

INSURANCE INFORMATION

Primary Insurance Company: _____

Phone Numbers: (____) _____ - _____ (____) _____ - _____

Billing Address: _____
Street City State Zip Code

Policy Holder's Name: _____

Address: _____
Street City State Zip Code

Relationship to child/children: _____

ID# _____ Group/Policy# _____

Secondary Insurance Company: _____

Phone Numbers: (____) _____ - _____ (____) _____ - _____

Billing Address: _____
Street City State Zip Code

Policy Holder's Name: _____

Address: _____
Street City State Zip Code

Relationship to child/children: _____

ID# _____ Group/Policy# _____

Statement of Consent: *(To be signed in the presence of a legalized notary public)*

In event of an emergency or non-emergency situation requiring medical treatment, I, _____, hereby grant permission for any and all medical and/or dental attention to be administered to my child/children, in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, and the use of an ambulance.

Signature: _____ Date: _____

Notarization:

On _____, _____, _____ personally appeared before me in _____ County (in the state of _____) and, in my presence, signed this medical release form.

Name of Notary Official: _____

Signature: _____

Commission Expires: _____

Request for Release of Student Records

The student listed below has applied for admission to the James E. Sampson Memorial School.

Please send us any cumulative records including immunizations, test data, grades, and any other information that would aid us in completing the student’s file. Your prompt response will be greatly appreciated.

Parental permission is no longer required when authorized school personnel request records. (Family Education Records, Federal register, June 17, 1976 Vol. 41 sec. 99.31 No. 118, page 24673

Thank you for your cooperation,

Principal

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NAME OF STUDENT _____ GRADE _____ D.O.B _____

Name of Address of Last School Attended:

(Name)

(Street)

(City) (County) (State) (Zip Code)

Phone Number (_____) _____

Fax Number (_____) _____

Mail or Fax Records To: Admissions Office
James E. Sampson Memorial School
3201 Memory Lane
Fort Pierce, FL 34981
Fax# 772-489-7858

1st Request_____
2nd Request_____
3rd Request_____

FAMILY INFORMATION

(Parent/Guardian)



James E. Sampson Memorial ADVENTIST SCHOOL

Training Students For A Life Of Excellence

3201 Memory Lane - Fort Pierce, FL 34981
(772) 465-8386 - Fax (772) 489-7858
Website: www.jesampson.com
Email: jes@jesampson.com

ADMISSIONS APPLICATION

School Year: _____ - _____

Date Submitted: _____

Entering Grade: _____

STUDENT INFORMATION

Student Full Legal Name: _____ Sex: F ___ M ___
Last First Middle Nickname

Street Address _____ City _____

State _____ Zip Code _____ County _____

Date of Birth: _____ Age: _____ Place of Birth: _____
MM/DD/YYYY

SS#: _____ - _____ - _____ Phone No. (Home) _____

Email Address: _____

Is child a baptized SDA? Yes () No () If yes, give date _____

Church Affiliation: _____

School child last attended: _____

School Address: _____ City: _____ St. ___ Zip: _____

School Phone Number: _____

If applicable during year, date of withdrawal: _____ Reason: _____

Has student ever been suspended or expelled from any school? _____ if so, explain on back.

Office Use Only

Admissions Committee Action: Accepted _____ Conditional Acceptance _____ Not Accepted _____