

# Midland Adventist Academy

6915 Maurer Road  
 Shawnee, KS 66217  
 Office: (913) 268-7400  
 Fax: (913) 268-4968



## STUDENT APPLICATION

### Grades K-12

Last Name	First	Middle	Name used	Biological Birth Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade entering
Address – Street & PO Box			City	State	Zip
Birthdate (MM/DD/YY)	Birthplace	Citizenship	Social Security #	Home phone ( )	
Prominent Ethnic Background (for statistical purposes only)	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Black <input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic <input type="checkbox"/> Other	Student Cell ( )	
Has the student ever been recommended for special education or retention? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:					
Has the student ever been suspended or expelled from school? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:					
Does the student have behavioral challenges? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:					
School attended last year		School address (if not Midland)		School phone (if not Midland) ( )	
Student lives with: <input type="checkbox"/> Both parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Other					

## PARENT / GUARDIAN INFORMATION

Father's last name	First	Address	City	State	Zip
Married? <input type="checkbox"/> Yes <input type="checkbox"/> Divorced <input type="checkbox"/> No <input type="checkbox"/> Separated	Occupation		Employer		Work phone ( )
Father's email	Include in Newsletter email list? <input type="checkbox"/> Yes <input type="checkbox"/> No		Father's <input type="checkbox"/> Beeper/pager <input type="checkbox"/> Cell ( )	Home phone ( )	
Mother's last name	First	Address	City	State	Zip
Married? <input type="checkbox"/> Yes <input type="checkbox"/> Divorced <input type="checkbox"/> No <input type="checkbox"/> Separated	Occupation		Employer		Work phone ( )
Mother's email	Include in Newsletter email list? <input type="checkbox"/> Yes <input type="checkbox"/> No		Mother's <input type="checkbox"/> Beeper/pager <input type="checkbox"/> Cell ( )	Home phone ( )	
Other parent's last name	First	Address	City	State	Zip
Married? <input type="checkbox"/> Yes <input type="checkbox"/> Divorced <input type="checkbox"/> No <input type="checkbox"/> Separated	Occupation		Employer		Work phone ( )
Other parent's email	Include in Newsletter email list? <input type="checkbox"/> Yes <input type="checkbox"/> No		Other parent's <input type="checkbox"/> Beeper/pager <input type="checkbox"/> Cell ( )	Home phone ( )	

## CHURCH AFFILIATION

Church denomination (student)	Church where membership is held	Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, date of baptism
Church denomination (Father)	Church where membership is held	Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Church denomination (Mother)	Church where membership is held	Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	

I/we, the undersigned, pledge to uphold the policies and principles of Midland Adventist Academy as outlined in the student handbook. I/we agree to accept full financial responsibility according to the published policies and financial contract. I/we have read the above statements and acknowledge that, to the best of our knowledge, all information is completed truthfully.

\_\_\_\_\_  
 Student signature

\_\_\_\_\_  
 Mother/guardian signature

\_\_\_\_\_  
 Father/guardian signature



## EMERGENCY INFORMATION AND AUTHORIZED RELEASE FORM

Student Last Name		First Name		Middle Name	Biological Birth Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Grade
Student Address			City	State	Zip	Home phone ( )	
Other Address						Birthdate	
Father's last name	First Name	Address		City	State	Zip	
Home phone ( )		Place of Employment	Work Phone/pager ( )		Father's Beeper/Pager Cellular ( )		
Mother's last name	First Name	Address		City	State	Zip	
Home phone ( )		Place of Employment	Work Phone/pager ( )		Mother's Beeper/Pager Cellular ( )		
Names of other children attending Midland			Grade	Names of other children attending Midland			Grade

### Consent to Treatment

Name of Physician	Physician's Group, Clinic or Hospital	Physician's phone ( )
Insurance Carrier Policy Number or Insured Social	Policy Number or Insured Social Security	Insurance phone ( )
Contact person when parent not available	Relationship	Phone ( )
Please indicate any allergies	Please indicate any medication	Please indicate any medical problems
In the event of sudden illness or accident requiring attention, I hereby authorize Midland Adventist Academy to administer first aid, and if necessary, take my child to ANY QUALIFIED EMERGENCY CARE CENTER for treatment.		
Parent/Guardian Signature _____		Date _____

### Authorized Student Release

In the event of illness, emergency, or major disaster which causes structural damage to Midland Adventist Academy (such as fire, tornado, or explosion), students will be released to authorized individuals **ONLY**. There will be **NO EXCEPTIONS**.

Please indicate names of all adults (18 years or older) other than yourself who are authorized to sign for release of your child.

- |          |                 |                 |
|----------|-----------------|-----------------|
| 1. _____ | Phone ( ) _____ | Pager ( ) _____ |
| 2. _____ | Phone ( ) _____ | Pager ( ) _____ |
| 3. _____ | Phone ( ) _____ | Pager ( ) _____ |
| 4. _____ | Phone ( ) _____ | Pager ( ) _____ |

\_\_\_\_\_  
 Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



# MIDLAND ADVENTIST ACADEMY

6915 MAURER ROAD † SHAWNEE, KANSAS 66217 † (913) 268-7400 † FAX: (913) 268-4968

## 2023-2024 FINANCIAL AGREEMENT

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

### Parent's Information:

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Mobile phone(s): \_\_\_\_\_

E-mail address(es): \_\_\_\_\_

Church Affiliation (please check one):  Chapel Oaks  New Haven  West Lenexa  Other: \_\_\_\_\_

### Other Party Responsible for Payment:

Name: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

E-mail address(es): \_\_\_\_\_

Send Statement?  Yes  No

<u>2023-2024 Tuition Rates</u>	<u>Rate</u>	<u>General Fee</u>
Elementary (K-6)	\$4,530.00	\$781.00
Middle School (7-8)	\$5,470.00	\$786.00
Academy (9-12)	\$8,960.00	\$924.00

### General Fee and 1<sup>st</sup> Month Tuition Due By August 10, 2023

Elementary (K-6) \$1,234.00

Middle School (7-8) \$1,333.00

Academy (9-12) \$1,820.00

### Amount Due per student by the 10<sup>th</sup> of each month September 2023 through May 2024

Elementary (K-6) \$453.00

Middle School (7-8) \$547.00

Academy (9-12) \$896.00

- I understand that all charges are due to Midland Adventist Academy on the 10<sup>th</sup> of every month and become delinquent at that time. \_\_\_\_\_ initial
- I understand that all accounts with Midland Adventist Academy must be paid in full before any diplomas will be released. \_\_\_\_\_ initial
- I agree to assume the financial responsibility for educational expenses for \_\_\_\_\_ (students' names) at Midland Adventist Academy as specified in the 2023-2024 MAA student handbook. \_\_\_\_\_ initial
- I understand that the full yearly tuition is divided into 10 equal monthly payments, August through May. \_\_\_\_\_ initial

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



MIDLAND ADVENTIST ACADEMY  
IMAGE RELEASE FORM

For value received, I hereby consent and authorize MIDLAND ADVENTIST ACADEMY or its assigns, to use my name and/or the names of my family members who are minors, as listed below, as well as my likeness, photos, videos and other information (or that of family members who are minors) for the purpose of news releases, advertising, publicity, publication or distribution in any manner whatsoever. I further consent to such use in their present form and to any changes, alterations, or additions thereto. I hereby release MIDLAND ADVENTIST ACADEMY from all liability in connection with all such uses.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

List all Family Members to whom this photo release applies (**print** student names below):

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signed:

\_\_\_\_\_

(Please **print** parent's name)

\_\_\_\_\_

(Please **sign** parent's name)

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

Witness:

\_\_\_\_\_

(Please **print** name)

\_\_\_\_\_

(Please **sign** name)

# Medical Evaluation Record of Student

## (With Physician's Recommendations)

The following information is requested so that the school and parent can work together to meet the physical, intellectual, and emotional needs of the child.

(to be filled in by the physician)

Student's name: _____	Birthday: _____	Biological Birth Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Address: _____	Father's name: _____	
School: _____	Mother's name: _____	

Question	No	Yes	If yes, explain
<b>I. A.</b> Is student subject to conditions that may cause classroom emergencies, such as epilepsy, diabetes, fainting, allergies, asthma or other?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>B.</b> Does student have other medical problem with which the school should be concerned?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>C.</b> Is there evident need for dental care?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>D.</b> Is there a hearing defect for which the school could help compensate by seating or other action?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>E1.</b> Has the student had a vision screening test?	<input type="checkbox"/>	<input type="checkbox"/>	Date: Result:
<b>E2.</b> Are there ocular defects that indicate a need for referral to an eye doctor?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>E3.</b> Are there any visual defects for which the school could help compensate by seating or some other action?	<input type="checkbox"/>	<input type="checkbox"/>	

**II.** Immunization is required by law. It is expected that the physician will administer whatever inoculations are indicated at the time of this examination and record these and other previous inoculations.

Please attach a copy of the immunization record for our files.

**III.** Have there been any illnesses, accidents, operations, or congenital defects that limit the student's participation in:

Classroom activities?  Yes  No      Physical education activities?  Yes  No      Swimming?  Yes  No

If so, explain: \_\_\_\_\_

**IV.** Is there any mental, emotional, or physical condition, for which the student should remain under your periodic observation?

Yes  No    If Yes, explain: \_\_\_\_\_

At what interval does the student need rechecks? \_\_\_\_\_

**V.** Physician's recommendation to school: \_\_\_\_\_

\_\_\_\_\_

I would like the  nurse  teacher to contact me regarding this student \_\_\_\_\_

Date of examination: \_\_\_\_\_      Signature: \_\_\_\_\_

Office Address: \_\_\_\_\_      Telephone: \_\_\_\_\_

Street    City    State    Zip

# Health Inventory

(to be filled in by parent, before examination by physician)

1. Name of Student: _____	Age: _____	Birthdate: _____
Address: _____	Telephone: _____	
Father's name: _____	Mother's name: _____	
Whom to notify in case of illness (give addresses and phone numbers)		
_____	_____	
_____	_____	
Does student live at home with parent?	<input type="checkbox"/> Mother	<input type="checkbox"/> Father <input type="checkbox"/> Other _____
Does student have coverage by accident or hospitalization policy? (state type)	_____	

2. Past illnesses (please check those that student has had)		
<input type="checkbox"/> Measles	<input type="checkbox"/> Scarlet fever	<input type="checkbox"/> Heart disease
<input type="checkbox"/> Whooping cough	<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Chorea (St. Vitus' Dance)
<input type="checkbox"/> Polio	<input type="checkbox"/> Chickenpox	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Rheumatic fever	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Frequent colds (Number per year)
		<input type="checkbox"/> Hay fever or asthma
List any other serious illnesses, operations, or injuries, and age when occurred.		

3. Has this student ever been around anyone known to have tuberculosis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have they ever been skin tested for tuberculosis? Year _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have they ever had a chest X-ray? Year _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. When did the child last visit the dentist? (Recommend visit twice yearly)	Date: _____	
5. Has the student had their eyes examined?	Date: _____	
By whom? _____		

6. Comment on student's habits:			
How many hours of sleep do they usually get each night? _____			
Do they participate in outdoor sports?	<input type="checkbox"/> Not at all	<input type="checkbox"/> Moderately	<input type="checkbox"/> Continuously
Do they prefer reading or watching TV to the above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Eating habits:	<input type="checkbox"/> Eats only at mealtimes	<input type="checkbox"/> In between meals occasionally	<input type="checkbox"/> Frequently

7. List any other items helpful to the school program in planning for student's health:

Date: \_\_\_\_\_ Signature of Parent: \_\_\_\_\_