

EMERGENCY INFORMATION (please print)

Student Name _____ Grade _____

Birthdate _____ Home Phone _____

Parent/Guardian(s) _____

Address _____ City/State: _____

Employer (father) _____ Employer (mother) _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

E-Mail _____ E-Mail _____

In an emergency, if parents cannot be contacted, please notify

Name _____ Phone _____

Cell Phone _____

Is there anything unique related to your child's physical condition or medical history which the school should know? No Yes If yes, please explain _____

Any known allergies: _____

Do you have any reason to believe your child is not physically able to take part in all school-sponsored activities he/she chooses? No Yes

Date of most recent physical exam (if known): _____

I give permission for my child to take part in school-sponsored activities. I assume full legal responsibility for any injury which may occur in connection with these activities. I hereby state that I have sufficient medical coverage for my child during the current school year. I authorize Western Mennonite School, its employees, and my child's weekend/hospitality home (if applicable) to administer first aid treatment and/or secure medical services and to incur the expenses for necessary services in the event of accident or illness. I will provide payment for these services.

Insurance Coverage with _____

Group # _____ Policy # _____

Name of Policy Holder _____

Parent/Guardian Signature _____ Date _____

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INSURANCE DISCLAIMER: Although I realize that Western Mennonite School requests that I provide health insurance for my child, I do not have any health insurance coverage at this time. I will be responsible for any medical bills accrued by my child while attending Western Mennonite School and will not hold Western Mennonite School responsible for those bills.

Parent/Guardian Signature _____ Date _____

Student Name _____

WESTERN MENNONITE SCHOOL
2008—2009

PUBLICATIONS RELEASE: *(initial all that apply)*

Concerning Oregon statutes and regulations regarding student confidentiality (OAR 581-21-220), we are required to have Parent/Guardian authorization permitting the student's personal identifiable information (i.e., name and photograph) to be published in any events schedule, souvenir program, etc.

_____ I give permission for my child to have his/her name and photograph in any events schedule or souvenir program associated with the programs at Western Mennonite School including school newsletters and website.

_____ You may also include my child's name and/or picture in school-related news releases.

_____ Hometown Newspaper

SPECIAL DIET REQUESTS

Please list any food allergies and/or diet requests which your child may have. Please specify whether your request is doctor-recommended or a personal choice. Food service does its best to provide menu choices, but must have specific information to operate efficiently.

Special dietary requests _____

Is this doctor recommended? _____ No _____ Yes

CHURCH ATTENDANCE

_____ I do not currently attend a church

_____ I currently attend the following church:

Church: _____

City: _____ Pastor _____

Youth Pastor _____

Denomination: _____

Parent/Guardian Signature _____

Date _____

Student Name _____

WESTERN MENNONITE SCHOOL
2008—2009

STUDENT GOALS AND COVENANT

List one goal you have for the coming school year:

List activities you would like to be involved in this year:

COVENANT FOR DISCIPLES

Western Mennonite School does not require its students to have made a personal commitment to God as a condition for admission. However, we do require that students be open to growth and commit to the expectations as stated in the following Covenant for Disciples:

TO GROW IN MIND: We will apply ourselves to learn from classroom and other school activities, and to fill our time and minds with what is wholesome and worthwhile, avoiding any speech, social conduct or personal appearance which is degrading or disrespectful.

TO GROW IN BODY: We will apply ourselves to a pattern of proper diet and sufficient rest and exercise, avoiding the use of tobacco, alcohol and illegal drugs.

TO GROW IN SPIRIT: We will be open to the influence of Jesus Christ and his followers on our lives, and be an encouragement, rather than a hindrance to those who want to grow in an obedient relationship to Him.

TO GROW IN CHARACTER: We will be trustworthy in all of our relationships, respecting the rights and property of others, and speaking and living the truth in all circumstances.

“And Jesus grew in wisdom and stature, and in favor with God and men”

Luke 2:52

Student: I agree to abide by the guidelines of this Covenant for Disciples. I realize that continued and persistent action in violation of this Covenant will result in severe discipline and probably expulsion from the student body.

Student Signature _____

Date _____

Parent: I agree to encourage my child to abide by the principles of this Covenant for Disciples, realizing that continued and persistent action violating these principles by my child will result in severe discipline and probably expulsion from the student body.

Parent/Guardian Signature _____

Date _____

Student Name _____

WESTERN MENNONITE SCHOOL
2008—2009

GRANDPARENT INFORMATION

Name(s) _____ Phone _____

Address _____

Name(s) _____ Phone _____

Address _____

Name(s) _____ Phone _____

Address _____

PARENT VOLUNTEERS (Optional)

Parent/Guardian Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Check areas of service where you would like to participate:

- | | |
|---|---|
| <input type="checkbox"/> Benefit Auction | <input type="checkbox"/> Grounds Maintenance |
| <input type="checkbox"/> Bulletin Board | <input type="checkbox"/> Office/Clerical (Advancement) |
| <input type="checkbox"/> Concession Stand (basketball season) | <input type="checkbox"/> Parents in Prayer |
| <input type="checkbox"/> Drama Support | <input type="checkbox"/> Student Grant Phonathon Caller |
| <input type="checkbox"/> Golf Tournament (Sept) | |
|
 | |
| <input type="checkbox"/> Student/Teacher/Staff Recognition Receptions | |
| <input type="checkbox"/> Admissions Referrals/Community Advocate for WMS | |
| <input type="checkbox"/> Hospitality Home (male ___ female ___) | |
| <i>(hosting international student(s) for six weekends during the school year)</i> | |

Thank you for your commitment to WMS.
Our outstanding volunteer community provides a strong foundation as we continue our pursuit of excellence.

Parent/Guardian Signature _____ Date _____