



Re-Enrollment Only

STUDENT NAME _____ M / F GRADE _____

\$50-Feb/March \$75-April/June \$125-July/Dec

***Please go to: www.gcass.org then click Adventist School Pay: create account: Pay application fee online, or drop off check to the business office or at school office.**

AWS SIGNATURE APPLICATION: I have read the AWS application and certify that the information contained herein is correct. My signature shows that I agree to abide and to have my child abide by all rules and policies of AWS. I agree that the information in this application may be shared in the manners specified in the handbook. (The handbook is on the AWS website and will be available at registration).

*** PARENT/GUARDIAN'S SIGNATURE:** _____ **DATE:** _____

Relationship _____

CONSENT FOR MEDICAL TREATMENT: As the parent, agency representative or legal guardian, I hereby give consent for A.W.Spalding Elementary School to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D.) or dentist (D.D.S.).

This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

*** PARENT/GUARDIAN'S SIGNATURE:** _____ **DATE:** _____

Relationship _____

FERPA RELEASE: FERPA Notice Disclosure of GCC & AWS Confidentiality of Personally Identifiable Info: The Georgia-Cumberland Conference & AWS may have my permission to release personally identifiable information in yearbook or other means about my student in accordance with the FERPA statutes.

***PARENT/GUARDIAN'S SIGNATURE:** _____ **DATE:** _____

GCC & AWS MEDIA RELEASE FORM:

The Georgia-Cumberland Conference & AWS regularly uses photos and video in its publications and materials. This form simply gives permission for images of the participant named to be used as outlined below. For value received, I hereby consent and authorize the Georgia-Cumberland Conference of Seventh-day Adventists 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 all forms and media. I further consent to such use in their present form and to any changes, alterations, or additions thereto. I hereby release AWS & the Georgia-Cumberland Conference of Seventh-day Adventists from all liability in connection with all such uses.

***PARENT/GUARDIAN'S SIGNATURE:** _____ **DATE:** _____

***CHECK HERE IF YOU DO NOT GRANT PERMISSION** _____ **Pictures will also be excluded in our yearbook.**

Dress Code Compliance: Parent initials _____

Thank you