



**Linda Vista Adventist Elementary School**  
 "Where children grow closer to God while learning to master the world"

**New Student Application**  
**2026-2027**

STUDENT/PARENT (GUARDIAN) INFORMATION				
Student's Last Name		First Name		Middle Name
Name Used (If different than legal name)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Grade in '26-'27	Check here if enrolling part-time. (Part-time addendum must be attached)
Address, City, Zip			Birthdate MM/DD/YY (Must be verified when submitting application)	
Prominent ethnic background (for statistical purposes only): <input type="checkbox"/> Am. Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African Am. <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pac. Islander <input type="checkbox"/> White <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other:				
Father's Last Name		Father's First Name		Address, City, State, Zip (If different than student's)
Mother's Last Name		Mother's First Name		Address, City, State, Zip (If different than student's)
If you're comfortable, please briefly explain who your child is living with or other relevant family dynamics. (i.e. Living with both biological parents. Parents divorced but share custody. Etc.)				
Father's cell		Mother's cell		Home Phone
Father's email		Mother's email		
Include in email correspondence? Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:				
Emergency Contacts and Contact Information:				
School attended last year		School's Address		School's Phone
				Grade level
Has the student ever been recommended for retention? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain:				
Church Affiliation (Student)		Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Baptism?		Church where membership is held
Church Affiliation (Father)		Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No		Church where membership is held
Church Affiliation (Mother)		Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No		Church where membership is held

X \_\_\_\_\_  
**Mother's/Guardian's Signature**

X \_\_\_\_\_  
**Father's/Guardian's Signature**

Linda Vista Adventist Elementary School • 5050 Perry Way, Oxnard, CA 93036-1088

Office: (805)647-2220 • Email: office@lvaes.org • Website: www.lvaes.org



# Linda Vista Adventist Elementary School

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## Our Core Values

At Linda Vista Adventist Elementary School, we believe that education is a partnership, and all partnerships should be founded upon common values and vision. The following statements are intended to establish an overview of our core values but should not be considered comprehensive.

- We believe that true education is about educating the whole person, according to Biblical principles, for a life of love and service in this world and the world to come. We seek excellence in all areas but do not believe that any area should be sacrificed for another.
- We believe that instilling in children the curiosity to learn and providing them with the skills to do this on their own is as important as the information that we teach them. We seek to make subject matter relevant and engaging through hands-on activities and experiences.
- We believe that quality education focuses on the big picture and the end result. Individual homework assignments, grades, and test scores are important and should be used in guiding the educational process, but we remember that they are not the end product.
- We believe that all children can learn and grow. We seek to help children where they are at and hold them accountable for what they are capable. Seeking growth is more important than perfection, and we encourage children to complete their own work, even if it is difficult and imperfect.
- We believe it is more beneficial to teach children how to overcome challenges and to rebound from failure than it is to protect them from discomfort.
- We believe that developing character and life skills are an essential part of education. To name a few, we promote faith, courage, honesty, integrity, commitment, diligence, hard work, ownership, kindness, compassion, patience, modesty, respect, and purity of speech.
- We believe that we are all children of God, with different strengths and weaknesses. In conflict, we commit to treating each other with kindness and compassion and seek to understand rather than judge. We also commit to following the Biblical model of going to the source in patience and love as laid out in Matthew 18. We encourage students to be both kind and brave.
- We believe that God's word, as given in the Bible, should be the ultimate guide for what we teach and how we live our lives. An overview of the Seventh-Day Adventist Biblical interpretations can be found at [Adventist.org](http://Adventist.org).

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## **Our Commitments**

### **Our Teachers commit to:**

1. Providing a balanced education following the guidelines and standards given by the North American Division and the State of California.
2. Promoting the love of Jesus and Biblical principles.
3. Seeing your child as an individual and seeking to maximize his/her education.
4. Treating you and your child with kindness and patience, following the model established in Matthew 18 to resolve conflict.
5. Communicating effectively with you.

### **Our Parents commit to:**

1. Ensuring that their child receives quality sleep and nutrition.
2. Guaranteeing that your child attends school regularly and on-time.
3. Encouraging their child to be proactive in his/her own education. This includes doing his/her best on all assignments and asking his/her teacher for assistance.
4. Supporting our core values and the policies established in the handbook.
5. Treating teachers, staff, and other parents with kindness and patience, following the model established in Matthew 18 to resolve conflict.

### **Our Students commit to:**

1. Listening: Obeying teachers and respecting classmates.
2. Kindness.
3. Bravery, including taking ownership of their own choices.
4. Purity in speech: Speaking kindly to and about each other and avoiding improper words/topics.
5. Asking for help if they're not sure what to do.
6. Keeping their hands to themselves.
7. Completing assignments to the best of their ability in a timely manner.
8. Doing their part to keep our school clean and in good condition.
9. Following the dress code.
10. Supporting the policies established in the handbook.



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**Authorized Pickup Person Form**

Student's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Students will not be released to anyone other than those listed within this document without specific permission from the parent/guardian.

I hereby inform Linda Vista Adventist Elementary School that the people listed below are authorized to pick up the above named child(ren) at anytime.

**AUTHORIZED PICK-UP PERSON:**

Name:	Relationship to Child:	Phone #:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I understand that:

- The "Authorized Pick-Up Person" must be at least 18 years old and may be asked to provide a photo ID to the staff.
- This authorization shall remain in force until edited or rescinded in writing by the signers of this authorization.

Authorized by:

Parent/Guardian Name	Signature	Date
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Parent/Guardian Name	Signature	Date
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## Core Values and School Handbook Acknowledgement

- I have read and understand Linda Vista's core values statement.
- I have read, understand, and support Linda Vista's commitments.
- I have read, understand, and agree to abide by the policies and principles set forth in the Linda Vista Adventist Elementary [School Handbook](#).

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's/Guardian's Name (Print)

\_\_\_\_\_  
Father's/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's/Guardian's Name (Print)

\_\_\_\_\_  
Mother's/Guardian's Signature

\_\_\_\_\_  
Date

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## Photography & Video Consent

### PHOTOGRAPHY/VIDEO USE

I hereby authorize Linda Vista Adventist Elementary School to photograph or videotape the student indicated on this sheet for various school purposes, such as classroom use, yearbook, public relations, and marketing, both in print and online.

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Father's/Guardian's Name (Print)

\_\_\_\_\_  
Father's/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's/Guardian's Name (Print)

\_\_\_\_\_  
Mother's/Guardian's Signature

\_\_\_\_\_  
Date



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**Updated for 2026-2027**  
**1:1 iPad Agreement**  
*1st - 8th Grade Students*

Linda Vista Adventist Elementary School administers a 1:1 Apple iPad program to provide our teachers and students with tools for the best education possible. We are highly encouraging, but not requiring, each student to have an Apple iPad and keyboard case that he/she can take to and from school. Families may use an iPad that they personally own, or they may lease-to-own an iPad/keyboard case from LVAES, but any device that a student brings to school must be filtered and managed by LVAES.

**Please select one of the following options:**

**No Device**

- My child will not be bringing an electronic device to campus.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**2. Bring My Own Device**

- I will provide a tablet for my child to use at school.
- I recognize that in order for my child to bring a device, the current MDM/filtering software must be installed on the device, allowing LVAES to filter and manage the device.
- I understand that this installation requires a clean reset of the device, resulting in the erasure of all content. I have backed up whatever information I need.
- I understand that the MDM/filtering software filters content, manages apps, guides access, and allows LVAES to see users' activity.
- I agree to pay a \$25 per year technology fee.
- I understand I can remove LVAES as the manager of my device. However, each re-installation of the MDM/filter will be charged a \$20 service fee.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**3. Lease-to-Own**

- I will lease-to-own a 128 GB Apple iPad and a Logitech Rugged Folio keyboard case from LVAES for \$170 per year, broken up into 10 monthly installments of \$17 each. After a total of \$510 in lease payments, I have the option to purchase the iPad for \$12. If I leave LVAES before \$510 in lease payments are made, I have the option to purchase the iPad for \$522, minus the total lease payments already made. The lease buyout option must be exercised within one week of ending enrollment at LVAES or the option to buy will be considered terminated.
- If a previously leased, older model is the only option available, I will take over the remaining payments.
- I understand that the MDM/filter software must be installed on the device for the duration of the lease, allowing LVAES to filter and manage the device.
- I understand that the MDM/filter filters content, manages apps, guides access, and allows LVAES to see users' activity.
- If I am taking possession of a brand-new iPad and Rugged Folio case, I will return both the iPad and the case in like-new condition.
  - In the event of damage, I agree to repair the iPad and case to like-new condition or replace it with an iPad or case in like-new condition.
  - Upon return of the iPad, I agree to pay \$10 per scratch, significant or minor, to the iPad.
  - I understand that I have the option to purchase insurance to cover screen, drop, and spill damage to the iPad. This insurance does not cover theft or lost items.

**My choice is as follows:**

- I choose to **purchase** damage insurance for this iPad for \$35 per year, and I understand there is a \$49 deductible per damage event.
- I choose to **decline** damage insurance and, in the event damage occurs, will repair or replace the iPad to like-new condition at my own expense.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

## Pacific Union Conference Consent to Treatment

Only designated staff, such as the school nurse or physician, will have the complete form. This form will be stored in a locked file.

This form must be filled out at the beginning of each year to cover the activities for the school year. A copy of each student's form must be taken on off-campus activities.

Student's Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security \_\_\_\_\_  
Mo. Day Year

Address \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Father/Guardian \_\_\_\_\_  
Business Telephone Home Telephone Social Security Number

Mother/Guardian \_\_\_\_\_  
Business Telephone Home Telephone Social Security Number

Please describe allergies to substances and medication \_\_\_\_\_

If on regular medication, please specify \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

Please give name of your local family physician to be called in case your son or daughter become ill or has an accident at the school and you cannot be reached.

Family Physician \_\_\_\_\_ Office Telephone \_\_\_\_\_

Address \_\_\_\_\_

Hospital preference \_\_\_\_\_ Telephone \_\_\_\_\_

Please give the name of two relatives or friends who have consented to assume the responsibility of your son or daughter in case of illness or accident until you can be reached. In case of any change in the named person, notify the school in writing.

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

If emergency service involving medical action or treatment is required and neither the parent nor the family physician can be reached for consent, the parents hereby consent to the rendering of such emergency medical service for the above student as shall be necessary in the medical opinion of the doctor rendering service. This authorization is given pursuant to local state Civil Code.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

(Wet signature only. Please do not sign digitally.)