Student Application

Date of application _____

Student's Full Name _____

Address _____ Grade applying for _____

_____ Age _____ Male ____ Female _____

SDA ID # _____ Phone _____

Place of birth _____ Date of birth _____

Church affiliation _____ Baptized _____ Date _____

Place of membership _____

Check document submitted to verify date of birth for child entering our school.

Birth Certificate ( ) Hospital Statement ( )

Passport or visa ( ) Notarized Statement ( ) Other _____

Verified by _____ (school official)

Family Data

	Mother	Father
Name		
Home Address		
Birthplace		
Occupation		
Educational Status		
Church Affiliation		
Language Spoken at Home		
Work Phone		
Cell Phone		
E-Mail		

Are you able to pay the full school expense? _____

Do you have an unpaid school account? _____ Amount $_____

Where? _____

Name and address of person to receive the financial statements

Name Address Phone #

_____ _____ _____

Cypress Bend Adventist Elementary School

2997 FM 728 • Jefferson, TX 75657 • 903-665-7402

Schools Previously Attended

School	Address	When	Grades

Has the student ever been dismissed from school? _____

If so, for what reason? _____

Has the student been previously identified as qualifying for either gifted/talented or special education programs? Yes _____ No _____

If yes, what kind? _____ When? _____

Where? _____ By whom? _____

Who is authorized to pick up the child after school? _____

_____

What doctor should we call in case of an emergency?

_____ _____

Doctor Phone number

Whom should we contact in an emergency if we cannot reach you?

_____ _____ _____

Name Relationship Phone number

I understand that pictures of my child may be used in promotional materials for the school. I do hereby give permission of the use of such pictures solely for the purpose of school promotion.

Parent signature _____ Date _____

This information is complete and correct to the best of my (our) knowledge. I (we) agree to abide by the requirements given in the current Parent/Student Handbook.

Parent signature _____ Date _____

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Student Medical History Record

Student's Name _____ Date of Birth _____ Sex_____

Home Address _____ U.S. Citizen_____ Nationality_____

_____ Home Telephone _____

Father's Name _____ Home Telephone _____

Address _____ Work Telephone _____

Mother's Name_____ Home Telephone _____

Address _____ Work Telephone _____

Legal Guardian _____ Home Telephone _____

Address _____ Work Telephone _____

Does student live with:_____ Both parents_____ Mother_____ Father _____ Other

Language spoken in home_____

1. Past Illnesses (Please check those the student has had)

_____ Anemia
_____ Anorexia
_____ Asthma/Hay Fever
_____ Bleeding Disorders
_____ Chicken Pox
_____ Diabetes
_____ Epilepsy
_____ Fainting Disorders
_____ Frequent Colds
_____ Heart Disease
_____ Hepatitis
_____ Kidney (Bladder Disorders)
_____ Malignancies
_____ Measles
_____ Migraine Headaches
_____ Mumps
_____ Polio
_____ Rheumatic Fever
_____ Scarlet Fever
_____ Tuberculosis

2. List any other serious illnesses, operations, or injuries and age when occurred:

_____

_____

3. Does student have allergies? Yes/No Medications? Yes/No Other? Yes/No

Please list: _____

4. Does student have a hearing defect? Yes/No Date of last examination:_____

Explain: _____

5. Does student have vision problems? Yes/No Has it been corrected? Yes/No

Explain: _____

Date of Last examination: _____

6. Does student have any physical defects? Yes/No

   Explain: _____

7. Does student have any mental defects? Yes/No

   Explain: _____

8. Does student have any other defects or limitations that would limit student's participation in classroom activities? yes n In physical education? Yes/No

   Explain: _____

9. List all current medications: _____

   _____

10. List any medication that student would be required to take during school hours, and when:

    _____

    _____

11. Whom to notify in case of emergency or illness:

    Name A _____ B _____

    Address _____ _____

    Phone _____ _____

12. Student's physician: Name_____ Phone _____

    Alternate physician: Name _____ Phone _____

13. Does student have insurance coverage? Yes/No

    Company:_____ Policy No.:_____

14. Do you consent to your child being given emergency attention in a hospital or by a competent physician if necessary? Yes/No

Parent's Name (please print) _____

Signature _____

Date _____

Continuing Consent to Treatment

We, the undersigned parents / guardians of (**student name)** _____, a minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment that any hospital service may render to said minor under the general or special instructions of the school personnel, whether said diagnosis or treatment is rendered at the office of said physician/dentist or at a licensed hospital.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage the school personnel and said physician/dentist to exercise his/her best judgement as got requirements of such diagnosis or treatment.

It is also understood that every possible attempt will be made to contact the parents first; only in case of extreme emergency and failure in attempting to contact the parents will this apply.

	Name	Phone
Father		
Mother		
Legal Guardian		
Alternate Contact		

Other information (Allergies, special medical problems, etc)

Personal Physician Information

Name of Physician / Dentist	
Location of Practice	
Business Phone	
Hospital	

_____ _____

Signature of Parent/Guardian Date of Signature

Worthy Student Fund

School Year:_____
Student #:_____

Parent Information	Father		Mother	
Name				
Address				
City				
State				
Zip Code				
Phone				
Church Membership				
Occupation				
Employed By				
Type of Employment	☐ Full Time ☐ Part Time ☐ Self-Employed	☐ Unemployed ☐ Other _____	☐ Full Time ☐ Part Time ☐ Self-Employed	☐ Unemployed ☐ Other _____
Marital Status	☐ Married ☐ Divorced	☐ Separated ☐ Widowed	☐ Married ☐ Divorced	☐ Separated ☐ Widowed
# of Dependents				

Student Info	1st Student	2nd Student	3rd Student	4th Student
Full Name				
Grade Entering				
Student lives with (Dad/Mom/Guardian)				
Church Membership				
Educational Resources (Endowment, trusts, etc.)	$	$	$	$

Siblings Not Attending Cypress Bend

Name, Grade, & School Attending	School Cost for One Year	Amount Paid by Parents	Student Aid Received
	$	$	$
	$	$	$
	$	$	$
	$	$	$

Cypress Bend Adventist Elementary School

Technology Acceptable Use Policy and Agreement

1. As a student/parent/teacher at Cypress Bend Adventist Elementary School (CBAES), I understand that **the use of the school computer equipment and internet access is a privilege, not a right**. My responsible use of computer equipment, software, and access to information contained on any such devices or accessed through the internet at CBAES, is a requirement for that privilege to continue.
2. I understand that **my use of the internet must be only to meet the requirements of a class or official school business**.
3. I **will not download software, audio, video, or written information which violates copyright laws**.
4. I **will not use any technology at CBAES for illegal purposes**, in support of illegal activities, or for any other activity prohibited by school and/or conference policy.
5. I will use **all hardware, software, and data in a responsible manner** and I understand that any damage to any of these items will result in disciplinary action and/or charges to my school account for repair or replacement.
6. I will use **only my own login information** unless specifically instructed to do otherwise by a teacher or administrator.
7. I will **not intentionally view inappropriate material** on a computer system that originates from any source.
8. Any messaging programs such as **e-mail, chat, social media, etc. will only be used for school purposes** and not for personal use.
9. I understand that **anything stored on the school network is open for review by the technology administrator** who has the right to remove material that is considered inappropriate or that abuses the network space available.
10. I understand that if I do not comply with the CBAES Technology Acceptable Use Policy and Agreement, **I will lose the privilege of technology access and use** at CBAES.
11. I understand that although all internet content is filtered to block unacceptable sites, **some pages may still contain inappropriate material until it can be blocked. It is my responsibility to exit from the page** and immediately report the problem to a teacher or technology administrator.
12. I understand that **this agreement is binding for the duration of my enrollment** at, association with, or employment for CBAES.

Student Signature _____ Date_____

Parent Signature _____ Date _____

Teacher Signature_____ Date_____

Only Parent Signature necessary for renewal for up to 4 years

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Year 2 Renewal Parent Signature _____ Date _____

Year 3 Renewal Parent Signature _____ Date _____

Year 4 Renewal Parent Signature _____ Date _____

Student Pick-Up Consent List

Student Name(s) _____

My signature below indicates that the following people have my permission to pick up the above listed child(ren) from school. I have listed them in the order that they should be contacted if I cannot be reached. No other persons will be allowed to pick up the listed child(ren) without a signed note, text, or phone call from a parent/guardian. If there are any changes to this list during the year, I accept that it is my responsibility to notify the school.

	Person's Name	Relationship to Student	Phone Number
1			( ) -
2			( ) -
3			( ) -
4			( ) -
5			( ) -
6			( ) -
7			( ) -
8			( ) -
9			( ) -
10			( ) -

Print Parent's Name _____

	Signature	Date
Year 1		
Year 2		
Year 3		
Year 4		

Student and Parent Pledge

It is distinctly understood that every student who presents himself for admission to the school, and their parents, pledge to observe willingly all of its regulations stated in this handbook, and to uphold the Christian principles upon which the school is operated. It is also understood that to break this pledge forfeits the student's membership, and if he/she is longer retained in this school, it is only by the forbearance of the faculty and School Board. By enrolling their children at Cypress Bend Adventist Elementary School, parents agree to support and act in accordance with the rules and policies explained in the Handbook.

Student Signature _____

Student's Name (Printed) _____

Date _____

Parent/Guardian Signature _____

Parent/Guardian Name (Printed) _____

Date _____

School Supplies List - 2025-2026

Updated July 16, 2025

Mrs. Gonzales - Pre-K - K

- 2 student journals
- 12 Count Color Pencils with Erasers
- 8 Count Washable Markers
- 1 Package of Multi-Color Construction Paper
- 4 Count Low Odor Fine Point Dry-Erase Markers
- Small Dry-Erase Lap Board
- 2 Rolls of Scotch Tape
- 8 Regular Size Glue Sticks (Not Jumbo)
- 1 inch 3 Ring Binder w/Plastic Insert on Cover & Spine
- Refillable Water Bottle
- Small Sleeping Bag
- Headphones (for Computer Activities and Individual Listening Station Activities)
- 6 Packages of Baby Wipes
- 4 Boxes of Tissue Paper (Kleenex)
- 1 Package of 100-count Plastic Spoons
- 1 Package of 100-count Plastic Forks
- 1 Package of 100 or 150-count each Zip Lock Sandwich Bags
- 1 Package of 100 or 150-count each Zip Lock Gallon Bags

Mr. Gonzales - 1-4

- 3 plastic pocket folders
- 1 set of earphones (wired, not bluetooth - with microphone)
- 2 large erasers
- 1 package of pencil tip erasers
- 1 small bottle of hand sanitizer
- 1 package of colored markers (washable)
- 1 package of colored pencils
- 1 package of crayons
- 1 no-spill water bottle
- 1 backpack
- 1 pack #2 pencils
- 1 pencil box
- 1 box of facial tissues
- 4 composition notebooks
- 1 container of clorox disinfecting wipes
- 1 4-pack Expo Dry Erase Markers

Mr. Clapp - 5-8

- Bible (New Living Translation)
- No-spill water bottle (to stay at school)
- Supply Box (pencil box)
- 1 bottle of Elmer's-type glue
- 1 box of crayons
- 1 package of colored pencils
- 1 package of colored markers (washable)
- 1 set of earphones (wired, not bluetooth - with microphone)
- 3 dot journals
- 2 containers of disinfecting wipes

Dot Journals at Walmart

New Living Translation on Amazon