



Giving Hope. Building Futures.

Application for Admission

Part II

**Eastside Academy High School
Grades 9-12
1717 Bellevue Way NE
Bellevue, WA 98004
Phone: (425) 452-9920
Email: emmag@eastsideacademy.org**

STUDENT MEDICAL INFORMATION FORM

Student Name: _____ Age: _____ M ___ F ___

Address: _____

City: _____ State: _____ Zip Code: _____

Custodial Parent/Guardian Name(s): _____

Health History

Check any of the following conditions for which the student has required medical attention. If not a current condition, please indicate approximate date student had this condition.

PHYSICAL:

<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Physical Disability
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Major Surgery	<input type="checkbox"/> Sinus Infections
<input type="checkbox"/> Back Injury	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Measles	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Cancer	<input type="checkbox"/> Hernia	<input type="checkbox"/> Migraines	<input type="checkbox"/> Ulcers
<input type="checkbox"/> Chicken pox	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Mono	<input type="checkbox"/> Upset Stomach
<input type="checkbox"/> Diabetes	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Mumps	<input type="checkbox"/> Hearing/Eyesight Issues

EMOTIONAL/PSYCHIATRIC/BEHAVIORAL:

<input type="checkbox"/> Attention Deficit Disorder	<input type="checkbox"/> Addiction (Tobacco)	<input type="checkbox"/> Eating Disorders	<input type="checkbox"/> Deliberate Self-Harm
<input type="checkbox"/> Addiction (Alcohol)	<input type="checkbox"/> Addiction (Other)	<input type="checkbox"/> Panic Attacks	<input type="checkbox"/> Post-Traumatic Stress Disorder
<input type="checkbox"/> Addiction (Drugs)	<input type="checkbox"/> Bipolar Disorder	<input type="checkbox"/> Phobias	<input type="checkbox"/> Obsessive Compulsive Disorder
<input type="checkbox"/> Other:			

ALLERGIES:

<input type="checkbox"/> Bee/Insects	<input type="checkbox"/> Food	<input type="checkbox"/> Medication	<input type="checkbox"/> Perfumes
<input type="checkbox"/> Pollen/Dust	<input type="checkbox"/> Other:		

Explain any items checked on this page:

STUDENT MEDICAL INFORMATION FORM (CONT.)

Is the student currently taking medication? Specify which one(s):

Are there any known side effects of medication(s)?:

Does student require taking medication during school hours? Yes _____ No _____
(If yes, medication must be supplied to school in original container along with written instructions from physician as to required time and amount of dosage.)

Are there any other conditions/circumstances we should be aware of? If so, please specify below:

In case of emergency, please notify (include name and phone number):

Insurance Information:

Insurance Provider: _____

Subscriber's Name: _____

Policy Number: _____

Family Doctor:

Name: _____ Phone Number: _____

Authorization for Administration of Emergency Medical Care and Release of Responsibility:

In the event of injury or onset of illness, I authorize the staff and/or volunteers of Eastside Academy to administer emergency medical care. I understand that Eastside Academy is specifically structured to assist at-risk youth to succeed in their high school education. In the event of an injury, I agree not to hold the Eastside Academy, its director, staff, corporate board members or volunteers responsible. I will exercise common sense and abide by the standards of conduct laid out in the Student Questionnaire which I signed at the time of my enrollment.

Parent/Guardian Signature: _____

Student Signature: _____

Date: _____

Please Note: Admission to EA will not be granted without completion of the following permissions, consents and agreements.

PERMISSION FOR USE OF PHOTOGRAPHS/VIDEOTAPES

I give permission and consent for my student to participate in all activities and to allow photographs, videotapes, and interviews to be taken during the time of my student's enrollment in Eastside Academy. I further give permission and consent that any such photographs, videotapes, and/or interviews may be published and used to illustrate, promote, and advertise Eastside Academy and its activities.

Parent/Guardian Signature: _____

Student Signature: _____

Date: _____

TRANSPORTATION AGREEMENT

Volunteers and staff who drive might offer private transportation to school, from school, and sometimes during school to your student. EA screens all staff and volunteers, and those who drive must have a valid driver's license, registration and proof of insurance. I give permission for my student to ride with Eastside Academy staff and volunteers.

Parent/Guardian Signature: _____

Student Signature: _____

Date: _____

For Student Drivers:

Due to state law and limited parking spaces students who wish to drive themselves to school must:

- Have parental permission
- Submit a copy of driver's license
- Submit a copy of insurance
- Apply for a parking permit from Eastside Academy

I understand that driving privileges may be revoked if my student does not exercise good judgment and caution driving in the parking lot, to and from school, and/or during the school day.

Parent/Guardian Signature: _____

Student Signature: _____

PERMISSION FOR RELEASE OF INFORMATION

Parent/Guardian please complete this section:

Student's Name: _____

Date of Birth: _____ Social Security Number: _____

To the Parent/Guardian: Please read and sign the statement below and submit this request for records to your child's current or last attended school. This form may be copied if additional records are requested. Under the provisions of Public Law #93-380, I hereby give my permission to release the information requested by Eastside Academy below. I understand the information on this form will be kept confidential by Eastside Academy.

Parent/Guardian's Signature: _____ Date: _____

Current school or last school attended by student:

School Name: _____ Public: _____ Private: _____

School Phone: (____) _____ Fax: (____) _____

For school use:

To the Registrar, Principal, Guidance Counselor, Psychologist, etc.:

The student named above is a candidate for admission to Eastside Academy High School. The following information is requested to enable us to give the student thorough and fair consideration. Please complete the form below and attach the following information:

- _____ Report card and/or comment sheets from the current school year to date
- _____ Transcripts, report cards and/or comment sheets
- _____ Results of standardized tests (percentile scores) and confidential school records including disciplinary actions, individualized testing and assessment, and if available, individualized education plan (IEP) and/or 504
- _____ Psychological Test Results
- _____ Health and Immunization Records

Thank you for providing us with information about this student. All comments will be kept confidential.

Name of official completing request: _____ Position: _____

Signature: _____ Date: _____

Additional comments pertinent to this student:

**Please return to: Eastside Academy, Attn. Registrar
1717 Bellevue Way NE, Bellevue, WA 98004
Phone: 425-452-9920 Fax: 425-452-5723**

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____
(Print Full Legal Name of Client)

Date of Birth ___/___/___ Social Security # _____ Case # _____

hereby authorize Eastside Academy to disclose to and receive information from:
(Please note below Name of Person / Organization and Contact Information to which disclosure is to be made.)

The following information:

For the purpose of:

This consent is subject to revocation at any time, except to the extent that action has been taken in reliance thereon prior to revocation.

Absent prior revocation, this consent shall automatically expire on ___/___/___.

Client Signature: _____

Parent Signature: _____

Case Manager: _____ Date ___/___/___

COMPUTER USE POLICY AGREEMENT

1. No food or drink allowed when using a computer—even water. If it spills, it could damage the computers.
2. Students are only allowed to use a computer with permission from a staff member.
3. Only appropriate material is to be viewed while on EA computers.
4. Students are not allowed to modify the settings on the computers in any way, including screen savers, backgrounds, etc.
5. Students are only allowed to print material that is class/school related.

I agree to follow these policies and recognize that the use of EA computers is a privilege which can be revoked at any time.

Student Signature: _____

Date: _____