

*Inspiring change in the lives of at-risk youth through high school education, counseling
and life skills programs in a Christ centered environment.*

Eastside Academy High School

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: charlotter@eastsideacademy.org**

STUDENT MEDICAL INFORMATION FORM

Name: _____ Age: _____ M ___ F ___

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Parent/Guardian Name: _____

Student's Social Security Number: _____

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:

Asthma _____ Epilepsy _____ Kidney Disease _____ Major Surgery _____
Arthritis _____ Frequent Colds _____ Measles _____ Sinus Infections _____
Back Injury _____ Heart Condition _____ Migraines _____ Tuberculosis _____
Cancer _____ Hernia _____ Mumps _____ Ulcers _____
Chicken pox _____ Hepatitis _____ Physical Disability _____ Upset Stomach _____
Diabetes _____ HIV/AIDS _____ Mono _____ Hearing/Eyesight Issues _____
Please describe:

EMOTIONAL/PSYCHIATRIC/BEHAVIORAL:

Attention Deficit Disorder _____ Addiction (Alcohol) _____ Addiction (Drugs) _____
Addiction (Tobacco) _____ Addiction (Other) _____ Bipolar Disorder _____
Eating Disorders _____ Panic Attacks _____ Phobias _____
Deliberate Self-Harm _____ Post-Traumatic Stress Disorder _____
Obsessive Compulsive Disorder _____ Other _____

ALLERGIES:

Food _____ Bee/Insects _____ Medication _____
Perfumes _____ Pollen/Dust _____ 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.

Student Signature: _____

Parent/Guardian Signature: _____

Date: _____

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 who drive must have a valid driver's license, registration and proof of insurance.

My student may ride with Eastside Academy staff and volunteers:

Yes _____ No _____

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 and/or to and from school.

Student Signature: _____

Parent/Guardian Signature: _____

PERMISSION FOR RELEASE OF INFORMATION

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: _____

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.

School Name: _____ Public: _____ Private: _____

School Phone: (____) _____ Email: _____

Additional comments pertinent to this student:

Name: _____ Position: _____

Signature: _____ Date: _____

Please return to: Eastside Academy, Attn. Administration
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:
(Name of Person / Organization / Phone # 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 ___/___/___.

Case Manager

Client Signature

Parent Signature

Date ___/___/___

Eastside Academy Computer Use Policies

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