



TOLEDO JUNIOR ACADEMY

EDUCATING FOR LIFE AND ETERNITY
SINCE 1919

Returning Student Registration Form

School Year: 2020-2021 Grade: _____

Student Information

Last Name

First Name

Middle Name

Age as of today

____/____/____
Date of Birth

Male/Female
(Circle One)

Race

City & State of Birth

Address

City

State

Zip Code

Home Phone #

Student resides with:

☐

Both Parents

☐

Mother

☐

Father

☐

Other

Student's Address

City

State

Zip Code

Public School District _____

Public School your child would be assigned to: _____

Are there legal custody issues that the school should be made aware of? ☐ Yes ☐ No

If yes, please explain:

****I verify that all the information on this form is accurate and true to the best of my knowledge.***

Parent/Guardian's Signature

Date

Parent/Guardian's Signature

Date



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Student Registration--Parent/Guardian Information

School Year: 2020-2021

Student _____

Student _____

Student _____

Student _____

Parent/Guardian Information

()

Mother's First Name

Last Name

Cell Phone #

Email Address

()

Address

City

State

Zip Code

Home Phone #

Occupation _____ Company _____ Work Phone # () _____

()

Father's First Name

Last Name

Cell Phone #

Email Address

()

Address (If different)

City

State

Zip Code

Home Phone #

Occupation _____ Company _____ Work Phone # () _____

()

Guardian's First Name

Last Name

Cell Phone

Email Address

()

Address

City

State

Zip Code

Home Phone #

Occupation _____ Company _____ Work Phone # () _____

****I verify that all the information on this form is accurate and true to the best of my knowledge.***

Parent/Guardian's Signature

Date

Parent/Guardian's Signature

Date



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Financial Information Sheet

School Year: 2020-2021

Primary person responsible for the account:

Last Name First Name Social Security #

Address

City State Zip Code

() () ()
Home Phone Cell Phone Work Phone

Secondary person responsible for account (If applicable):

Last Name First Name Social Security #

Address

City State Zip Code

() () ()
Home Phone Cell Phone Work Phone

Child(ren) enrolled at Toledo Junior Academy:

Student _____ Grade _____

Student _____ Grade _____

Student _____ Grade _____

Student _____ Grade _____

Student _____ Grade _____



2020-2021 Tuition and Fees

	Year Tuition	Year Registration Fee
Grades K-8	\$4,000.00	\$225.00 (\$175.00 early registration <u>if paid in full</u> by May 28, 2020)

*Any registration fees, prepaid tuition, field trip, LEGO Robotics, or co-curricular fees (Music Festival, Outdoor School, etc.) are not refundable to a student leaving prior to the end of the school year.

Option 1:

Tuition/Registration Fees may be paid in 10 monthly installments. The first installment is to be paid at the beginning of the school year in August. The remaining installments of 10% are due by the 15th of each month. It is imperative that your account is kept current to ensure that the daily programs of the school run smoothly and efficiently. Registration fees paid in monthly installments are not eligible for the reduced early registration rate.

Option 2:

My child is eligible for a full EdChoice scholarship. I understand that I am still responsible for the \$225 (\$175 early payment) registration fee, and if during the course of the school year I lose my scholarship, I am responsible for the remainder of my child(ren)'s tuition in full.

Option 3:

My child is eligible to receive a partial scholarship (including EdChoice, the Northwest Ohio Scholarship, the Toledo First Church Worthy Student Fund, or the TJA Scholarship). The remainder of my tuition will be paid in 10 monthly installments as in Option 1 above. I understand that I am still responsible for the \$225 (\$175 early payment) registration fee and if during the course of the school year I lose my scholarship, I am responsible for the remainder of my child(ren)'s tuition in full.

Option Selected (Please check one):

Option 1 ☐

Option 2 ☐

Option 3 ☐

I understand that as the signer of this financial sheet, my account with Toledo Junior Academy must be paid in full before requests are made for report cards, transcripts, or the issuing of diplomas. I also understand and accept the financial responsibilities when enrolling my child(ren) as a student at Toledo Junior Academy.

*There is no other financial agreement not included on the face of this contract, and if at such time as any other financial arrangements are agreed upon; such agreements will not be valid unless written and signed by all parties.

Parent/Guardian's Signature

Date

Finance Committee Member

Date



Continuing Consent to Treatment & Authorization to Release Information

School Year: 2020-2021

We, the undersigned parents or guardian of the minor(s) listed below do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment instructions of _____ M.D. (Phone #: _____) or any office of said physician or at a licensed hospital. It is understood that reasonable effort will be made to contact the doctor listed above before any other physician is called.

It is further understood that this consent is given in advance of any specific diagnosis or treatment, which might be required and is given to authorize Toledo Junior Academy or the physician to exercise their best judgment as to the requirements of such diagnosis or treatment.

This consent shall remain in continuous effect until revoked in writing and delivered to the physician named above or to the school entrusted with the custody of said minor.

We hereby authorize any hospital physician, or other person who has attended or examined the minor to furnish to the school insurance service or its representative any and all information with respect to any illness, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical reports. A copy of this authorization shall be considered as effective and valid as the original.

Student's name

The following person(s) can be contacted in case of emergency:

_____ Last Name	_____ First Name	_____ Relationship	_____ Phone Number
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_____ Last Name	_____ First Name	_____ Relationship	_____ Phone Number
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_____ Last Name	_____ First Name	_____ Relationship	_____ Phone Number
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Name of child's primary care physician _____ Phone number: _____

In the event of emergency transportation, students will be taken to the nearest hospital as determined by the paramedics for emergency care. A staff or faculty member will accompany and remain with the student until a parent/guardian arrives.

Parent Signature

Date

**Physical Examination Form**

School Year: 2020-2021

Student's Name_____
Sex_____
Age_____
Date of Birth**Objective Data**

Height _____ (%)

Weight _____ (%)

B.P. _____/_____

Screening Tests**Vision:****Date Done:** _____**Hearing: Date Done:** _____

Distance Acuity pass_____ fail_____ not done_____

Audiometric Thresholds

Muscle Balance pass_____ fail_____ not done_____

R-ear pass_____ fail_____ not done_____

Farsightedness pass_____ fail_____ not done_____

L-ear pass_____ fail_____ not done_____

Color pass_____ fail_____ not done_____

Other tests (specify) _____

Child wears glasses? Yes_____ No_____

Child wears hearing aid? Yes_____ No_____

Tested with glasses? Yes_____ No_____

Tested with hearing aid? Yes_____ No_____

Referral made? Yes_____ No_____

Referral Made? Yes_____ No_____

Speech/Language

Speech assessment: done_____ not done_____

Child has:

_____no discernable speech problem

_____possible problem with: _____articulation _____rhythm _____voice _____language

Speech Evaluation Recommended: Yes_____ No_____

Laboratory Tests

Hematocrit/Hemoglobin_____ Urine Protein_____ Urine Blood_____ Urine Glucose_____ Other_____

Diagnostic Procedures

TB Skin Test: _____

Date**Result**

Chest X-Ray: _____

Date**Result**

Other: _____

Date**Result**



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Physical Examination

Date examined: _____

_____ Child is essentially normal

_____ Child has abnormalities as follows:

Is this child able to participate fully in the following? Yes _____ No _____

- A. Classroom and academic activities?
- B. Physical education classes
- C. Competitive activities
- D. Contact and collision sports

If limitations are advised, please specify those

limitations: _____

If this child has any physical, developmental, or behavior problems, how can the school assist with special programs, placement, or attention?

Physician's Assessment

Areas of Concern:

Recommendation for School Management

- | | |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |

***NOTE: PHYSICIAN'S OFFICE: Please attach immunization records.**

Please Print or Stamp

_____ Physician's Name	_____ Physician's Signature
_____ Address	_____ Phone
	_____ Date Signed

PLEASE SUBMIT THIS COMPLETED FORM TO:
TOLEDO JUNIOR ACADEMY



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4909 W. Sylvania Ave.
Toledo, Ohio 43623

Dispensing Prescription Medication at School, (2020-2021)

It is recognized that some students must take medication during school hours. Parents/Guardians/Residential facility personnel are encouraged to administer medication before and after school whenever possible.

Return the completed form to the Health Services Coordinator in your child's building.

Student's Name			DOB	
Address			Telephone#	
School		Grade: _____	Teacher/Team/ID#	
TO BE COMPLETED BY THE STUDENT'S PHYSICIAN				
Name of Medication				
Dosage				
Frequency and Route				
Student to Carry Medication?	Yes <input type="checkbox"/> No <input type="checkbox"/> (Applies to Emergency Medications only--EpiPens, inhalers or other specific emergency treatment identified by physician.)			
Student to Self-Administer Medication?	Yes <input type="checkbox"/> No <input type="checkbox"/> ("Yes" indicates student has been instructed in proper use, expected results and side effects of medication.)			
Date to Begin Administration				
Date to Terminate Administration				
Possible Side Effects				
Physician				
Physician Telephone #				
Special Storage Instructions				
Physician's Signature				
The medicine must be in oral, topical, rectal, inhalation or subcutaneous/intramuscular injectable form. It must be in a clearly marked container from the pharmacist. The label must show the child's name, the dosage directions, the doctor's name, and the prescription number. Identification of the potential for interaction with other medications taken by the student is the responsibility of the prescribing physician.				
TO BE COMPLETED BY PARENT/GUARDIAN OR RESIDENTIAL FACILITY REPRESENTATIVE WITH CONSENT TO ACT ON BEHALF OF PARENT OR GUARDIAN				
Pharmacy			Telephone #	
The undersigned agree not to file or make any claim against anyone for negligence in connection with the administration or non-administration of any medicines and further agree to save such individuals and hold them harmless from any liability incurred as a result of the administration or non-administration of any medicines. I give my permission for the principal or his/her designee to administer the prescribed medication.				
Signature			Date	
THIS PERMISSION IS NO LONGER VALID AT THE END OF THE CURRENT SCHOOL YEAR				



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Non-Prescription Medication Form

School Year: 2020-2021

Student's Name			DOB	
Address			Telephone	
School		Grade: _____	Teacher/Classroom	
Please list the non-prescription medications (Tylenol, Ibuprofen, Cough Drops, Tums, etc.) for dispensing below:				
Medication				
Medication				
Medication				
Medication				
Medication				
Medication				
Medication				
Medication				
I hereby give my permission to the school staff of Toledo Junior Academy to administer the over the counter medicines listed above in accordance with the directions for use on the container/box to my child if the need arises.				
Please contact me if any of these medications are administered. If you are unable to reach me, I give the staff of Toledo Junior Academy permission to send a text, leave a message, or leave a note in my child's folder explaining the situation.				
Parent Signature		Date		
Parent Signature		Date		
* I release Toledo Junior Academy from any liability from administering the above non-prescription medications.				
THIS PERMISSION IS NO LONGER VALID AT THE END OF THE CURRENT SCHOOL YEAR				



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Photo Release Form

School Year: 2020-2021

Toledo Junior Academy gathers images, through the course of a child's schooling, to tell the story of the school's mission and to promote quality Adventist education. The school's board, administration, and faculty appreciate your cooperation and consent allowing school officials to photograph your child for various school-related activities. You have our assurance that these images will be used only for official purposes, with the respect and consideration to which all parties are entitled.

I grant Toledo Junior Academy the right to take photographs of my child. I authorize Toledo Junior Academy, its assigns, and transferees to copyright, use, and publish the same in print and/or electronically. I agree that Toledo Junior Academy may use such photographs of my child with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature

Printed Name

Child's Name

Date

I grant Toledo Junior Academy the right to take photographs of my child. I authorize Toledo Junior Academy, its assigns, and transferees to print and use these photographs **ONLY** within the Toledo Junior Academy School facility. Photographs of my child may **NOT** be used for public access use such as publicity, advertising, or Web content.

I have read and understand the above:

Signature

Printed Name

Child's Name

Date



Student Pick-Up Form

School Year: 2020-2021

A separate form must be filled out for each child. If you need to add names to this list later, please contact the office to submit an amended list. Additional people will not be added to this list unless submitted in writing--a phone call will not suffice. If a parent is legally barred from picking up your child, we must have a copy of the restraint order or custody agreement in your child's file for enforcement.

Student's Name		DOB	
Parent/Guardian Name		Home Phone	
Address		Work Phone	
Parent/Guardian Name		Home Phone	
Address		Work Phone	

I give permission for the following individuals to pick up my child from Toledo Junior Academy. I understand that a driver's license will be required as proof of identity for anyone who is not known or recognized (including myself). I also understand that my child will not be released to any individual not on this list.

Name		Phone Number	
Name		Phone Number	
Name		Phone Number	
Name		Phone Number	
Name		Phone Number	
Name		Phone Number	
Name		Phone Number	
Name		Phone Number	
Name		Phone Number	
Name		Phone Number	

Parent/Guardian's Signature

Date

Parent/Guardian's Signature

Date



Internet Policies and Permission for Student Usage

School Year: 2020-2021

Internet Resources:

The Internet is an electronic highway connecting computers worldwide, with millions of individual subscribers, government agencies, businesses and educational institutions, and much more. By receiving access to computers and people all over the world, there also comes the availability of material that may not have any educational value or be considered appropriate for students. Toledo Junior Academy will take every available precaution to monitor/restrict access to such material. However, now a global network, it is impossible to control all materials.

Acceptable Use Policy:

- Students may only use the Internet under the supervision of a sponsoring educator.
- Users should never reveal personal information such as addresses or telephone numbers of themselves, students, staff members, others, or of the school.
- Students should remember all activities accomplished via the Internet will not only reflect on the user, but upon Toledo Junior Academy.
- Use of the Internet to access inappropriate material is prohibited.
- Hate mail, harassment, discriminatory remarks, and other antisocial behavior are prohibited.
- Users shall not modify passwords, files, data, software, or hardware in any way unless directed to do so by a teacher.
- Users shall not access unsafe files or install programs on the computers.
- Malicious use of the Internet to develop programs that infiltrate a computer or computer system and/or cause damage is prohibited.
- TJA reserves the right to log Internet use and to monitor user accounts.
- The school administration/teachers reserve the right to temporarily or permanently suspend access by any user who does not comply with the Acceptable Use Policies or for any reason deemed inappropriate by the system administrator to maintain the integrity of the network.
- Parents will be notified if a student violates any of these policies.

Parents: *I have read the policy stated above regarding the use of the Internet on the school computers. I*

understand that the school provides Internet access for educational purposes. I also recognize that it is impossible for the school to restrict access to all unacceptable material. I realize the risks involved and I give my child named below permission to use the Internet.

Parent/Guardian's Signature

Date

Parent/Guardian's Signature

Date

Students: *I understand the policy stated above regarding usage of the Internet on the school computers. I recognize that I am responsible for all my actions and any violation may result in my privileges being revoked and school disciplinary action.*

Student's Name (Printed)

Student's Signature

Date



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