

La Vida Mission School

P.O Box 3308 ~ Farmington, NM 87499

Tel: 505- 786- 3010

School Year _____

Application for Admission

Student Information

Student's Legal Name _____ Grade _____
Last First Middle

Mailing Address City State Zip Code

Birthdate M/F Age Place of Birth Census No. SS# - -

Last School Attended Last School Mailing Address

Family Information

Student Lives with: (check one)

Both Parents ___ Father Only ___ Father & Stepmother ___ Foster Parents ___
Mother Only ___ Mother & Stepfather ___ Grandparents ___ Guardian/Other _____

Mother's Name _____
Last First Middle Maiden

Mailing Address City State Zip Code

Home Phone Work Phone Census No. Occupation

Father's Name _____
Last First Middle

Mailing Address City State Zip Code

Home Phone Work Phone Census No. Occupation

Guardian's Name _____
Last First Middle

Mailing Address City State Zip Code

Home Phone Work Phone Census No. Occupation

Emergency Contact

Relationship Name Home Phone Work Phone

Address City State Zip Code

I am enrolling my child at La Vida Mission School, knowing that all religious studies and practices of the Seventh-day Adventist Church are part of the school program. I am my child will cooperate and support the policies of La Vida Mission School.

X _____
Parent/Guardian Signature

Date

La Vida Mission
P.O Box 3308 Farmington, NM 87499
Telephone: 505 786-3010

STUDENT INFORMATION SHEET

Last Name	First Name	Middle Name
-----------	------------	-------------

To help La Vida Mission School as we endeavor to help your child do the fullest, we need some additional information. Please fill in the following completely.

Languages:

First language learned	Languages spoken
------------------------	------------------

Languages understood	Languages spoken at home
----------------------	--------------------------

Reading:

1. Do parents read? Yes___ No___
2. Do parents read to children? Yes___ No___
3. Does child read at home? Yes___ No___
4. Are there reading materials in the home? Yes___ No___

Previous Educational History:

1. Chapter 1 reading program? Yes___ No___
2. Bilingual education program? Yes___ No___
3. Special Education program? Yes___ No___

How much time in the program

Reason for placement in the program

Name of person to contact regarding my child's special services

Name	Phone
------	-------

Address	City	State	Zip Code
---------	------	-------	----------

Check if the child has a problem: Hearing ___ Vision ___ Speech ___

List any concerns you may have for your child in school

La Vida Mission School
P.O Box 3308 Farmington, NM 87499
Telephone: 505 786 - 3010

BUS SCHEDULE

Last Name _____ First Name _____ Middle Name _____

All Crownpoint Students:

Home leave *drop off* for Crownpoint students will be at **1:30 PM** at the Basha's parking lot. If you do not pick up your child(ren) on time, your child(ren) will be taken back to the mission. If not picked up from La Vida Mission by 4:00 PM they will be taken to Child Haven (Airport Dr., Farmington)

Pick up from Basha's is **Sunday night at 6:00 PM.**

If you do not put your child(ren) on the bus, then you are responsible to return them to La Vida Mission by **7:00 PM.**

All Farmington Students:

Home leave *drop off* for Farmington students will be at **2:00 PM.**

Drop off will be at the Shell Station on the corner of Murray and Hwy 371.

If you do not pick up your child(ren) on time, your child(ren) will be taken to Child Haven (Airport Dr., Farmington).

Pick up from the Shell Station is **Sunday night at 6:00 PM.**

If you do not put your child(ren) on the bus, then you are responsible to return them to La Vida Mission by **7:00 PM.**

Consent to Release

I consent for my child(ren) to leave La Vida Mission only with a Mission personnel, or myself. However, in my absence, I will permit the following to pick up my child (ren):

Parent/Guardian	Release 4 /Relation to Student
Release 1/Relation to Student	Release 5 /Relation to Student
Release 2 /Relation to Student	Release 6 /Relation to Student
Release 3 /Relation to Student	Release 7 /Relation to Student

I do not approve of my child (ren) leaving campus with the following:

1.
2.
3.
4.

My child will ride the _____ Crownpoint Bus _____ Farmington Bus _____ I will drop off/pick up my child(ren)

La Vida Mission School
P.O Box 3308 Farmington, NM 87499
Telephone: 505 786 - 3010

CONTINUING MEDICAL CONSENT TO TREAT FOR THE _____ SCHOOL YEAR.

Last Name	First Name	Middle Name	
Mailing Address	City	State	Zip Code
Gender	Birthdate	SSN	Age
			Census No.
Father	Home Phone	Work Phone	
Mother	Home Phone	Work Phone	
Parent/Guardian	Home Phone	Work Phone	
Alternate Person for Message	Home Phone	Work Phone	

Health History: Has your child had any of the following:

Required Immunizations: DPT (5 doses), Polio(OPV)(4 doses), MMR(2 doses), Hep. B(7th grade required)(3 doses), TD Boosters (after age 14)

Records Provided Yes No

Height	Weight	Waist
--------	--------	-------

Illnesses	Surgery	Injuries
Allergies	Wears Glasses	Medications

Lice Check: Yes No Chickenpox: Yes No Dental Problems: Yes No

I hereby consent for La Vida Mission to provide medical care, dental care, or minor surgical procedures at the Mission clinic. I approve such inoculations and treatment in the field of preventive medicine as may be deemed necessary by the medical facility for emergency or routine treatment.

I consent X-ray examination, anesthetic, medical or surgical diagnosis, or treatment that any hospital service may render my child under instruction of the La Vida Mission personnel, whether the diagnosis or treatment is rendered at an office of a physician, dentist, or hospital.

Other information, special medical problem, etc.

Do you have Medicaid or other Medical Insurance? Yes No (If yes, please provide a copy of insurance documents)
 Is your child is registered at a PHS Hospital? If so, which one _____
 Provide any copy of PHS Medicaid card.

X _____
 Parent/Guardian Signature

La Vida Mission School
P.O Box 3308 Farmington, NM 87499
Telephone: 505-786-3010

Authorization Form

Last Name _____ First Name _____ Middle _____

Photo Release

I give my consent for La Vida Mission to use my child's photograph for public relations and promotional purposes. This may be done through Mission newsletters, other publications, and media coverage.

Parent/Guardian Signature

Educational Screening Consent

I give my consent for La Vida Mission to have my child screened for academic purposes, and I will be informed of the results and recommendations from the screener.

Parent/Guardian Signature

Off-Campus Trip Consent

I authorize La Vida Mission to take my child off campus trips sponsored by the Mission. I understand that I will be informed of any such trips before they take place.

Parent/Guardian Signature

I am/am not available to help with field trips.

I can help with _____ Transportation: Number of Passengers _____
_____ Accompanying students on trip
_____ Other: _____

La Vida Mission School
P.O Box 3308 Farmington, NM 87499
Telephone: 505-786-3010

School Year

School Contract

Last Name _____ First Name _____ Middle _____

I have registered _____, in La Vida Mission
Student's Name

School for the _____ school year. I have read the Student Handbook and will encourage my child/children to uphold the rules and regulations of the school.

I will supply my child/children with funds to cover personal expenses for trips, music trips, or other educational trips sponsored by the Mission.

Parent/Guardian Signature (please print)

X _____
Parent/Guardian Signature

Date

X _____
Parent/Guardian Signature

Date

La Vida Mission

P.O Box 3308 Farmington, NM 87499

Telephone: 505-786-3010

Map of Physical Address

Student Name _____
Last Name First Name Middle

Physical Address _____

Please draw a map of how we can get to your house. Use the space below.

X _____
Parent/Guardian Signature

Date