Certificate:            Yes            No

\_\_\_\_\_

Signature

\_\_\_\_\_

Day Phone

Evening Phone



# Blodgett View Christian School Security Camera Policy

## 1. PURPOSE

The Blodgett View Christian School (BVCS) authorized the use of video cameras throughout the school for the purpose of enhancing school safety and security. Our goals are to promote and foster a safe and secure teaching and learning environment for students and staff, to ensure public safety for community members who visit or use our school property, and to diminish the potential for personal and School loss or destruction of property.

## 11. GENERAL PROTOCOLS

### Signage and Notification:

Signage will be posted at school building that notify students, parents, staff and the general public of BVCS use of security cameras. Students, parents and staff will receive additional notification at the beginning of the school year regarding the use of security cameras in the schools and on school grounds. Such notification will include, but not be limited to, staff handbooks and student handbooks.

### Camera Placement:

The security camera system is installed in public areas only. These areas include, but are not limited to, grounds, exterior entrances or exits to school buildings classrooms and large gathering spaces such as corridors, and main entries. Security cameras will not be used where there is a reasonable expectation of privacy, including but not limited to restrooms,

### Viewing:

There will be no monitoring of live recordings, except in the case of a suspected emergency or safety concern. Reviewing the recordings will occur only when a suspected incident is committed inside or outside the building (e.g. vandalism, graffiti, etc.).

Viewing the data is to be performed by authorized personnel that have been expressly designated by the principal or School Board.

A log book shall include the following details: the persons viewing the data, what event triggered the viewing, and the date/time viewed and be maintained by the building principal and made available to the School Board.

No sound is to be monitored or recorded in connection with the video surveillance system.

Surveillance system misuse shall be addressed on a case-by-case basis by the School Board.

### Limited Access to Recordings:

Any video recordings used for security purposes in school buildings or grounds are the sole property of the BVCS. Release of such videos will be made only as permissible pursuant to applicable laws and with the permission of the School Board or their designee.

Access to video recordings from security camera shall be limited to school administrators (Superintendent/designee, School Principal/designee). Law enforcement officials (Chief of Police/designee) shall be granted access to video recordings after giving prior notice to the School Superintendent/designee.

### Data Storage:

All video recordings and logs are stored in a secure place to avoid tampering and ensure confidentiality in accordance with applicable laws and regulations.

Recordings will be saved for thirty (30) days and automatically deleted, unless being used in an ongoing investigation.

Legal References: US Department of Justice, Office of Programs Published Research Report, Family Educational Rights and Privacy Act