



CYPRESS ADVENTIST SCHOOL

A Good Place to Grow

Admissions Procedure – New Students

Thank you for your interest in Cypress Adventist School (CAS). All applications for new admissions will be considered on a first-come, first-served basis. CAS welcomes students from families who have clearly expressed values consistent with our goal to maintain a community that is conducive to high academic standards and principles based on Biblical teachings. We are committed to building and maintaining this atmosphere at CAS. Cypress will consider a student's academic achievements in the application process for grade placement, but not as the primary basis for acceptance.

Application Requirements

Please submit the following documents to be considered for admission to Cypress Adventist School:

- New Student Application
- Educator Recommendation Forms (if transferring from another school)
- Records Release Form (if transferring from another school)

Interview and Assessment Test

Upon submitting the documents requested, please contact the school office to schedule an appointment for an interview with the principal and the grade-level assessment test. This on-site visit typically lasts an hour—please ensure that you have set aside sufficient time for this important visit to our campus.

Notification & Enrollment

Within two weeks following the completion of the above procedures, the admissions committee will meet and send out notification of its decision. With your acceptance letter you will receive an enrollment packet. Please complete and submit the following to ensure your child's place at CAS:

- Enrollment Agreement
- Enrollment Fee
- Immunization Record
- Parent Authorization Form
- Copy of Birth Certificate (Grades K-1)



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New Student Application

Student Information	
Last Name: _____	First Name: _____
Address: _____	Grade Entering: _____ School Year: _____
_____	Student Cell Phone: _____
City/State/Zip: _____	Student Email: _____
Date of Birth: _____	Place of Birth: (City/State/Country) _____
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Country of Citizenship: _____
Baptized member of SDA Church? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, date: _____ Home church: _____
Other faith preference: _____	
Ethnicity: (for statistical purposes only)	<input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Other _____

Family Information	Mother/Guardian	Father/Guardian
Name:		
Home Address:		
Primary Phone:	<input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work	<input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work
Alternative Phone:	<input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work	<input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work
Email:		
Employer:		
Baptized Seventh-day Adventist?		
Home SDA Church?		
Other faith preference:		
Is English the primary language spoken at home? <input type="checkbox"/> yes <input type="checkbox"/> no	What other languages are spoken in the home?	
Check if applicable:	<input type="checkbox"/> Father Deceased <input type="checkbox"/> Parents Divorced <input type="checkbox"/> Mother Deceased <input type="checkbox"/> Mother Remarried <input type="checkbox"/> Parents Separated <input type="checkbox"/> Father Remarried	Child lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Other: _____

Allergies/Medical/Special Needs Information

If a student is being treated for any of the below needs, please list service provider contact (tutor, doctor, psychiatrist, etc.)

Allergies: _____

Special Medical Needs/Medications: _____

Provider Name(s) & Contact Information: _____

Learning Disabilities: If available, please attach copy of current IEP _____

Provider Name(s) & Contact Information: _____

Emotional Needs/Other: _____

Provider Name(s) & Contact Information: _____

School History – Transfer Students

Last School Attended: _____ Grade: _____

Address of Last School: (required) _____ City/State/Zip: _____

Please list three references with contact information

1. Previous Principal _____ Contact: _____

2. Previous Teacher _____ Contact: _____

3. Previous Counselor _____ Contact: _____

Please request that a copy of the student's most recent report card and disciplinary record be submitted to CAS.

We, the undersigned, pledge to uphold the policies and principles as outlined in the current student bulletin, and to accept full financial responsibility according to the published financial policies and contract. To the best of our knowledge, the questions on this application are answered completely and truthfully. We give our permission to Cypress Adventist School to contact service providers and educators listed above.

Student Signature

Mother/Guardian Signature

Father/Guardian Signature

Date

Date

Date



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Educator Recommendation Form

Dear _____,

_____ desires to be a _____ grade student at Cypress Adventist School. Please complete and return this form in a sealed envelope at the earliest possible date. The information you provide will be kept confidential. Thank you for your assistance.

Please return to: Admissions/Registrar
Cypress Adventist School
21500 Cypress Way, Suite A
Lynnwood, WA 98036

Question	Answer	Comments / Examples
How long have you known the applicant?		
Has the applicant demonstrated leadership qualities?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown	
Have there been frequent absences or tardiness?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown	
Has the applicant ever been suspended or expelled from school or been in trouble with civil authorities?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown	
Does the applicant have difficulty with self-discipline in school?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown	
Has the applicant received an award or achieved any special recognition?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown	
Would the applicant be a positive influence to the overall environment of this school?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown	

Please place an "X" in the appropriate box	Excellent	Good	Poor	Unknown
Is interested in student life activities				
Completes work on time				
Is neat/organized				
Has good study habits				
Follows directions				
Shows self-control				
Is courteous				
Is obedient to authority				
Accepts constructive criticism				
Is honest				
Shows an attitude of respect for others				
Demonstrates a positive attitude toward learning				

Additional comments that you feel are important to the consideration of this applicant:

Signature

Occupation or position

Address

Telephone Number

Date

Please return to: Admissions/Registrar
Cypress Adventist School
21500 Cypress Way, Suite A
Lynnwood, WA 98036



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Records Request & Release Form

Releasing School Name & Address

Student Information	
Full Name:	
Birth Date:	
Years attended:	

To whom it may concern,

As parent or legal guardian of the above named student, I am requesting and authorizing the above named school to send educational, health, and all other school records to:

Admissions/Registrar
Cypress Adventist School
21500 Cypress Way, Suite A
Lynnwood, WA 98036

Thank you,

Parent Signature

Date