



Alice M Daley Adventist School
The Little School
with the Big Heart

Application Form

2024-2025

After reviewing the Student Handbook,
please fill out and return this form to save your spot in school.

Discounts on Fees:

- A non-refundable application fee of \$100 per child is due with submission of this form.
- BUT, if you pay the application fee by May 31 it is only \$50 - a 50% discount!
- AND, if you pay the registration fee before the end of June, we will credit you \$50 from the application fee. That means you would only pay \$350 for registration.
- So, if you apply before May 31 and pay the registration fee before the end of June, you will save a total of \$100.
- After the end of June, the full registration fee of \$400 and is due on or before school registration (July 21, 2024).
- For more information visit: www.AMDAdventistSchool.com
or email: AMDAdventistSchool@yahoo.com

Parent/Guardian Name(s): _____

Address: _____

Phone #: (____) ____ - _____ Email Address: _____

Statement of Intent:

I would like to reserve a spot for the following child/children in the Alice M Daley Adventist School for the 2024-2025 school year (print a 2nd page or write on the back if there are more than three):

Name _____ Birthday _____ Grade applying for _____

Name _____ Birthday _____ Grade applying for _____

Name _____ Birthday _____ Grade applying for _____

Parent/Guardian Signature: _____

NOTE: The following forms will be required on registration day:

Records Request Form (attached)

GA Form 3231 - Immunizations (or notarized Form 2208 Religious Objection)(attached)

GA Form 3300 - Proof of physical exam (attached)

Copy of child's birth certificate

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Records Request

Submit With Application

Date _____

To Records - Email address: _____

Name of Previous School

Street or Route Address

City State Zip

Re: Request for Transcript

Dear Registrar:

Please send a transcript as soon as possible of all grade, credits, and health records through date of withdrawal to the address or email below for:

Student Name	Grade	Date of Birth
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Parent Signature _____ Date _____

According to the Final Regulations—Family Education Rights and Privacy Act (Buckley Amendments), dated June 17, 1976, it is no longer necessary to obtain written consent to release school records. It states that school officials of other schools in school systems in which the student may intend to enroll may receive a student's record without a written consent for such release.

Please send student's records to AMDAdventistSchool@yahoo.com or mail to address below.

Sincerely, Homer Trecartin, School Board Chair

Alice M Daley Adventist School * 37 Travin Rd * Rock Spring, GA 30739

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Georgia Department of Public Health

Georgia Department of Public Health Form 3300

Certificate of Vision, Hearing, Dental, and Nutrition Screening

FILE THIS FORM WITH THE SCHOOL WHEN YOUR CHILD IS FIRST ENROLLED IN A GEORGIA PUBLIC SCHOOL
SCREENER CONTACT INFORMATION IS REQUIRED

PLEASE SEE THE INSTRUCTIONS
ON THE BACK OF THIS FORM

Parent/ Guardian Name: _____ first middle last

Parent/ Guardian Contact Information: _____

Daytime phone number: _____

Evening phone number: _____

Cell phone number: _____

Child's Name: _____ first middle last

Date of Birth: ____/____/____ Gender: ☐ Male ☐ Female

Child's Home Address: _____

street city state zip code county

VISION

- ☐ Unable to screen (explain why below)
- ☐ Uses corrective lenses
- ☐ Worn for testing

- ☐ Passed (20/30 in each eye for age 6 and above, 20/40 in each eye for below age 6)
- ☐ Needs further evaluation
- ☐ Under professional care (explain below)

Screening completed by: _____

- ☐ Physician
- ☐ Local Health Department
- ☐ Optometrist
- ☐ "Prevent Blindness Georgia" employee
- ☐ School Registered Nurse

Screener's Signature _____

Date _____

I certify that this child has received the above screening.

Contact Information: _____

HEARING

- ☐ Unable to screen (explain why below)
- ☐ Uses hearing aid / assistive device

- ☐ Passed at 500, 1000, 2000, and 4000 Hz with audiometer at 20 or 25 dB
- ☐ Needs further evaluation
- ☐ Under professional care (explain below)

Screening completed by: _____

- ☐ Physician
- ☐ Local Health Department
- ☐ Audiologist
- ☐ Speech-Language Pathologist
- ☐ School Registered Nurse

Screener's Signature _____

Date _____

I certify that this child has received the above screening.

Contact Information: _____

DENTAL

- ☐ Unable to screen (explain why below)

- ☐ Normal appearance
- ☐ Needs further evaluation
- ☐ Emergency problem observed
- ☐ Under professional care (explain below)

Screening completed by: _____

- ☐ Physician
- ☐ Dentist
- ☐ Local Health Department Registered Nurse
- ☐ Registered Dental Hygienist
- ☐ School Registered Nurse

Screener's Signature _____

Date _____

I certify that this child has received the above screening.

Contact Information: _____

NUTRITION

- ☐ Unable to screen (explain why below)

- Height: _____ Weight: _____
- BMI: _____ BMI%: _____
- ☐ 5th to 84th percentile - Appropriate for age
- ☐ < 5th percentile - Needs further evaluation
- ☐ ≥ 85th percentile - Needs further evaluation
- ☐ Under professional care (explain below)

Screening completed by: _____

- ☐ Physician
- ☐ Local Health Department
- ☐ Registered Dietician
- ☐ School Registered Nurse

Screener's Signature _____

Date _____

I certify that this child has received the above screening.

Contact Information: _____

FOR SCHOOL SYSTEM ONLY

Follow up for further evaluation

1st attempt

2nd attempt

Actions reported (if any)

Vision

Hearing

Dental

Nutrition

Student support services initiated on: _____

Screener's Comments:

DPH Form 3300 Rev. 2013

CERTIFICATE OF IMMUNIZATION

Child's Name (Last name, First name)

Birthdate

(Optional) Parent/Guardian Name (Last name, First name)

Unless specifically exempted by law, Georgia law (O.C.G.A. § 20-2-771) requires a certificate on file for each child in attendance in any school or child care facility in Georgia with penalties for failure to comply. Detailed instructions for this form and immunization requirements by age are spelled out in policy guides 3231INS and 3231REQ distributed by the Georgia Immunization Office.

<input type="checkbox"/> (Fill in X)	Complete For K through 6th Grade Child must be \geq 4 years and have met all requirements for school attendance.
<input type="checkbox"/> (Fill in X)	Complete For 7th through 10th Grade Fulfills requirements K through 6th grade AND must have Tdap and MCV4 administered.
<input type="checkbox"/> (Fill in X)	Complete For 11th Grade and higher Fulfills requirements K through 10th grade AND must have MCV4 booster dose administered on or after 16th birthday.

VACCINE	DATE MM DD YY	DATE MM DD YY	DATE MM DD YY	DATE MM DD YY	DATE MM DD YY	DATE MM DD YY	Total Doses	Diagnosed	Serology+	History	Med. Exemption
Required Vaccines for School or Child Care Attendance											
DTP,DTaP,DT,Td							0				
Polio							0				
Hepatitis B							0				
Tdap							0				
MCV4							0				
HIB (Under Age 5)							0				
PCV (Under Age 5)							0				
Measles							0				
Mumps							0				
Rubella							0				
Hepatitis A (Born on/after 1/1/06)							0				
Varicella							0				
Recommended Vaccines (For Information Only)											
Rotavirus							0				
HPV							0				
Influenza							0				
Td (booster)							0				
Men-B							0				

Notes:

A licensed Georgia physician, **Advanced Practice Registered Nurse, Physician Assistant**, qualified employee of a local Board of Health or the State Immunization Office is responsible for the content of this certificate. All dates must include month, day and year. In cases of natural immunity or Medical Exemption, the 4 digit year of infection, test or exemption must be filled in the appropriate box(es).

The certificate is **NOT** valid without name and birthdate of the child, date of expiration OR "X" in Complete for School Attendance box, legible name and address of the physician, **Advanced Practice Registered Nurse, Physician Assistant** or health department, certified by signature and a date of issue.

A school or facility official is responsible for keeping a current valid certificate on file for each child in attendance. A certificate must be replaced within 30 days after expiration. **When a child leaves or transfers to another facility, the Certificate of Immunization should be given to a parent/guardian or sent to the new facility.**

Printed, Typed or
Stamped Name,
Address and
Telephone # of
Licensed
Physician
or Health Department

Certified by (Signature/Signature Stamp) Date of Issue

PRINTED BY GEORGIA IMMUNIZATION REGISTRY (GRITS)

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AFFIDAVIT OF RELIGIOUS OBJECTION TO IMMUNIZATION

_____ (name of parent or guardian) personally appeared before the undersigned notary public and swore or affirmed as follows:

1. I am the parent or legal guardian of _____ (name of minor child), born on _____ (date of birth).
2. I understand that the Georgia Department of Public Health requires children to obtain vaccinations against the following diseases before being admitted to a child care facility or school: diphtheria; Haemophilus influenzae type B (not required on or after the fifth birthday); hepatitis A; hepatitis B; measles; meningitis; mumps; pertussis (whooping cough); pneumococcal disease (not required on or after the fifth birthday); poliomyelitis; rubella (German measles); tetanus; and varicella (chickenpox).
3. I understand that the Georgia Department of Public Health has determined:
 - a. that the required vaccinations are necessary to prevent the spread of dangerous diseases among the children and people of this State;
 - b. that the required vaccinations are safe;
 - c. that a child who does not receive the required vaccinations is at risk of contracting those diseases; and
 - d. that a child who does not receive the required vaccinations is at risk of spreading these diseases to me, to other children in the child care facility or school, and to other persons.
4. I sincerely affirm that vaccination is contrary to my religious beliefs, and that my objections to vaccination are not based solely on grounds of personal philosophy or inconvenience.
5. I understand that, notwithstanding my religious objections, my child may be excluded from child care facilities or schools during an epidemic or threatened epidemic of any disease preventable by a vaccination required by the Georgia Department of Public Health, and that my child may be required to receive a vaccination in the event that such a disease is in epidemic stages, as provided in Georgia Code Section 31-12-3 and DPH Rule 511-9-1-.03(2)(d).

This ____ day of _____, _____.

Parent or Legal Guardian

Sworn and subscribed before me
this ____ day of _____, _____.

Notary Public
My commission expires _____.