# Hartland Day Academy

# Standardized Enrollment Forms

*There are 10 documents that need to be signed.  Please make sure you fill out and sign each one.  Thank you!*

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# Citizenship Standards & Parental Cooperation

## Citizenship Standards

Hartland Day Academy is dedicated to the development of Christian character as the primary goal of education. A student's character is defined by their relationship to the principles of Christian conduct. By applying for admission, every student pledges to willingly observe school regulations and uphold these principles as a matter of honor. These standards are essential for the successful guidance and education of young people. Maintenance of membership is at the discretion of the faculty; students are expected to perform all assigned duties to the best of their ability. Breaking the pledge to uphold these standards may result in the forfeiture of a student's membership.

## Cooperation of Parents

The faculty conducts all school activities—both in and out of the classroom—in accordance with the principles of the Bible and the Spirit of Prophecy. We earnestly solicit the cooperation of parents in maintaining these standards and invite regular communication to ensure the best outcomes for each student. While every effort is made to help students understand the importance of school rules, the school reserves the right to ask a student to withdraw at any time if their progress, conduct, or spirit is manifestly out of harmony with school standards, or if their influence is found to be detrimental, even in the absence of specific regulation violations.

Father's Signature: _____

Printed Name: _____ Date:_____

Mother's Signature: _____

Printed Name: _____ Date:_____

Student's Signature: _____

Printed Name: _____ Date:_____

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# Internet Acceptable Use Policy

## Preamble

Hartland Day Academy offers access to a computer network and the Internet to enhance educational research and collaboration. While the Internet contains vast resources, it also includes materials that may be offensive or illegal. We believe the educational benefits outweigh these risks, but we recognize that parents and guardians are ultimately responsible for setting the standards their children should follow. Access is a privilege, not a right, and entails significant responsibility.

## Student Responsibilities

In accordance with Christian principles, students will:

- Be responsible and courteous in all communications.
- Be responsible with all computer hardware and software.
- Keep their passwords private.
- Respect the confidentiality of others' folders, work, and files.
- Learn about and observe copyright laws.
- Comply with the Hartland Day Academy Acceptable Use Policy.
- Refrain from attempting to access or alter unauthorized areas of a computer system.

## Internet Access Agreement

As a student of Hartland Day Academy (HDA), I agree to the following:

1. I will use the Internet for educational purposes only.
2. I will not look at or participate in anything that is illegal, dangerous, offensive, or opposed to Adventist values.
3. If I accidentally encounter illegal or offensive material, I will clear the screen immediately and quietly inform my teacher.
4. I will not reveal home addresses or phone numbers (mine or others').
5. I will not use the Internet to annoy or offend anyone.
6. I understand that violations will result in appropriate action, including loss of access or legal action.

## Parent/Guardian Consent

I understand that the school cannot control all information on the Internet and that protection against harmful information depends upon the student's responsible use. I believe my child understands this responsibility, and I give permission for them to access the Internet under school rules. I accept the school's duty of care and understand that violations will result in disciplinary action.

Student Signature: _____

Printed Name: _____ Date: _____

Parent Signature: _____

Printed Name: _____ Date: _____

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# Student Medical History

## Student Information

- Student Name: _____
- Address: _____
- Father's Name: _____
- Mother's Name: _____
- Insurance Policy Name & Number: _____
- Blood Type: _____

## Medical History Checklist

Has your child had the following:

[ ] Measles [ ] Mumps [ ] Chicken Pox [ ] Scarlet Fever [ ] Diphtheria

[ ] German Measles (Rubella) [ ] Rheumatic Fever. [ ] Polio

[ ] Chorea (St. Vitus' Dance) [ ] Whooping Cough

[ ] Other: _____

## Physical Problems

Does your child have any of the following:

[ ] Diabetes [ ] Heart Disease [ ] Frequent Colds [ ] Hypoglycemia

[ ] Epilepsy [ ] Effects from surgery/injury

[ ] Other (Explain): _____

## Health and Allergies

- Allergies? [ ] Yes. [ ] No
- Medication Allergies? [ ] Yes. [ ] No (If yes, list): _____
- Tuberculosis test? [ ] Yes. [ ] No | When? _____
- Eye examination? [ ] Yes. [ ] No
    - By whom? _____ When? _____
- Current prescription medications? [ ] Yes. [ ] No (Type): _____
- Possible physical or learning limitations? _____

## Lifestyle Assessment

- Hours of sleep per night: _____
- Gets up easily in the morning? [ ] Yes. [ ] No
- Sleep pattern (Check all that apply):

  [ ] Sleeps soundly. [ ] Awakes occasionally. [ ] Regular bedtime

  [ ] Irregular/Sporadic. [ ] Night owl [ ] Insomnia
- Outdoor activity level: [ ] Continuously. [ ] Moderately. [ ] Not at all
- Eating habits:

  [ ] Only at meal time [ ] Occasionally between meals [ ] Frequently
- Regarding sweets and junk food:

  [ ] Conscientious/Avoids [ ] Eats less than most. [ ] Eats too much
- Last dental visit (Month/Year): _____
- Brushes teeth: [ ] Regularly. [ ] Sporadically [ ] Rarely

Signature: _____

Printed Name: _____ Date: _____

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# Authorization for Administering Prescribed Medication

*(Use a separate authorization form for each medication)*

| Student's Last Name | Student's First Name | M.I. | Grade | Date of Birth |
|---|---|---|---|---|
| _____ | _____ | _____ | _____ | ____/____/_____ |

Allergies: _____

## Parental Consent

I am the parent or guardian of _____. I give my permission for him/her to take the following prescribed medication while in Hartland Day Academy. I acknowledge that I have read and understood the Regulations in the school handbook relating to medications. I hereby release Hartland Day Academy and its employees from any claims or liability connected with its reliance on this permission and agree to indemnify, defend, and hold them harmless from any claim or liability connected with such reliance. I authorize a school representative to share information regarding this medication with the licensed prescriber.

Parent Signature: _____

Printed Name: _____ Date: _____

Daytime Phone: _____

FOR USE BY LICENSED PRESCRIBER ONLY

Diagnosis: _____ Medication: _____

Schedule:

[ ] Short Term (Dates: _____)

[ ] Every day at school

[ ] Episodic/Emergency Events ONLY

Administration Details:

| Dosage (Amount) | Route | Form | Time(s) of Day |
|---|---|---|---|
| _____ | _____ | _____ | _____ |

Risk Assessment:

- Serious reactions if not given as prescribed? [ ] YES [ ] NO
- Serious reactions/adverse side effects possible? [ ] YES [ ] NO
- *If yes, describe / Action for reactions:* _____

Report to prescriber? [ ] YES [ ] NO
*(Drug information sheet may be attached.)*

Special Handling: [ ] Refrigeration [ ] Keep out of sunlight. [ ] Other: _____

Asthmatic/Diabetic Subsection:

- Student is capable/responsible for self-administering:
  - [ ] NO
  - [ ] YES - Supervised
  - [ ] YES - Unsupervised
- Student may carry this medication: [ ] NO [ ] YES

Prescriber Signature: _____

Printed Name: _____ Date:_____

Telephone: _____ Emergency Number: _____

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# Non-Prescription Medication Form & Policy

## Parental Request for Assistance

I request and give permission to school personnel (teachers/principal) to administer non-prescription medication to:

**Student Name:** _____ **Grade:** _____

**Medication:** _____

**Dosage:** _____

**Time(s):** _____

**Start Date:** _____ **End Date:** _____

[ ] Administer when necessary

## Agreement Terms

1. Medication must be delivered to the school in the original container by a parent or emergency contact.
2. I will instruct my child to take the medication at school and inform the head teacher.
3. I will instruct my child that selling or providing medication to others is a violation of the School Code of Conduct.
4. A new form is required if instructions change and must be renewed every school year.
5. I will call the school office and provide a written note for any new medications. Notification by phone or note will be provided by the school when drugs are administered to elementary students.

**Release of Liability:** I hereby release Hartland Day Academy, its officials and employees from any and all liability for damages or injury directly or indirectly resulting from my child's use of the over the counter medication.

**Policy Reference:** Pursuant to the *Code of Virginia* (§ 22.1-274.2, 22.1-78, and 54.1-3408), Hartland Day Academy establishes regulations for the administration of medicines. Medication must be stored by school personnel; students may not keep medication in lockers (except for authorized asthma inhalers or epi-pens).

Parent Signature: _____

Printed Name: _____ Date: _____

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# Activity and Media Permissions

## Photo and Video Permission

I grant permission for Hartland Day Academy to take videos and/or pictures of my child (children) for school, classroom, yearbook, and portfolio purposes. I understand these images may be used online.

**Student Name(s):** _____

_____

_____

# Field Trip Authorization

I am aware that Hartland Day Academy conducts multiple field trips and activities to enhance education. By signing this document, I willingly agree for my child, _____ (*Student's Full Name*), to participate in **all** activities or field trips organized by the school during the _____ school year.

**Parent Signature:** _____

**Printed Name:** _____ **Date:** _____

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# Emergency Treatment and Medical Consent

Name of student: _____

## Emergency Contact Information

Parent/Guardian Name: _____

Home Phone: _____ Cell/Work Phone: _____

Designated Alternate Contact (If parents cannot be reached):

Name: _____ Phone: _____

## Medical Details

Student Blood Type: _____

Family Doctor: _____ Office Phone: _____

## Continuing Consent to Treatment

We, the undersigned parents or guardians of _____, a minor, hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital service rendered to said minor under the instructions of the physician listed above or any physician at a licensed hospital. We authorize Hartland Day Academy or the physician to exercise their best judgment in diagnosis and treatment if we cannot be reached. This consent remains in effect until revoked in writing.

Health Insurance Information

[ ] Student **is covered** by health insurance:

* **Insurance Company:** _____

* **Policy Number:** _____

[ ] Student **is not covered** by health insurance.

Father's Signature: _____

Printed Name: _____ Date:_____

Mother's Signature: _____

Printed Name: _____ Date:_____

Guardian's Signature: _____

Printed Name: _____ Date:_____

Witness Signature: _____

Printed Name: _____ Date:_____

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# Disciplinary Standards and Procedures

The following categories outline violations of school policy. **Note: Any Category 3 violation, including off-campus violations that directly affect the school, may result in automatic suspension.**

## Category 1: Violations

- Running in classrooms.
- Discourteous conduct.
- Chewing gum in the school building.
- School property graffiti, pictures, or symbols.
- Unauthorized talking in the classroom, chapel, or at school events.
- Dress code violations.

## Category 2: Documented Intermediate Violations

- Poor attitude when receiving discipline
- Unauthorized or improper use of school computers
- Unauthorized entry into desks, book bags or personal property of other people
- Leaving class, chapel, meeting, or event without permission
- Disrespect of faculty, students, or guests (including unwanted teasing or touching)
- Disobedience or non-cooperation with faculty and staff (includes non-immediate responses)
- Unauthorized guests
- Unauthorized travel during school hours (including some evening and weekend school-sponsored events)
- Unauthorized or improper use of school telephones
- Food /Lunch Policy Non-compliance
- Harassment
- Verbal Abuse
- Profanity
- Lewd conduct or conversation
- Intimate contact (including hand-holding, kissing, fondling)

- Activities including inappropriate physical contact (including, but not limited to rough housing, horsing around, friendly punching, inappropriate touching, sitting on laps, slap in inappropriate areas, etc.)
- Willful deception (including lying, cheating and misrepresenting school rules)
- Speech, behaviors or attitudes that undermine the mission, philosophy, ideals, and/or objectives of HDA

Category 3: Documented Major Violations

- Physical or verbal violence (includes fighting and bullying)
- Threat of violence
- Possession of any weapon, or anything that may look like a weapon, on school grounds
- Using, selling, offering, or possessing drugs, narcotics, alcohol or tobacco
- Conspiring to or participating in any act that injures, degrades, or disgraces a person
- Possessing or displaying literature or pictures deemed obscene by HDA staff
- Occult (spiritualistic) activities
- Theft
- Willful destruction of property
- Sexual contact
- Uncooperative parents regarding school rules and principles
- Illegally entering the school or any building the school owns

Student's Signature: _____

Printed Name: _____ Date:_____

Parent or Guardian's Signature: _____

Printed Name: _____ Date:_____

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# Vocational Training Program & Liability Release

All high school students at Hartland Day Academy must participate in the vocational training program. This curriculum is designed to teach diligence, perseverance, good work habits, and trade skills to assist students in becoming economically independent.

"Manual training is deserving of far more attention than it has received. Schools should be established that, in addition to the highest mental and moral culture, shall provide the best possible facilities for physical development and industrial training. Instruction should be given in agriculture, manufacturing, covering as many as possible of the most useful trades, —also in household economy, healthful cookery, and sewing, hygienic dressmaking, the treatment of the sick and kindred lines. Gardens, workshops, and treatment rooms should be provided, and the work in every line should be under the direction of skilled instructors." — *Education, p. 218*

Liability Release I understand that students receive training in vocational areas. This agreement forever releases, discharges, and holds harmless Hartland Day Academy, Hartland Institute, and their employees from any and all claims, negligent acts, errors, omissions, or conditions of health resulting from this training. This agreement is binding upon the student, parents, and vocational supervisors.

Student Signature: _____

Printed Name: _____ Date:_____

Parent or Guardian Signature: _____

Printed Name: _____ Date:_____

Vocational Supervisor Signature: _____

Printed Name: _____ Date:_____

Principal Signature: _____

Printed Name: _____ Date:_____

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# Parent/Guardian General Liability Release

The undersigned hereby releases and forever discharges Hartland Day Academy and all its administrators, faculty and staff from any and all claims, actions, demands, causes of actions resulting or suits arising out of any injuries known or unknown, which have resulted or may result in the future from any sponsored event or activity or which have resulted or may result on school grounds outside of school hours.

The undersigned hereby assumes all risks of injury associated with any event or activity and fully indemnify and hold harmless Hartland Day Academy along with its administrators, faculty or staff from and against any liability, loss, cost, damage, expenses, including attorney's fees, which Hartland Day Academy along with its agents, administrators, faculty and staff may incur as a result of any activity or sponsored event.

Student's Name: _____
First Middle Last

who is currently enrolled in Hartland Day Academy located in Rapidan, VA.

Parent or Guardian Signature: _____

Printed Name: _____ Date:_____