Registration Packet

2022 - 2023

Hello Continuing/Future AJA Family,

Welcome to the AJA Registration and Financial Application! Please fill out the forms on the following pages. This application will take about 1 hour to complete for each child. If you need to leave the application in the middle, your progress will be saved and you may finish the form later.

If you have any questions or would like assistance with completing this form, please text or call Madeline Konshak, AJA secretary, at 920-660-3487.

We look forward to having your students join our school family for the 2022-2023 school year!

May God bless you.

Green Bay
Adventist Junior Academy

1422 Shawano Ave
Green Bay, WI 54303
920-494-2741
Website:
www.greenbayaja.org
Email:
info@greenbayaja.org

Parent/Guardian Information

Legal Parent/Guardian #1 Information

Relationship to Student: Denomination:

Church:

Last Name: First Name: Middle Initial:

Street: City: State: Zip Code:

Cell Phone: Can we text this number with school info?: ☐ Yes ☐ No

Home Phone: Email:

Does the student(s) live with you?

Miscellaneous Information:

Authorization to Distribute Personal Information

There are times when it is necessary to contact Adventist's Junior Academy's parents regarding fundraising or other help. In accordance with the Privacy Act rules, AJA's office staff is requesting authorization to share the following information with our Home & School leader and/or specific individuals for school related help.

I hereby give my consent to release the following information (select all that apply):

☐ Name ☐ Cell ☐ Text Messages ☐ Home Phone ☐ E-Mail

This information may be shared with the following (select all that apply):

☐ Home & School Leader ☐ Hot Lunch Cook ☐ Other Parents

☐ Do not release my information

Parent/Guardian Information

Legal Parent/Guardian #2 Information

Relationship to Student:	Denomination:			
Church:				
Last Name:	First Name:	Middle Initial:		
Street:	City:	State:	Zip Code:	
Cell Phone:	Can we text this number with school info?:	Yes	No	
Home Phone:	Email:			
Does the student(s) live with you?				
Miscellaneous Information:				

Authorization to Distribute Personal Information

There are times when it is necessary to contact Adventist's Junior Academy's parents regarding fundraising or other help. In accordance with the Privacy Act rules, AJA's office staff is requesting authorization to share the following information with our Home & School leader and/or specific individuals for school related help.

I hereby give my consent to release the following information (select all that apply):

☐ Name ☐ Cell ☐ Text Messages ☐ Home Phone ☐ E-Mail

This information may be shared with the following (select all that apply):

☐ Home & School Leader ☐ Hot Lunch Cook ☐ Other Parents

☐ Do not release my information

Authorized Transportation List

Authorized Pick Up List

My permission is granted to the following named drivers to transport my child(ren). I further agree that it is my responsibility that the drivers abide by the Department of Motor Vehicles licensing rules. In an unforeseen road mishap, I hold Green Bay Adventist Junior Academy and the SDA Church harmless.

If you need to update your transportation list, please contact the office for instructions.

Student Name: _____ Student Name: _____

Student Name: _____ Student Name: _____

Driver Name: _____ Driver Contact: _____

Driver Name: _____ Driver Contact: _____

Driver Name: _____ Driver Contact: _____

Driver Name: _____ Driver Contact: _____

Driver Name: _____ Driver Contact: _____

Driver Name: _____ Driver Contact: _____

Driver Name: _____ Driver Contact: _____

Driver Name: _____ Driver Contact: _____

Student Information & Authorizations

Student Information

Last Name:	First Name:	Middle Initial:
Birthdate:	Grade Entering:	Gender:
Lives with:	Student Cell (If Applicable):	
Additional Living Arrangement Explanation:		
Last School Attended:		
Primary Language:	Home Language:	

Student Over the Counter Medications

I, the undersigned parent/guardian of the above-named student, hereby authorize and requestschool personnel to hold and administer over-the-counter medications to the student as is deemed reasonable, necessary, and appropriate. All medications will be supplied by parent/guardian, placed in a baggie with the student's name, along with written instructions for administering the over-the-counter medications (including prescription drugs). I further grant permission to the school office to apply first aid ointment and bandages for cuts and bruises.

Students are NOT to keep medications with their personal belongings.
All medications WILL be kept in the school office and NOT in the classroom, locker, desk, backpack, pocket, or lunchbox.

I approve of the following medications for my child in accordance with the above requirements (please list medications):

Student Authorization to Distribute Students Information

There are times when it is necessary to contact Adventist's Junior Academy's parents regarding fundraising or other help. In accordance with the Privacy Act rules, AJA's office staff is requesting authorization to share the following information with our Home & School leader and/or specific individuals for school related help.

I hereby give my consent to release the following information (select all that apply):

☐ Name ☐ Cell ☐ Text Messages ☐ Home Phone ☐ E-Mail

This information may be shared with the following (select all that apply):

☐ Home & School Leader ☐ Hot Lunch Cook ☐ Other Parents

☐ Do not release my information

Student Image Release Form

For value received, I hereby consent and authorize Green Bay Adventist Junior Academy, or its assigns, to use my name and/or the names of my family members who are minors, as well as my/their likeness, photos, videos, and other information for purposes of new release, web sites, advertising, publicity, publication or distribution in any manner whatsoever. I further consent to such use in the present for and to any changes, alterations, or additions thereto. I hereby release Green Bay Adventist Junior Academy from all liability in connection with all such uses.

Signature: **Date:**

Student Authorization to Participate in School Activities

I, the undersigned parent/guardian of the above named minor student, hereby consent to and authorize my child to participate in the following school-related activities (select all that apply):

- ☐ **On-campus school activities (example: P.E. or Track & Field Day)**
- ☐ **Off-campus school activities (example: going to the local park for ice skating)**
- ☐ **Christian Community Services: Permission slips will not be required for Bible Lab visits:**
- ☐ **Off-campus field trips/mission trips: permission slips will be required for each activity:**

I am aware that by my child participating in this activity there is the possibility a need may arise for emergency medical treatment because of an accident or sickness.

Signature: **Date:**

Student Survey: Technology in the Home

Can the student access the internet on their primary learning device at home?

What is the primary type of internet service used at the residence?

Can the student stream a video on their primary learning device without interruption?

What device does the student most use often to complete schoolwork at home?

Is the primary learning device a personal device or school provided?

Is the primary learning device shared with anyone else in the household?

Student Emergency Contacts (If school is unable to reach the parent/guardian)

In case of an accident or serious illness, I request the school office to contact me. If the school office is unable to reach me, I hereby authorize the school office to call either emergency contact. If the school office is unable to reach either of the listed parties, I hereby authorize the school office to call the preferred doctor, hospital, or clinic listed below, or the rescue squad, and to follow their instructions.

Signature: **Date:**

Emergency Contact: Relationship: Cell:

Emergency Contact: Relationship: Cell:

Preferred Hospital or Clinic: Insurance Company:

Policy Number:

Preferred Doctor: Clinic Phone:

Not Covered by Insurance

Other Information Pertaining to the Health of Your Child:

Student Consent to Treatment

I, the undersigned parent/guardian of the above-named student give authorization for all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures performed or prescribed by the attending doctor and/or paramedics for my minor student. I waive my right to be informed for consent of treatment.

This waiver applies only if AJA personnel are unable to reach either parent/guardian's contact in the event of an emergency

Further, I understand I give my consent in advance of any specific diagnosis or treatment that might be required and authorize the above-named hospital, clinic, or physician to exercise their best judgment as to the requirements of such diagnosis or treatment.

Signature: **Date:**

This consent shall remain in continuous effect until I revoke it in writing, and deliver it to the AJA school office.
Report any changes during the school year regarding health insurance carriers to the school office (920) 494-2741

Immunization & Health Records

The following students are required to have a physical examination before the 1st day of school AND an up-to-date Immunization Record on file with the AJA school office:

All New Students
Kindergarten Students
6th Grade Students

AJA does not allow a student to enter school without first showing proof of having current immunization against diphtheria, pertussis, polio, tetanus, measles, rubella, hepatitis, and varicella.

Applicants will be required to complete the Student Immunization Record on the next page and submit a Physical Health History Form to be in compliance with the guidelines mandated by the WI Department of Health Services.

You can find the Physical Health History Form on our website:

If you need to look up your child's vaccinations, you can find it here:

Acknowledgement of Health Record

I understand that if my child(ren) is a new student, entering kindergarten or entering 6th grade, I must complete the Immunization Record on the next page and have my child(ren) undergo a physical examination before the 1st day of school.

- ☐ **I understand and agree to submit an immunization and health record to the school office.**
- ☐ **I wish to claim a vaccination waiver (complete on next page, step 4)**
- ☐ **N/A (returning student, not in kindergarten or 6th grade, with an up-to-date immunization record on file)**
- ☐ **I have questions and wish to speak with someone before completing this step**

Signature: _____ **Date:** _____

STUDENT IMMUNIZATION LAW
AGE/GRADE REQUIREMENTS

The following are the minimum required immunizations for each age and grade level according to the Wisconsin Student Immunization Law. These requirements can be waived for health, religious, or personal conviction reasons. Additional immunizations may be recommended for your child depending on his or her age. Please contact your doctor or local health department to determine if your child needs additional immunizations.

Grade/Age	Number of Doses					
Pre-K (ages 2 through 4 yrs)[1]	4 DTaP/DTP/DT[2]		3 Polio	3 Hepatitis B[6]	1 MMR[7]	1 Varicella[8]
Kindergarten through Grade 5	4 DTaP/DTP/DT/Td[2,3]		4 Polio[5]	3 Hepatitis B[6]	2 MMR[7]	2 Varicella[8]
Grades 6 through 12	4 DTaP/DTP/DT/Td[2]	1 Tdap[4]	4 Polio[5]	3 Hepatitis B[6]	2 MMR[7]	2 Varicella[8]

1. Children 5 years of age or older who are enrolled in a Pre-K class should be assessed using the immunization requirements for Kindergarten through Grade 5, which would normally correspond to the individual's age.
2. D = diphtheria, T = tetanus, P = pertussis vaccine. DTaP/DTP/DT/Td vaccine for all students Pre-K through 12: Four doses are required. However, if a student received the 3rd dose after the 4th birthday, further doses are not required. **Note**: A dose four days or less before the 4th birthday is also acceptable.
3. DTaP/DTP/DT vaccine for children entering Kindergarten: Each student must have received one dose after the 4th birthday (either the 3rd, 4th, or 5th dose) to be compliant. **Note**: a dose four days or less before the 4th birthday is also acceptable.
4. Tdap is an adolescent tetanus, diphtheria, and acellular pertussis combination vaccine. If a student received a dose of a tetanus-containing vaccine, such as Td, within five years before entering the grade in which Tdap is required, the student is compliant and a dose of Tdap vaccine is not required.
5. Polio vaccine for students entering grades Kindergarten through 12: Four doses are required. However, if a student received the 3rd dose after the 4th birthday, further doses are not required. **Note**: a dose four days or less before the 4th birthday is also acceptable.
6. Laboratory evidence of immunity to hepatitis B is also acceptable.
7. MMR is measles, mumps, and rubella vaccine. The first dose of MMR vaccine must have been received on or after the 1st birthday. Laboratory evidence of immunity to all three diseases (measles and mumps and rubella) is also acceptable. **Note**: A dose four days or less before the 1st birthday is also acceptable.
8. Varicella vaccine is chickenpox vaccine. A history of chickenpox disease or laboratory evidence of immunity to varicella is also acceptable.

DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-04020L (Rev. 07/2015)

STATE OF WISCONSIN
252.04 and 120.12 (16) Wis. Stats.

STUDENT IMMUNIZATION RECORD

INSTRUCTIONS TO PARENT: **COMPLETE AND RETURN TO SCHOOL WITHIN** 30 DAYS AFTER ADMISSION. **State law requires all public and private school students to present written evidence of immunization against certain diseases** within 30 school days of admission. **The current age/grade specific requirements are available from schools and local health departments. These requirements can be waived only if a properly signed health, religious or personal conviction waiver is filed with the school. The purpose of this form is to measure compliance with the law and will be used for that reason only. If you have questions on immunizations or how to complete this form, contact your child's school or local health department**

PERSONAL DATA **PLEASE PRINT**

Step 1

Student's Name	Birthdate (Mo/Day/Yr)	Gender	School	Grade	School Year

Name of Parent/Guardian/Legal Custodian	Address (Street, City, State, Zip)	Telephone Number ( )

IMMUNIZATION HISTORY

Step 2

List the MONTH, DAY AND YEAR your child received each of the following immunizations. DO NOT USE A (√) OR **(X)** except to answer the question about chickenpox, Tdap or Td. If you do not have an immunization record for this student at home, contact your doctor or public health department to obtain it.

TYPE OF VACCINE*	FIRST DOSE Mo/Day/Yr	SECOND DOSE Mo/Day/Yr	THIRD DOSE Mo/Day/Yr	FOURTH DOSE Mo/Day/Yr	FIFTH DOSE Mo/Day/Yr
DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis)					
Adolescent booster (Check appropriate box) ☐ Tdap ☐ Td					
Polio					
Hepatitis B					
MMR (Measles, Mumps, Rubella)					
Varicella (Chickenpox) Vaccine Vaccine is required only if your child has not had chickenpox disease. See below:					

Has your child had Varicella (chickenpox) disease? Check the appropriate box
And provide the year if known:
☐ YES _____ year (Vaccine not required)
☐ NO or Unsure (Vaccine required)

REQUIREMENTS

Step 3

Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements.

COMPLIANCE DATA

Step 4

STUDENT MEETS ALL REQUIREMENTS
Sign at Step 5 and return this form to school.

Or

STUDENT DOES NOT MEET ALL REQUIREMENTS

Check the appropriate box below, sign at Step 5, and return this form to school. PLEASE NOTE THAT INCOMPLETEY IMMUNIZED STUDENTS MAY BE EXCLUDED FROM SCHOOL IF AN OUTBREAK OF ONE OF THESE DISEASES OCCURS.

☐ Although my child has NOT received ALL required doses of vaccine, the FIRST DOSE(S) has/have been received. I understand that the SECOND DOSE(S) must be received by the 90th school day after admission to school this year, and that the THIRD DOSE(S) and FOURTH DOSE(S) if required must be received by the 30th school day next year. I also understand that it is my responsibility to notify the school in writing each time my child receives a dose of required vaccine.

NOTE: Failure to stay on schedule may result in exclusion from school, court action and/or forfeiture penalty.

WAIVERS (List in Step 2 above, the date(s) of any immunizations your child has already received)

☐ **For health reasons** this student should not receive the following immunizations _____

_____ _____
SIGNATURE - Physician Date Signed

☐ **For religious reasons** this student should not be immunized.

☐ **For personal conviction reasons** this student should not be immunized.

_____
LIST VACCINE(S) WAIVED

SIGNATURE

Step 5

This form is complete and accurate to the best of my knowledge. Check one: (I do☐ I do not☐) give permission to share my child's current immunization records and as they are updated in the future with the Wisconsin Immunization Registry (WIR). I understand that I may revoke this consent at any time by sending written notification to the school district. Following the date of revocation, the school district will provide no new records or updates to the WIR.

_____ _____
SIGNATURE - Parent/Guardian/Legal Custodian or Adult Student Date Signed

Student Information & Authorizations

Student Information

Last Name:	First Name:	Middle Initial:
Birthdate:	Grade Entering:	Gender:
Lives with:	Student Cell (If Applicable):	
Additional Living Arrangement Explanation:		
Last School Attended:		
Primary Language:	Home Language:	

Student Over the Counter Medications

I, the undersigned parent/guardian of the above-named student, hereby authorize and requestschool personnel to hold and administer over-the-counter medications to the student as is deemed reasonable, necessary, and appropriate. All medications will be supplied by parent/guardian, placed in a baggie with the student's name, along with written instructions for administering the over-the-counter medications (including prescription drugs). I further grant permission to the school office to apply first aid ointment and bandages for cuts and bruises.

Students are NOT to keep medications with their personal belongings.
All medications WILL be kept in the school office and NOT in the classroom, locker, desk, backpack, pocket, or lunchbox.

I approve of the following medications for my child in accordance with the above requirements (please list medications):

Student Authorization to Distribute Students Information

There are times when it is necessary to contact Adventist's Junior Academy's parents regarding fundraising or other help. In accordance with the Privacy Act rules, AJA's office staff is requesting authorization to share the following information with our Home & School leader and/or specific individuals for school related help.

I hereby give my consent to release the following information (select all that apply):

☐ Name ☐ Cell ☐ Text Messages ☐ Home Phone ☐ E-Mail

This information may be shared with the following (select all that apply):

☐ Home & School Leader ☐ Hot Lunch Cook ☐ Other Parents

☐ Do not release my information

Student Image Release Form

For value received, I hereby consent and authorize Green Bay Adventist Junior Academy, or its assigns, to use my name and/or the names of my family members who are minors, as well as my/their likeness, photos, videos, and other information for purposes of new release, web sites, advertising, publicity, publication or distribution in any manner whatsoever. I further consent to such use in the present for and to any changes, alterations, or additions thereto. I hereby release Green Bay Adventist Junior Academy from all liability in connection with all such uses.

Signature: **Date:**

Student Authorization to Participate in School Activities

I, the undersigned parent/guardian of the above named minor student, hereby consent to and authorize my child to participate in the following school-related activities (select all that apply):

- ☐ **On-campus school activities (example: P.E. or Track & Field Day)**
- ☐ **Off-campus school activities (example: going to the local park for ice skating)**
- ☐ **Christian Community Services: Permission slips will not be required for Bible Lab visits:**
- ☐ **Off-campus field trips/mission trips: permission slips will be required for each activity:**

I am aware that by my child participating in this activity there is the possibility a need may arise for emergency medical treatment because of an accident or sickness.

Signature: **Date:**

Student Survey: Technology in the Home

Can the student access the internet on their primary learning device at home?

What is the primary type of internet service used at the residence?

Can the student stream a video on their primary learning device without interruption?

What device does the student most use often to complete schoolwork at home?

Is the primary learning device a personal device or school provided?

Is the primary learning device shared with anyone else in the household?

Student Emergency Contacts (If school is unable to reach the parent/guardian)

In case of an accident or serious illness, I request the school office to contact me. If the school office is unable to reach me, I hereby authorize the school office to call either emergency contact. If the school office is unable to reach either of the listed parties, I hereby authorize the school office to call the preferred doctor, hospital, or clinic listed below, or the rescue squad, and to follow their instructions.

Signature: **Date:**

Emergency Contact: Relationship: Cell:

Emergency Contact: Relationship: Cell:

Preferred Hospital or Clinic: Insurance Company:

Policy Number:

Preferred Doctor: Clinic Phone:

Not Covered by Insurance

Other Information Pertaining to the Health of Your Child:

Student Consent to Treatment

I, the undersigned parent/guardian of the above-named student give authorization for all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures performed or prescribed by the attending doctor and/or paramedics for my minor student. I waive my right to be informed for consent of treatment.

This waiver applies only if AJA personnel are unable to reach either parent/guardian's contact in the event of an emergency

Further, I understand I give my consent in advance of any specific diagnosis or treatment that might be required and authorize the above-named hospital, clinic, or physician to exercise their best judgment as to the requirements of such diagnosis or treatment.

Signature: **Date:**

This consent shall remain in continuous effect until I revoke it in writing, and deliver it to the AJA school office.
Report any changes during the school year regarding health insurance carriers to the school office (920) 494-2741

Immunization & Health Records

The following students are required to have a physical examination before the 1st day of school AND an up-to-date Immunization Record on file with the AJA school office:

All New Students
Kindergarten Students
6th Grade Students

AJA does not allow a student to enter school without first showing proof of having current immunization against diphtheria, pertussis, polio, tetanus, measles, rubella, hepatitis, and varicella.

Applicants will be required to complete the Student Immunization Record on the next page and submit a Physical Health History Form to be in compliance with the guidelines mandated by the WI Department of Health Services.

You can find the Physical Health History Form on our website:

If you need to look up your child's vaccinations, you can find it here:

Acknowledgement of Health Record

I understand that if my child(ren) is a new student, entering kindergarten or entering 6th grade, I must complete the Immunization Record on the next page and have my child(ren) undergo a physical examination before the 1st day of school.

- ☐ **I understand and agree to submit an immunization and health record to the school office.**
- ☐ **I wish to claim a vaccination waiver (complete on next page, step 4)**
- ☐ **N/A (returning student, not in kindergarten or 6th grade, with an up-to-date immunization record on file)**
- ☐ **I have questions and wish to speak with someone before completing this step**

Signature: _____ **Date:** _____

STUDENT IMMUNIZATION LAW
AGE/GRADE REQUIREMENTS

The following are the minimum required immunizations for each age and grade level according to the Wisconsin Student Immunization Law. These requirements can be waived for health, religious, or personal conviction reasons. Additional immunizations may be recommended for your child depending on his or her age. Please contact your doctor or local health department to determine if your child needs additional immunizations.

Grade/Age	Number of Doses					
Pre-K (ages 2 through 4 yrs)[1]	4 DTaP/DTP/DT[2]		3 Polio	3 Hepatitis B[6]	1 MMR[7]	1 Varicella[8]
Kindergarten through Grade 5	4 DTaP/DTP/DT/Td[2,3]		4 Polio[5]	3 Hepatitis B[6]	2 MMR[7]	2 Varicella[8]
Grades 6 through 12	4 DTaP/DTP/DT/Td[2]	1 Tdap[4]	4 Polio[5]	3 Hepatitis B[6]	2 MMR[7]	2 Varicella[8]

1. Children 5 years of age or older who are enrolled in a Pre-K class should be assessed using the immunization requirements for Kindergarten through Grade 5, which would normally correspond to the individual's age.
2. D = diphtheria, T = tetanus, P = pertussis vaccine. DTaP/DTP/DT/Td vaccine for all students Pre-K through 12: Four doses are required. However, if a student received the 3rd dose after the 4th birthday, further doses are not required. **Note**: A dose four days or less before the 4th birthday is also acceptable.
3. DTaP/DTP/DT vaccine for children entering Kindergarten: Each student must have received one dose after the 4th birthday (either the 3rd, 4th, or 5th dose) to be compliant. **Note**: a dose four days or less before the 4th birthday is also acceptable.
4. Tdap is an adolescent tetanus, diphtheria, and acellular pertussis combination vaccine. If a student received a dose of a tetanus-containing vaccine, such as Td, within five years before entering the grade in which Tdap is required, the student is compliant and a dose of Tdap vaccine is not required.
5. Polio vaccine for students entering grades Kindergarten through 12: Four doses are required. However, if a student received the 3rd dose after the 4th birthday, further doses are not required. **Note**: a dose four days or less before the 4th birthday is also acceptable.
6. Laboratory evidence of immunity to hepatitis B is also acceptable.
7. MMR is measles, mumps, and rubella vaccine. The first dose of MMR vaccine must have been received on or after the 1st birthday. Laboratory evidence of immunity to all three diseases (measles and mumps and rubella) is also acceptable. **Note**: A dose four days or less before the 1st birthday is also acceptable.
8. Varicella vaccine is chickenpox vaccine. A history of chickenpox disease or laboratory evidence of immunity to varicella is also acceptable.

DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-04020L (Rev. 07/2015)

STATE OF WISCONSIN
252.04 and 120.12 (16) Wis. Stats.

STUDENT IMMUNIZATION RECORD

INSTRUCTIONS TO PARENT: **COMPLETE AND RETURN TO SCHOOL WITHIN** 30 DAYS AFTER ADMISSION. **State law requires all public and private school students to present written evidence of immunization against certain diseases** within 30 school days of admission. **The current age/grade specific requirements are available from schools and local health departments. These requirements can be waived only if a properly signed health, religious or personal conviction waiver is filed with the school. The purpose of this form is to measure compliance with the law and will be used for that reason only. If you have questions on immunizations or how to complete this form, contact your child's school or local health department**

PERSONAL DATA **PLEASE PRINT**

Step 1

Student's Name	Birthdate (Mo/Day/Yr)	Gender	School	Grade	School Year

Name of Parent/Guardian/Legal Custodian	Address (Street, City, State, Zip)	Telephone Number ( )

IMMUNIZATION HISTORY

Step 2

List the MONTH, DAY AND YEAR your child received each of the following immunizations. DO NOT USE A (√) OR **(X)** except to answer the question about chickenpox, Tdap or Td. If you do not have an immunization record for this student at home, contact your doctor or public health department to obtain it.

TYPE OF VACCINE*	FIRST DOSE Mo/Day/Yr	SECOND DOSE Mo/Day/Yr	THIRD DOSE Mo/Day/Yr	FOURTH DOSE Mo/Day/Yr	FIFTH DOSE Mo/Day/Yr
DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis)					
Adolescent booster (Check appropriate box) ☐ Tdap ☐ Td					
Polio					
Hepatitis B					
MMR (Measles, Mumps, Rubella)					
Varicella (Chickenpox) Vaccine Vaccine is required only if your child has not had chickenpox disease. See below:					

Has your child had Varicella (chickenpox) disease? Check the appropriate box
And provide the year if known:
☐ YES _____ year (Vaccine not required)
☐ NO or Unsure (Vaccine required)

REQUIREMENTS

Step 3

Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements.

COMPLIANCE DATA

Step 4

STUDENT MEETS ALL REQUIREMENTS
Sign at Step 5 and return this form to school.

Or

STUDENT DOES NOT MEET ALL REQUIREMENTS

Check the appropriate box below, sign at Step 5, and return this form to school. PLEASE NOTE THAT INCOMPLETEY IMMUNIZED STUDENTS MAY BE EXCLUDED FROM SCHOOL IF AN OUTBREAK OF ONE OF THESE DISEASES OCCURS.

☐ Although my child has NOT received ALL required doses of vaccine, the FIRST DOSE(S) has/have been received. I understand that the SECOND DOSE(S) must be received by the 90th school day after admission to school this year, and that the THIRD DOSE(S) and FOURTH DOSE(S) if required must be received by the 30th school day next year. I also understand that it is my responsibility to notify the school in writing each time my child receives a dose of required vaccine.

NOTE: Failure to stay on schedule may result in exclusion from school, court action and/or forfeiture penalty.

WAIVERS (List in Step 2 above, the date(s) of any immunizations your child has already received)

☐ **For health reasons** this student should not receive the following immunizations _____

_____ _____
SIGNATURE - Physician Date Signed

☐ **For religious reasons** this student should not be immunized.

☐ **For personal conviction reasons** this student should not be immunized.

_____
LIST VACCINE(S) WAIVED

SIGNATURE

Step 5

This form is complete and accurate to the best of my knowledge. Check one: (I do☐ I do not☐) give permission to share my child's current immunization records and as they are updated in the future with the Wisconsin Immunization Registry (WIR). I understand that I may revoke this consent at any time by sending written notification to the school district. Following the date of revocation, the school district will provide no new records or updates to the WIR.

_____ _____
SIGNATURE - Parent/Guardian/Legal Custodian or Adult Student Date Signed

Student Information & Authorizations

Student Information

Last Name:	First Name:	Middle Initial:
Birthdate:	Grade Entering:	Gender:
Lives with:	Student Cell (If Applicable):	
Additional Living Arrangement Explanation:		
Last School Attended:		
Primary Language:	Home Language:	

Student Over the Counter Medications

I, the undersigned parent/guardian of the above-named student, hereby authorize and requestschool personnel to hold and administer over-the-counter medications to the student as is deemed reasonable, necessary, and appropriate. All medications will be supplied by parent/guardian, placed in a baggie with the student's name, along with written instructions for administering the over-the-counter medications (including prescription drugs). I further grant permission to the school office to apply first aid ointment and bandages for cuts and bruises.

Students are NOT to keep medications with their personal belongings.
All medications WILL be kept in the school office and NOT in the classroom, locker, desk, backpack, pocket, or lunchbox.

I approve of the following medications for my child in accordance with the above requirements (please list medications):

Student Authorization to Distribute Students Information

There are times when it is necessary to contact Adventist's Junior Academy's parents regarding fundraising or other help. In accordance with the Privacy Act rules, AJA's office staff is requesting authorization to share the following information with our Home & School leader and/or specific individuals for school related help.

I hereby give my consent to release the following information (select all that apply):

☐ Name ☐ Cell ☐ Text Messages ☐ Home Phone ☐ E-Mail

This information may be shared with the following (select all that apply):

☐ Home & School Leader ☐ Hot Lunch Cook ☐ Other Parents

☐ Do not release my information

Student Image Release Form

For value received, I hereby consent and authorize Green Bay Adventist Junior Academy, or its assigns, to use my name and/or the names of my family members who are minors, as well as my/their likeness, photos, videos, and other information for purposes of new release, web sites, advertising, publicity, publication or distribution in any manner whatsoever. I further consent to such use in the present for and to any changes, alterations, or additions thereto. I hereby release Green Bay Adventist Junior Academy from all liability in connection with all such uses.

Signature: **Date:**

Student Authorization to Participate in School Activities

I, the undersigned parent/guardian of the above named minor student, hereby consent to and authorize my child to participate in the following school-related activities (select all that apply):

- ☐ **On-campus school activities (example: P.E. or Track & Field Day)**
- ☐ **Off-campus school activities (example: going to the local park for ice skating)**
- ☐ **Christian Community Services: Permission slips will not be required for Bible Lab visits:**
- ☐ **Off-campus field trips/mission trips: permission slips will be required for each activity:**

I am aware that by my child participating in this activity there is the possibility a need may arise for emergency medical treatment because of an accident or sickness.

Signature: **Date:**

Student Survey: Technology in the Home

Can the student access the internet on their primary learning device at home?

What is the primary type of internet service used at the residence?

Can the student stream a video on their primary learning device without interruption?

What device does the student most use often to complete schoolwork at home?

Is the primary learning device a personal device or school provided?

Is the primary learning device shared with anyone else in the household?

Student Emergency Contacts (If school is unable to reach the parent/guardian)

In case of an accident or serious illness, I request the school office to contact me. If the school office is unable to reach me, I hereby authorize the school office to call either emergency contact. If the school office is unable to reach either of the listed parties, I hereby authorize the school office to call the preferred doctor, hospital, or clinic listed below, or the rescue squad, and to follow their instructions.

Signature: **Date:**

Emergency Contact: Relationship: Cell:

Emergency Contact: Relationship: Cell:

Preferred Hospital or Clinic: Insurance Company:

Policy Number:

Preferred Doctor: Clinic Phone:

Not Covered by Insurance

Other Information Pertaining to the Health of Your Child:

Student Consent to Treatment

I, the undersigned parent/guardian of the above-named student give authorization for all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures performed or prescribed by the attending doctor and/or paramedics for my minor student. I waive my right to be informed for consent of treatment.

This waiver applies only if AJA personnel are unable to reach either parent/guardian's contact in the event of an emergency

Further, I understand I give my consent in advance of any specific diagnosis or treatment that might be required and authorize the above-named hospital, clinic, or physician to exercise their best judgment as to the requirements of such diagnosis or treatment.

Signature: **Date:**

This consent shall remain in continuous effect until I revoke it in writing, and deliver it to the AJA school office.
Report any changes during the school year regarding health insurance carriers to the school office (920) 494-2741

Immunization & Health Records

The following students are required to have a physical examination before the 1st day of school AND an up-to-date Immunization Record on file with the AJA school office:

All New Students
Kindergarten Students
6th Grade Students

AJA does not allow a student to enter school without first showing proof of having current immunization against diphtheria, pertussis, polio, tetanus, measles, rubella, hepatitis, and varicella.

Applicants will be required to complete the Student Immunization Record on the next page and submit a Physical Health History Form to be in compliance with the guidelines mandated by the WI Department of Health Services.

You can find the Physical Health History Form on our website:

If you need to look up your child's vaccinations, you can find it here:

Acknowledgement of Health Record

I understand that if my child(ren) is a new student, entering kindergarten or entering 6th grade, I must complete the Immunization Record on the next page and have my child(ren) undergo a physical examination before the 1st day of school.

- ☐ **I understand and agree to submit an immunization and health record to the school office.**
- ☐ **I wish to claim a vaccination waiver (complete on next page, step 4)**
- ☐ **N/A (returning student, not in kindergarten or 6th grade, with an up-to-date immunization record on file)**
- ☐ **I have questions and wish to speak with someone before completing this step**

Signature: _____ **Date:** _____

STUDENT IMMUNIZATION LAW
AGE/GRADE REQUIREMENTS

The following are the minimum required immunizations for each age and grade level according to the Wisconsin Student Immunization Law. These requirements can be waived for health, religious, or personal conviction reasons. Additional immunizations may be recommended for your child depending on his or her age. Please contact your doctor or local health department to determine if your child needs additional immunizations.

Grade/Age	Number of Doses					
Pre-K (ages 2 through 4 yrs)[1]	4 DTaP/DTP/DT[2]		3 Polio	3 Hepatitis B[6]	1 MMR[7]	1 Varicella[8]
Kindergarten through Grade 5	4 DTaP/DTP/DT/Td[2,3]		4 Polio[5]	3 Hepatitis B[6]	2 MMR[7]	2 Varicella[8]
Grades 6 through 12	4 DTaP/DTP/DT/Td[2]	1 Tdap[4]	4 Polio[5]	3 Hepatitis B[6]	2 MMR[7]	2 Varicella[8]

1. Children 5 years of age or older who are enrolled in a Pre-K class should be assessed using the immunization requirements for Kindergarten through Grade 5, which would normally correspond to the individual's age.
2. D = diphtheria, T = tetanus, P = pertussis vaccine. DTaP/DTP/DT/Td vaccine for all students Pre-K through 12: Four doses are required. However, if a student received the 3rd dose after the 4th birthday, further doses are not required. **Note**: A dose four days or less before the 4th birthday is also acceptable.
3. DTaP/DTP/DT vaccine for children entering Kindergarten: Each student must have received one dose after the 4th birthday (either the 3rd, 4th, or 5th dose) to be compliant. **Note**: a dose four days or less before the 4th birthday is also acceptable.
4. Tdap is an adolescent tetanus, diphtheria, and acellular pertussis combination vaccine. If a student received a dose of a tetanus-containing vaccine, such as Td, within five years before entering the grade in which Tdap is required, the student is compliant and a dose of Tdap vaccine is not required.
5. Polio vaccine for students entering grades Kindergarten through 12: Four doses are required. However, if a student received the 3rd dose after the 4th birthday, further doses are not required. **Note**: a dose four days or less before the 4th birthday is also acceptable.
6. Laboratory evidence of immunity to hepatitis B is also acceptable.
7. MMR is measles, mumps, and rubella vaccine. The first dose of MMR vaccine must have been received on or after the 1st birthday. Laboratory evidence of immunity to all three diseases (measles and mumps and rubella) is also acceptable. **Note**: A dose four days or less before the 1st birthday is also acceptable.
8. Varicella vaccine is chickenpox vaccine. A history of chickenpox disease or laboratory evidence of immunity to varicella is also acceptable.

DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-04020L (Rev. 07/2015)

STATE OF WISCONSIN
252.04 and 120.12 (16) Wis. Stats.

STUDENT IMMUNIZATION RECORD

INSTRUCTIONS TO PARENT: **COMPLETE AND RETURN TO SCHOOL WITHIN** 30 DAYS AFTER ADMISSION. **State law requires all public and private school students to present written evidence of immunization against certain diseases** within 30 school days of admission. **The current age/grade specific requirements are available from schools and local health departments. These requirements can be waived only if a properly signed health, religious or personal conviction waiver is filed with the school. The purpose of this form is to measure compliance with the law and will be used for that reason only. If you have questions on immunizations or how to complete this form, contact your child's school or local health department**

PERSONAL DATA **PLEASE PRINT**

Step 1

Student's Name	Birthdate (Mo/Day/Yr)	Gender	School	Grade	School Year

Name of Parent/Guardian/Legal Custodian	Address (Street, City, State, Zip)	Telephone Number ( )

IMMUNIZATION HISTORY

Step 2

List the MONTH, DAY AND YEAR your child received each of the following immunizations. DO NOT USE A (√) OR **(X)** except to answer the question about chickenpox, Tdap or Td. If you do not have an immunization record for this student at home, contact your doctor or public health department to obtain it.

TYPE OF VACCINE*	FIRST DOSE Mo/Day/Yr	SECOND DOSE Mo/Day/Yr	THIRD DOSE Mo/Day/Yr	FOURTH DOSE Mo/Day/Yr	FIFTH DOSE Mo/Day/Yr
DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis)					
Adolescent booster (Check appropriate box) ☐ Tdap ☐ Td					
Polio					
Hepatitis B					
MMR (Measles, Mumps, Rubella)					
Varicella (Chickenpox) Vaccine Vaccine is required only if your child has not had chickenpox disease. See below:					

Has your child had Varicella (chickenpox) disease? Check the appropriate box
And provide the year if known:
☐ YES _____ year (Vaccine not required)
☐ NO or Unsure (Vaccine required)

REQUIREMENTS

Step 3

Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements.

COMPLIANCE DATA

Step 4

STUDENT MEETS ALL REQUIREMENTS
Sign at Step 5 and return this form to school.

Or

STUDENT DOES NOT MEET ALL REQUIREMENTS

Check the appropriate box below, sign at Step 5, and return this form to school. PLEASE NOTE THAT INCOMPLETEY IMMUNIZED STUDENTS MAY BE EXCLUDED FROM SCHOOL IF AN OUTBREAK OF ONE OF THESE DISEASES OCCURS.

☐ Although my child has NOT received ALL required doses of vaccine, the FIRST DOSE(S) has/have been received. I understand that the SECOND DOSE(S) must be received by the 90th school day after admission to school this year, and that the THIRD DOSE(S) and FOURTH DOSE(S) if required must be received by the 30th school day next year. I also understand that it is my responsibility to notify the school in writing each time my child receives a dose of required vaccine.

NOTE: Failure to stay on schedule may result in exclusion from school, court action and/or forfeiture penalty.

WAIVERS (List in Step 2 above, the date(s) of any immunizations your child has already received)

☐ **For health reasons** this student should not receive the following immunizations _____

_____ _____
SIGNATURE - Physician Date Signed

☐ **For religious reasons** this student should not be immunized.

☐ **For personal conviction reasons** this student should not be immunized.

_____
LIST VACCINE(S) WAIVED

SIGNATURE

Step 5

This form is complete and accurate to the best of my knowledge. Check one: (I do☐ I do not☐) give permission to share my child's current immunization records and as they are updated in the future with the Wisconsin Immunization Registry (WIR). I understand that I may revoke this consent at any time by sending written notification to the school district. Following the date of revocation, the school district will provide no new records or updates to the WIR.

_____ _____
SIGNATURE - Parent/Guardian/Legal Custodian or Adult Student Date Signed

Tuition Application Information 2022 - 2023

GBAJA offers two tuition assistance plans to serve your family in the support of Christian-centered education. Please evaluate your financial assistance eligibility in the following sections.

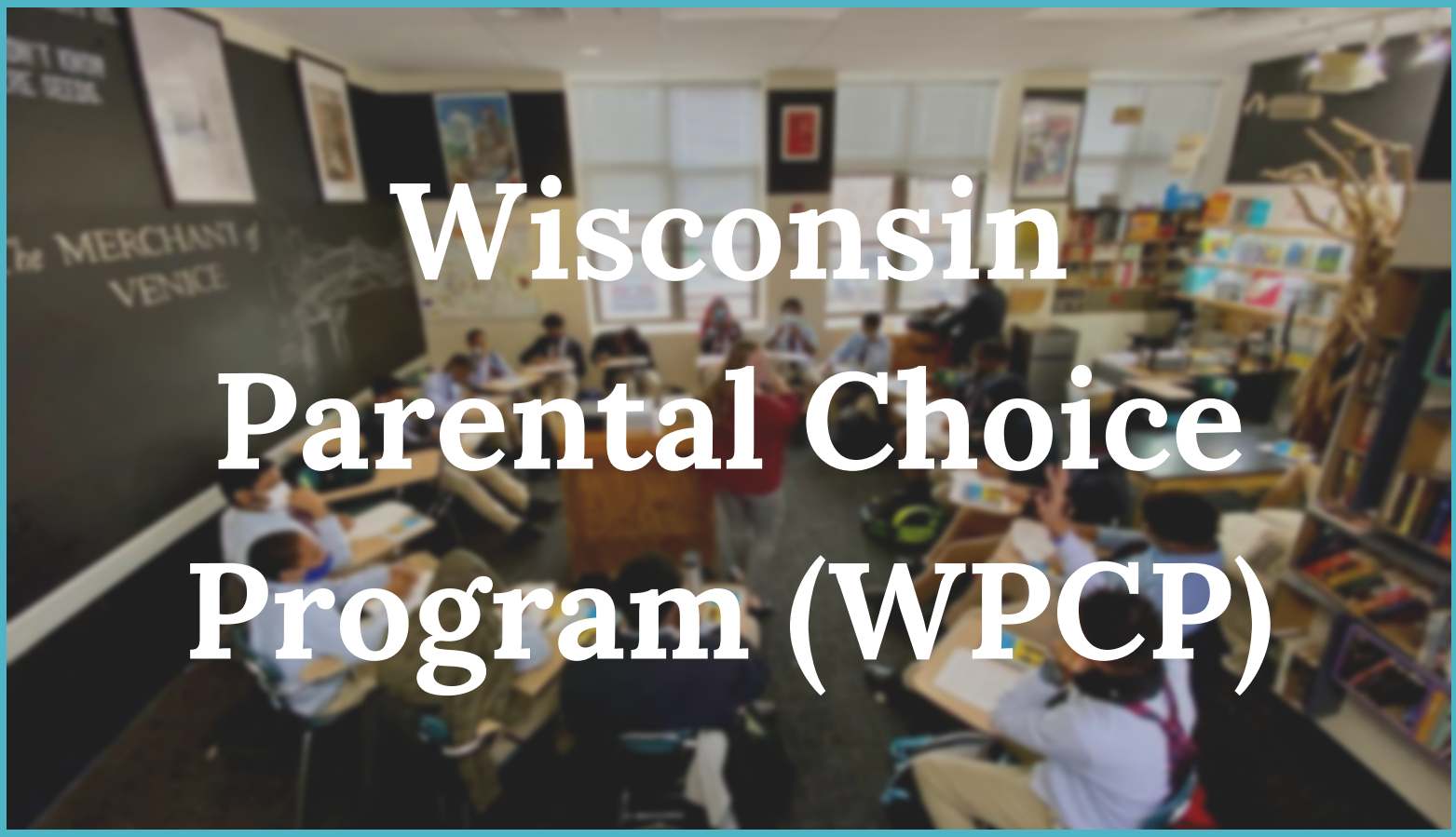
Financial Assistance:
TWO EASY PROGRAMS!

Program #1

Wisconsin Parental CHOICE Program

Program #2

AJA Financial Assistance



Wisconsin Parental Choice Program (WPCP)

The deadline for submitting the application is April 15th, 2022

Your eligibility for the Choice Program is based on your household size and AGI*
(*Adjusted Gross Income is Line 11 on your federal tax return, form 1040)

If your family is eligible for CHOICE, **you pay $0** for a Christian Education!

Apply ONLINE at:
https://dpi.wi.gov/parental-education-options/choice-programs/student-applications

AJA Financial Assistance

If you are not eligible for CHOICE, or you are applying after the April 15th CHOICE deadline,

you may be eligible for AJA Financial Assistance!

Is there a deadline to Apply for AJA Financial Assistance?
By May 20th. This will provide the time needed for AJA staff to prepare for your child. However, there are exceptions for special circumstances such as just moving to the area.

Are there limited funds available?
The funds that are available for financial assistance are made possible by generous donations from Wisconsin Seventh-Day Adventist Church members. The mission of the AJA school board is to distribute these funds to families as a collaborative effort to offer Christ-centered education for all students.

Do I need to be a member of the Seventh Day Adventist Church to apply?
No! All families who are seeking a Christ-centered education for their children are welcome to apply.

Tuition Discounts of 30%-90%

Registration Packet

2022 - 2023

SIGNATURE OF APPLICANT

Thank you for applying to Green Bay Adventist Junior Academy! We look forward to working together to provide an environment of faith and support for your student's education.

Your enrollment application will be reviewed by the GBAJA school board. We will notify you of your approval and if there are any additional questions. In the meantime, we encourage you to apply to one of our available financial aid programs outlined in the previous pages.

SIGNATURE OF APPLICANT:

DATE:

1422 Shawano Ave
Green Bay, WI 54303
920-494-2741
Website:
www.greenbayaja.org
Email:
info@greenbayaja.org