



Where Character and Intellect Walk Hand in Hand.

550 25 ½ Rd.
Grand Junction, CO 81505
Phone 970-242-5116
Fax 970-242-5659
admin@iaagj.com

Required documents by all students:

- | | |
|---|--|
| _____ Admission Application Form | _____ School Entry Medical
Exam Report |
| _____ Emergency Contacts & Medical
Information | _____ Copy of Immunization
Records * |
| _____ Financial Agreement | _____ IAA Volunteer Sign up |
| _____ Child Release Authorization | _____ PE Uniform Order Form |
| _____ Parent/Guardian Agreement | _____ Music Program
Participation Agreement
& Acknowledgment |
| _____ Student Agreement | _____ Handbook
Acknowledgment |
| _____ Internet Use Permission & Media
Release Consent Form | |
| _____ Consent to Treatment | |
| _____ Local Field Trip Permission Slip | |

Additional documents required by NEW Students:

- _____ Students Records Release Form
- _____ Copy of Birth Certificate

*For returning students, immunization records are required only when there is a change in their immunization records.

Student Name: _____



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Emergency Contacts & Medical Information

Student: _____ Grade _____

Family Physician: _____
Name Address Phone Number

Parent Contact Information:

Name _____ Phone Number _____

Name _____ Phone Number _____

List two LOCAL persons to contact if you cannot be reached in an emergency:

Name _____ Phone Number _____

Name _____ Phone Number _____

Relationship to Student _____

Child Identifying Information:

Eye Color: _____ Height: _____ Hair Color: _____ Weight: _____

Race: _____

Identifying marks: _____

Allergies: _____

Habits: _____

List medical / educational information (ADD, Asthma, Medications, etc...):

Print Parent Name _____ Parent Signature _____
Date _____



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Financial Agreement (2018 – 2019)

Students covered by this agreement:
 Name _____ Grade _____

Financially responsible party:

Name: _____

Mailing Address: _____

 Phone Number: _____

If the person assuming financial responsibility, the student, or either of the student's parents with whom he or she is living, is a member of one of the school's constituent Seventh-day Adventist churches, name that person and check which church
 () Grand Junction () Fruita () Palisade
 Please specify affiliation with any other denomination:

Social Security # _____
 Employer: _____
 Address (If different from student)

 Phone (if different)
 Social Security # _____
 Employer: _____

Fees:	Total:
Registration Fee: \$235 per student (1-4)	_____
Registration Fee: \$260 per student (K, 5-8)	_____
Music Fest Fee:	_____
Additional Kindergarten Fee: (\$35)	_____
Early Registration Discount: (\$25)	_____
(Registration by May 30, 2018)	< _____ >
Total Paid < _____ >	Balance Due _____

Current Constituent Tuition Rate
 Grades (K-8) \$305.00

Current Non-Constituent Tuition Rates:
 Grades (K-8) \$355.00

I have read and understand the financial policies of Intermountain Adventist Academy. I have paid listed about and agree to pay nine (9) monthly tuition payments of \$_____ for the child(ren) listed above, in accordance with the school financial policies. I understand that it is the policy of this school to withhold transcripts until student accounts are paid or until satisfactory financial arrangement are made. I understand that an account becomes delinquent after the 30th of the current month, and that delinquent accounts are subject to a 2% monthly interest charge on all past due balances. I understand that IAA may suspend my student(s) when the account becomes more than 45 days past due. In the event of non-payment, I understand all collection costs and/or attorney fees will be added to any unpaid balance.

 Parent / Guardian Signature

 Date



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Parent / Guardian Signature

Date

Student Records Release Form

The Family Educational Rights and Privacy Act 1974 gives all parents of students under 18 years of age, and all students over 18 or attending post secondary schools, the right to see, correct and control access to student records. The Act further stipulates that "personal information shall only be transferred to a third party on the condition that such party will not permit any other party access to such information without written consent".

Your signature on this release form gives intermountain Adventist Academy permission to request pertinent information regarding from his/her former school, health clinic hospital or other services agency. All information received is considered strictly confidential.

Student's Full Legal Name

Birth Date

Grade

I hereby authorize the school or agency listed below to release all educational, medical, social and/ or psychological information which has been made a part of the school records regarding the student listed above. I further release the school agency listed below from all liability and claims pertaining to disclosure of the information requested. I understand that financial clearance must be obtained prior to release of any official grades or transcripts.

Parents/Legal Guardian Signature

Relationship to student

Date

PREVIOUS SCHOOL OR AGENCY: _____

City

State

Zip

The above student has enrolled in Intermountain Adventist Academy. In addition to the above mentioned items, please send a copy of the following items:

_____ Transcript (Permanent Record)

_____ Current class schedule, if applicable

_____ Grades / Test Scores

_____ Other: _____

Thank You,

School Authorized Personnel

Date



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Consent to Treatment

Students Name: _____ Grade _____

Work Phone, Mother: _____ Father: _____

Cell Phone, Mother: _____ Father: _____

Local family physician to be called in case your child becomes ill or has an accident and you can not be reached.

Family Physician: _____

Office Phone: _____

Address: _____

Hospital Preference: _____

Emergency Contact

Name: _____

Phone: _____

Address: _____

If emergency services involving medical action and treatment are required and neither the parent nor the family physician can be reached for consent, the parent hereby consents to the rendering of such emergency medical services for the above named child if it becomes necessary in the medical opinion of the doctor rendering such services.

Parents Signature: _____ Date: _____



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Child Release Authorization

Student's Name _____

Please list all those that are authorized to pick up your student from school, school activities, etc., & their relationship to your student.

Name:

Relationship:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

By signing this child release authorization list, you are giving the above listed persons permission to pick your student up from school and school functions.

Parent/Guardian Signature

Date



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Parent/Guardian Signature

Date

Acknowledgment of Handbook

By signing below, I acknowledge that I have received the 20____ - 20____
Intermountain Adventist Academy Handbook.

I understand that I am expected to read the entire handbook and follow all
the policies and procedures written in the handbook.

Parent's/Guardian's Signature

Date

Parent's/Guardian's Signature

Date



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Music Acknowledgment and Agreement

I _____ (parent/guardian name support the music program and will have my child(ren) at any school sponsored program where their attendance is required. Should my child be sick for any performance date, I will contact the music teacher and/or the lead teacher immediately.

Acknowledged and signed:

Date:



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Local Field Trip Permission Slip

Child's name, _____ has my permission to go on local school field trips during the 2018 – 2019 school year. He/She is in good physical condition at present and has had no serious illnesses or surgeries since the last health examination. I shall make sure that he/she does not attend if he/she is not feeling well. I understand that I will be notified of every field trip with a note sent home. I also understand that I will be notified if there is any cost for a field trip. In the event of an emergency, I may be reached at _____
If I cannot be reached, please notify

Person to notify

Date

Signature of Legal Guardian

Date



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Volunteer Sign Up

Please check any areas that you may be able to help with this year.

- Serving Hot Lunches
- Room Parent (Coordinate with the teacher: 100th day, Valentine's day, Thanksgiving, Christmas)
- Social Activities: () Fall Picnic, () Talent Show
- Library Helper
- Classroom Helper: () Computer Assistance, () Grading Papers
- Recess Supervision
- Maintenance
- Fundraising () Pancake Breakfast, () Bake Sale, () Box Tops / Soup Labels () Cell Phone Can recycling, () Scrip, () Other Fund Raising Event.
- Home and School Committee
- Field Trips: () Coordinator, () Driver
- Community Service Activity
- School Photographer: () Year Book Committee: () Interested in being a leader?
- Office (Answer phones, greet, fill in)
- School Website assistance
- Lawn and outside care and maintenance
- Other Area – Please Specify: _____

Hot Lunch Menu Item Ideas

Thank you!

Name

Date



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Parent/Guardian Agreement

I hereby agree to uphold and support the high academic standard of Intermountain Adventist Academy by providing a place for my child to study and giving my child encouragement in the completion of any homework or assignments.

I give permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises, and will allow my child to ride school transportation to and from such activities. In case of injury, I also give permission for my child to receive medical care, if needed.

I appreciate the standards of the school and do not tolerate profanity, obscenity in word or action, dishonor to the Godhead and the Word of God, or disrespect to the personnel of the school. I hereby agree to support all regulations of the school in my child's behalf and authorize this school to employ discipline as it deems wise and expedient for the training of my child. (This DOES NOT include corporal punishment.)

I understand that the school reserves the right to dismiss any child who fails to comply with the established regulations, discipline, and procedures of the school, or whose financial obligation remains unpaid.

I have read the IAA Dress Code in the handbook and agree thereto. I will also have read the Intermountain Adventist Academy Handbook before the first day of school and agree to the terms stated therein. I also agree that at least one parent will attend all parent/teacher conferences. I also agree to sign the Intermountain Adventist Academy Financial Agreement and to uphold the terms therein.

I have discussed the school rules, regulations and procedures with my child and will see that he/she abides by them to the fullest extent.

Parent/Guardian's Signature

Date

Parent/Guardian's Signature

Date



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Student Agreement

I accept the Bible as the final authority and submit myself to its principles.
I will honestly and in good spirit maintain the school dress code as stated in the current Handbook. I want to attend this school and will honestly agree to keep all the school's ideals of work and life; I realize I may be invited to withdraw if the administration determines that it is necessary.

As a student of this Christian school, I pledge to uphold the school's standards against cheating, swearing, smoking, gambling, drinking alcoholic beverages, using or talking favorably about narcotics, or using inappropriate language and will act in a very orderly and respectful manner. I will maintain Christian standards of courtesy, kindness, morality, and honesty. I will strive to be of unquestionable character in dress, conduct, and other areas of life.

I agree to abide by the above standards of conduct and other regulations expected of each student enrolled in this Christian school. While I am a student attending the school I will not give the impression to students, parents or faculty that I am not in harmony with the goals, aims and standards of Intermountain Adventist Academy.

I understand and agree to the above

Parent's/Guardian's Signature

Student's Signature

Parent's/Guardian's Signature

Date



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Intermountain Adventist Academy Acceptable Use Policy

Intermountain Adventist Academy is pleased to offer their students access to a computer network for electronic mail and Internet. To gain access to E-mail and the Internet, the legal parent and student must sign and return this form to the school.

The Internet is a powerful resource for expanding the educational experience of each student. Access to E-mail and the Internet will enable students to explore thousands of libraries, databases, and bulletin boards while exchanging messages with Internet users throughout the world. Unfortunately it is true that some materials accessible via the Internet may contain items that are illegal, defamatory, inaccurate or offensive. We believe, however, that the benefits to students in the form of information resources and opportunities for collaboration exceed any disadvantages and therefore support the school's choosing to make the Internet available to our student's . But because ultimately, parents and guardians are responsible for setting and conveying the standards that their children should follow when using media and information sources, we respect each family's right to decide whether or not to apply for access.

School computers are for educational purposes only. Since the network is provided for students to conduct research and communicate with others, access is given to students who agree to act in a considerate and responsible manner. Parental permission is required. Access is a privilege not a right. Access entails responsibility. School staff may review files and communications to maintain system integrity and ensure that users are using the system responsibly.

Students will adhere to Christian principles and will:

- be responsible and courteous in all communications
- be responsible with all computer hardware and software
- Keep their passwords to themselves
- respect the confidentiality of folders, work and files of others
- learn about and observe copyright laws
- comply with the IAA Acceptable use policy

students will not attempt to access or alter unauthorized areas of a computer system disciplinary or legal action.



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IAA Internet Access Agreement

I understand that the internet can connect me to much useful information stored on computers around the world.

While I have access to the Internet:

I will use it only for education purposes

I will not look or participate in anything that is illegal, dangerous, offensive or opposed to the Adventist values of this school.

If I accidentally come across something that is illegal, dangerous or offensive, I will:

Clear any offensive pictures of information from my screen; and
immediately, quietly inform my teacher.

I will not reveal home addresses or phone numbers – anyone else's

I will not use the internet to annoy or offend anyone else.

I understand that if the school decides I have broken these rules, appropriate action will be taken
Any activity not in compliance with these roles may result in a loss of access as well as other disciplinary or legal action.

I understand that Internet usage is a privilege. If I have grades of D or F on the weekly grade sheet I will lose Internet privileges until the next weekly grade sheets issued.

Student's Name _____

Student's Signature _____ Date _____

Parent or Guardian

I understand that the Internet can provide students with valuable learning experiences.

I also understand that it gives access to information on computers around the world; that the school cannot control what is on those computers; and that a very small part of that information can be illegal, dangerous or offensive.



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I accept that, while teachers will always exercise their duty of care, protection against exposure to harmful information must depend finally upon responsible use by students.

I believe _____ (Name of student) understands this responsibility, and I hereby give my permission for him/her to access the Internet under the school rules. I understand that students breaking these rules will be subject to appropriate action by the school. Any activity not in compliance with these rules may result in a loss of access as well as other disciplinary or legal action.

 Parent or Guardian's Name

 Parent or Guardian's Signature

 Date

Media Release Form

School activities are often photographed and / or videotaped for use in school publications, such as the school directory, IAA website, yearbook, church and school newsletter, etc.

I, _____, hereby give my consent for the use of any videos of my child, _____, to be used for IAA publications, both print and web. No names, addresses, or phone numbers will be posted on the website or newsletters.

Opt-Out Option

_____ No photograph or videos of my child, _____, may be used on IAA website.

_____ No photographs or videos of my child, _____, may be used in any IAA publication including but not limited to the yearbook, school directory, and newsletters.

Signature _____ Date _____



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After School Care Program 2018 - 2019

After School Care Policies:

All Students who are not picked up by 4:15 pm, Monday through Thursday will automatically be signed into the After School Care Program. Charges are incurred for this program. Any parent that should choose to utilize the after school care program is welcome.

- * All IAA school policies apply to all students utilizing the ASC program.
- * All students and parents / guardians are expected to adhere to all ASC program policies.
- * No fighting, kicking, punching. Or tackling games.
- * All activities played on the playground must be fit for the youngest student in ASC.
- * Be respectful to everyone.
- * Please send a snack for you child.
- * Snacks will be eaten at tables only. Please do not send gum or candy.
- * All students must ask for permission to exit the ASC program area.
- * Only students that have been enrolled in the ASC program will be allowed to participate in the program. If you have school business with a teacher or the office, please have your student(s) with you at all times.
- * For non-compliance of policies, students will be subject to disciplinary action, as outlined in the IAA school handbook.
- * **All students must be signed out by an authorized person, through the after school care provider.** The parent / guardian must sign out all their students. If any person other than a parent / guardian is picking up your student, that person must be authorized by you. Should you need to authorize another person to pick up your student, please call the ASC provider directly. Picture ID will be required for any person, other than parent / guardian, picking up student.

After School Care Hours:

Monday though Thursday 4:15 until 5:45 pm

After School Care Cost:

Charges for the after school care program are \$8.00 per student per hour, or any part thereof (i.e. 4:15 to 5:30 = 1 hour and 15 Minutes = billed for 2 hours - \$16.00) Any student remaining after closing time will be charged \$1.00 per minute, for each minute after closing.

After School Care Payment Policy:

After school care will be added as a charge to your monthly statement. This program is self-supporting. It is very important that each family pay their incurred charges or the program may be discontinued. When your monthly statement starts accruing a 2% penalty, your child will no longer be able to utilize the ASC program until ASC charges have been paid.



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Application Form After School Care 2018 – 2019

Child Information

First Name: _____ Last Name: _____
Date of Birth: _____
Home Address: _____

Identifying Information

Eye Color: _____ Hair: _____ Sex: _____
Height: _____ Weight: _____ Race: _____
Identifying marks: _____
Allergies: _____
Habits: _____
Medical Conditions (ADHD, Asthma, etc.) _____

Family Information

Father's Name: _____	Mother's Name: _____
Home Address: _____	Home Address: _____
Occupation: _____	Occupation: _____
Title or Position: _____	Title or Position: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____

Parents: (Circle One)

Married **Separated** **Divorced** **Other** _____

Other Children in Family:

Name: _____ Age: _____ Name: _____ Age: _____
Name: _____ Age: _____ Name: _____ Age: _____

Days Child Will Regularly Attend After School Care (Estimate)

Monday: 4:15 to _____
Tuesday: 4:15 to _____
Wednesday: 4:15 to _____
Thursday: 4:15 to _____



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IAA Uniform Shirt Order Form:

Name of Student: _____

Circle Kids Sizes: 4 5 6 7

Med (8)

LG (10/12)

XL (14/16)

XXL (18/20)

* Adult and plus sizes may be available

Quantity: _____ Short Sleeve _____ Long Sleeve _____

* Prices range from \$14 - \$16 depending on shirt and special promotions.
Larger sizes and long sleeves are usually higher and short sleeve and smaller sizes are less.

Office Use Only:

Total Quantity

Total Price



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APPLICATION FOR ADMISSION

Date: _____

Students Information

Enrollment in Grade: _____

Student's Name: _____
 (Full Legal) (Last) (First) (Middle)

Student's Residence: _____
 (Street) (City) (State) (Zip)

Student's Phone Number: _____ Age: ____ Sex: M F

Birth date: _____ Birth Place: _____

Has student been baptized? **YES NO** If yes, date: _____ Church: _____

SDA (circle one) **YES NO** If no, Denomination: _____

Student living with (name of Custodial Parent): _____

Additional Students

Name (Last, First, Middle)	Grade	Age	Sex

Guardian Information	FATHER ()*	MOTHER ()*	GUARDIAN ()*
	Natural__ Step__ Foster__	Natural__ Step__ Foster__	Relation to Child _____
Full Name			
Address (if different from child's)			
Home Phone			
Cell Phone			
Work Phone			
Email			
Employer			
Occupation			
U.S. Citizen	Yes:____ No:____	Yes:____ No:____	Yes:____ No:____
Languages used at Home			
Church Affiliation	Baptized: Yes:____ No:____	Baptized: Yes:____ No:____	Baptized: Yes:____ No:____

*Place correct symbol in parenthesis where applicable: **(X)** deceased **(S)** separated **(D)** divorced
(F) foster parents **(M)** married



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