



*serving Las Vegas since 1940s*

# **REGISTRATION PACKET**

## **2015-2016**

Please make sure to contact the school office when there is any kind of change to your address or phone number. Thank you for your cooperation.

Phone: 702-871-7208

Fax: 702-364-5456

Website: [www.lvja.org](http://www.lvja.org)

**ADMINISTRATOR**

Mr. Arlyn Sundsted

Las Vegas Junior Academy is operated as an exempt school under the provision of NRS 394.211 and as such is exempt from the provisions of the Private Elementary and Secondary Education Authorization Act.

# LVJA 2015-2016 SCHOOL CALENDAR

August 24, 2015	Monday	1 <sup>st</sup> Day of School
September 7	Monday	Labor Day - No School
October 23	Friday	End of 1 <sup>st</sup> 9 Weeks 44 Days ½ Day
October 26	Monday	Start of 2 <sup>nd</sup> 9 Weeks
October 30	Friday	Nevada Day - No School
November 6	Friday	No School - Parent Teacher Conferences 9-4
November 11	Wednesday	Veteran's Day - No School
November 25	Wednesday	School Dismisses at 12:20 p.m. ½ Day
November 26-27	Th. - F.	Thanksgiving - No School
December 19-31		Christmas Vacation - No School
January 1-3		Christmas Vacation – No School
January 4, 2016	Monday	School Resumes
January 15	Friday	End of 2 <sup>nd</sup> 9 Weeks 45 Days ½ Day
January 15	Friday	End of 1 <sup>st</sup> Semester 89 Days
January 18	Monday	Martin Luther King Day - No School
January 19	Tuesday	Start of 3 <sup>rd</sup> 9 Weeks
February 12	Friday	School Dismisses at 12:20 p.m. ½ Day
February 15	Monday	Presidents' Day - No School
March 18	Friday	End of 3 <sup>rd</sup> 9 Weeks 43 Days
March 18	Friday	School Dismisses at 12:20 p.m. ½ Day
March 21-25	Monday-Friday	Spring Break - No School
March 28	Monday	Start of 4 <sup>th</sup> 9 Weeks
May 27	Friday	School Dismisses at 12:20 ½ Day
May 30	Monday	Memorial Day - No School
June 2	Thursday	End of 4 <sup>th</sup> 9 Weeks 48 Days ½ Day
		End of 2 <sup>nd</sup> Semester 91 Days

**BLUE** = NEW QUARTER    **GREEN** = NO SCHOOL    **RED** = ½ SCHOOL DAYS

# LVJA

## LAS VEGAS JUNIOR ACADEMY

2015-2016

ENTRANCE FEES	K – 6th	\$325.00
	7th – 10th	\$425.00

**ASK ABOUT  
EARLY REGISTRATION  
DISCOUNTS**

**PLACEMENT TEST FEE FOR ALL NEW STUDENTS \$50.00**

TUITION RATE FOR:	GRADES:	YEARLY:	MONTHLY:
Community:	K – 6th	\$6,250.00	\$625.00 per month
	7th – 10th	\$7,250.00	\$725.00 per month
SDA Constituent: Proof of membership required	K – 6th	\$4,000.00	\$400.00 per month
	7th – 10th	\$5,000.00	\$500.00 per month
SDA Non-Constituent: Proof of membership required	K – 6th	\$6,000.00	\$600.00 per month
	7th -10th	\$6,750.00	\$675.00 per month

**After School Care Charges:** \$6 per hour 1st child; sibling discounts then apply.

**Late Fees** (please refer to the **After School Care Contract**) are \$10 for the first 5 minutes and \$1 per minute, thereafter, per child.

**Early Dismissal** is when LVJA dismisses at 12:20 p.m.

### **Tuition FAQ:**

**Q: When do I begin to pay tuition?**

**A:** September 1 through June 1, inclusive.

**Q: What will I owe monthly?**

**A:** Take the yearly tuition (as stated above) and divide that into (10) months to get your monthly payment.

**Q: If I choose to pay by the semester or yearly, when is that due?**

**A:** 3% discount semesterly, or 6% discount for one time yearly payment

1<sup>st</sup> Semester is due **September 1**

2<sup>nd</sup> Semester is due **February 1**

Yearly Payments are due **September 1**

**Q: Is there a discount for more than one child?**

**A:** Yes. There is a 5% discount for two, a 10% discount for three, and a %15 discount for four.

**Q: Is there a late fee charged?**

**A:** Yes. A \$35.00 late fee is assessed if your payment is received in the office after the 10<sup>th</sup> of the month.

**Q: What kind of payment is accepted?**

**A:** We accept Debit, Visa, Discover, Mastercard, American Express, Money Order, Cashier's Check, Personal Check, or Cash. We provide online payment through the school website, [www.lvja.org](http://www.lvja.org)

### **PLEASE NOTE:**

**If your check is returned for insufficient funds, no more personal checks will be accepted.**

**Q: What happens if the bank returns my check?**

**A:** A \$35.00 returned check fee will be charged to your account. After **one bounced check**, LVJA **will not** accept a personal check as a form of payment.

**Las Vegas Junior Academy**  
 Proposed Financial Contract  
 2015-2016 School Year

<b>RESPONSIBLE PARTY:</b>	<b>SSN:</b>	<b>Phone Number:</b>
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**ADDRESS:**

(1) Student Name: \_\_\_\_\_

(2) Student Name: \_\_\_\_\_

(3) Student Name: \_\_\_\_\_

ENTRANCE FEES AND PLACEMENT TEST FEE				NOTES
	Amount	# of Students	TOTAL	
K4-6th	\$ 325.00		\$	PLACEMENT TEST FEE: \$50.00 N/A <input type="checkbox"/> Paid <input type="checkbox"/> Due <input type="checkbox"/>
7th-10th	\$ 425.00		\$	
Penalty/(Discount)			\$	
Placement Test Fee:	\$ 50.00		\$	
Paid Amount	Balance Due			
	\$			
<b>Total Due</b>			\$	

TUITION				Scholarship/Subsidy
	Amount	# of Students	TOTAL	
(1)		1	\$	<input type="checkbox"/> Stanley-Liang Scholarship <input type="checkbox"/> Contingency Scholarship <input type="checkbox"/> Local Scholarship <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
(2)		1	\$	
(3)		1	\$	
<b>Total Due</b>			\$	
Minus any discount for multiple children:				
5% (two), 10% (three), 15% (four+)			(\$ )	
Minus the discount: Semester (3%):				
or Yearly Payment (6%)			(\$ )	
<b>ANNUAL TUITION DUE</b>			\$	
<b>MONTHLY TUITION DUE</b>			\$	
<b>Paid</b>	\$	<b>Balance Due</b>	\$	<b>For Office Use</b>

I realize that this contract is a legal and binding document and final tuition is subject to membership verification. I accept the responsibility of this contract and fulfill its conditions according to the above payment schedule. I understand that if my account becomes delinquent, my child could be withdrawn from LVJA, and all fees paid will not be refunded and a monthly fee of \$35 will be assessed until the account is cleared. Outstanding account balances turned over to collections will be charged a 30% fee above the total amount owed.

**PRINT NAME:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_

**DATE** \_\_\_\_\_

# LAS VEGAS JUNIOR ACADEMY "Parental Agreement"

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

Grade \_\_\_\_\_

**Please place your initials next to each underlined heading indicating you have read the enclosed carefully. THIS FORM MUST BE NOTARIZED.**

### Student Handbook

I have received the Student Handbook and I am aware of LVJA's rules and regulations, including our After School Care fee schedule and guidelines. I agree to be supportive of these rules and regulations to include dress code policy as outlined on the student dress policy form. In addition, I agree to supply all information requested by the school in a timely manner.

### Off Campus (check yes or no)

My child has permission to leave the campus without adult supervision, directly after dismissal.  Yes  No

### Field Trip (check yes or no)

I hereby give permission for my child to accompany his/her class on school sponsored trips for instructional purposes during the school year. The field trip could include walking instead of riding in a vehicle.  Yes  No

### Transportation

1. I give permission for my child to ride on school provided transportation  Yes  No
2. I give permission for my child to ride with parents of other students who have completed the appropriate Parent Driver documentation and have proper seatbelts for my child.  Yes  No

### Photo Release

I give permission to publish my child's picture on the website and on other school sponsored advertisements.  Yes  No

### Computer Usage

I give my child permission to utilize the school's computers in the classroom and in the school computer lab.  Yes  No

### Out of Uniform and Tardy fees

I understand the above charges will be added onto my monthly billing statement, whereas, it will be my obligation to pay such fees each month. ***Out of Uniform fees: \$1 per uniform violation Tardy fees: \$5 per tardy, after tardy #5, until the quarter comes to an end. These fees are per child.***

### Record Release

I realize that in order to admit a student, LVJA will request all student records from the last school attended. I also understand that if my child withdraws from LVJA, records will be sent at the request of the new school, and only be released, IF my account is cleared with a zero balance from all charges incurred during time of enrollment.

### Financial Obligation

I understand that part of my financial obligations include, but are not limited to, entrance & registration fee, tuition, graduation fees, mission and school trip fees, late fees, lost or stolen book charges, after school care fees, gum fines, tardy fees and out of uniform fees.

I have read all the above and have placed my initials indicating I have read the enclosed materials.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**NOTARY Signature & Stamp**



## Secondary Family Information

Please provide information below on the non-custodial parent, other joint-custodial parent or other family/guardian.

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

\_\_\_\_\_

City State Zip Code County

Home Phone: \_\_\_\_\_ Listed \_\_\_ Unlisted \_\_\_ Cell Phone: \_\_\_\_\_ Listed \_\_\_ Unlisted \_\_\_

### Father's/Stepfather's Information

Please Check:

Emergency Contact:

Allowed to pick up child:

Father's Name: \_\_\_\_\_

Last First Middle Suffix

Preferred Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

7th Day Adventist? \_\_\_ Yes \_\_\_ No

Church Affiliation: \_\_\_\_\_ Baptized? \_\_\_\_\_ Yes  
\_\_\_\_\_ No

### Mother's/Stepmother's Information

Please Check:

Emergency Contact:

Allowed to pick up child:

Mother's Name: \_\_\_\_\_

Last First Middle Suffix

Preferred Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

7th Day Adventist? \_\_\_ Yes \_\_\_ No

Church Affiliation: \_\_\_\_\_ Baptized? \_\_\_\_\_ Yes  
\_\_\_\_\_ No

**Student's Medical History: (Illnesses & Allergies)**

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

Explain briefly factors such as **allergies**, surgeries, serious accidents or injuries, congenital defects, speech defects, and vision problems that may affect the child's school experience.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*Copy of IMMUNIZATION RECORDS & BIRTH CERTIFICATE MUST Accompany This Form!\*\*\***

**Medical Contacts: (Supply Copy of Insurance Card)**

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Policy #: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Group #: \_\_\_\_\_ Member ID #: \_\_\_\_\_

**Emergency Contact 1**

Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

**Emergency Contact 2**

Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_



## STUDENT DRESS POLICY 2015-2016

*(You will be charged \$1.00 for each out of uniform violation)*

**GIRLS UNIFORM** Navy or Khaki skirt, skort, pant, shorts or jumper OR Burgundy plaid skirt/skort.  
(No Cargo Pants)  
Burgundy OR White polo shirt\*  
White button down Peter Pan Blouse\* OR Oxford\*  
SOLID Navy or White Socks/Tights ONLY. \*\*\* No patterns, insignias, logos, nor leggings

**GIRLS CHAPEL UNIFORM** Burgundy or Navy plaid skirt / or skort . Navy or Khaki pants for Winter only  
White button down Peter Pan Blouse\* OR Oxford\*  
Burgundy plaid OR Burgundy Solid Cross Tie  
SOLID Navy or White Socks/Tights ONLY. \*\*\* No patterns, insignias, logos nor leggings

**BOYS UNIFORM** Navy or Khaki pants or shorts (No Cargo Pants)  
Burgundy OR White polo\* OR White Oxford\*  
SOLID Navy or White Socks ONLY. \*\*\*, No patterns, insignias, or logos.

**BOYS CHAPEL UNIFORM** Navy, Khaki pants OR Shorts (No Cargo Pants)  
White button down Oxford\*  
**Burgundy Plaid OR Burgundy Solid tie**  
SOLID Navy OR White Socks Only. \*\*\* No patterns, insignias, or logos.

**OUTER WEAR** ALL Sweatshirts\* (any style) MUST be **Maroon or Navy ONLY!** With school logo.  
**For cooler weather** ALL Sweaters\* MUST be **Navy, ONLY!** The school logo must be embroidered on them.

- All Polo's, Peter Pan Blouses, Oxfords, Jumpers, Sweatshirts, & Sweaters, **MUST** be embroidered with the LVJA 3 Cross logo and **MUST** be the correct color and style. **NO OTHER COLORS ALLOWED!!!!**

\*\* Socks/Tights **MUST** be **SOLID** no patterns, stripes, flowers, insignias, logos, ( **Navy or White ONLY!**)  
**NO LEGGINGS ALLOWED!!!**

**PLEASE NOTE:** *All coats & jackets must be NAVY BLUE color, but not made of any type of sweatshirt materials and must have a lining that is separate from the outer part of the jacket or coat.*

**PLEASE SIGN HERE:** \_\_\_\_\_ I understand our uniform policy as stated and will follow the guidelines set by LVJA. **I understand if my child comes to school out of uniform and he/she receives a uniform violation I will be charged \$1 for each violation. The violation amounts will be added to my monthly statement and must be paid and cleared each month along with my other fees.**

**Student Name** \_\_\_\_\_

## CONSENT TO FIELD TRIP

During the school year in your child's scheduled field trips which will take the students on educational experiences away from the school. Parents will be notified of these field trips as they are scheduled by a written notice sent home with the student. This notification will tell the nominal cost (if any) for each student as well as the place, date, and time of the field trip.

School personnel will take all normal precautions to insure student safety.

This "Consent for Field Trip" will take the place of the written notice sent home, only if, the student forgets to bring the note back to school. By using this note, your child will be able to attend the field trip. The school makes sure parents are informed of any and all upcoming field trips. If you choose not to sign this form, and your child forgets to bring back a signed notification of a Field Trip they will not be able to attend with their class unless, they have this form on file.

Please sign the bottom part of this sheet to authorize your child to participate in these experiences outside the school.

Recognizing that class field trips are a proper part of the school program, I hereby consent to you taking:

**CHILD'S NAME:** \_\_\_\_\_

on field trips during the school year, and I hereby expressly relieve, indemnify, save, and hold from harm the Nevada-Utah Conference of Seventh-day Adventist, Las Vegas Junior Academy, the School Board of Las Vegas Junior Academy, and any agents or employees thereof from and against any and all liability or claims arising from injury or damage to person or property while on said trip. I also release and relieve the aforementioned conference, school and personnel from any and all liability or claims arising from injury or damage suffered or incurred by said child as a result of the acts, omissions, or conduct of any person, other than the negligence of said conference, school or personnel.

It is further understood that I shall have the responsibility of advising said child of the risks, which are known or should be known, of such trips.

I further agree to assume the responsibility of seeing that my child cooperates and conforms to the fullest extent with the school directions and instructions of the school officials in charge.

If my child, at any time, does not obey the rules, set by the teacher, then he or she would lose the privilege of remaining on the field trip and the parent or guardian will be called to pick he or she up at the field trip cite.

**PARENT / GUARDIAN:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **CELL #:** \_\_\_\_\_

**CONSENT TO TREATMENT**

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

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

Father / Guardian: Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Mother / Guardian: Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Please describe allergies to medications or prescribed medications that student is taking on a regular basis:

\_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Name of Medical Insurance: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Phone: \_\_\_\_\_

Please give the names 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 changes in the named persons, notify the school in writing.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If emergency service involving medical action or treatment is required and neither parent can be reached for consent, the parent's hereby consent to the rendering of such emergency medical service for the above named student as shall be necessary in the medical opinion of the doctor rendering the service. This authorization is given pursuant to the local state Civil Code.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Insured Social Security # \_\_\_\_\_

**PLEASE PROVIDE A COPY OF YOUR MEDICAL INSURANCE CARD**

**AFTER SCHOOL CARE INFORMATION SHEET and CONTRACT  
2015-2016**

After School Care starts promptly at 3:15 pm to 6 pm Monday – Thursday and 2:15 pm – 5 pm or earlier during winter on Fridays. Students not picked up by their parents or designated person(s) will be automatically enrolled in our after school care program. After School Care fees must be paid in a timely manner once a statement is received. The school has the right to refuse service for non-payment or unruly behavior.

**FEES & CHARGES**

*Daycare and Late pick up fees will be billed on your monthly statement.*

**Daycare fees** are based on an hourly rate of \$6.00 per hour or \$3.00 per 30 minute increment or \$1.50 per 15 minute increment.

**Late fees** are assessed as follows: \$10.00 for the first 5 minutes per child past 6 pm Monday – Thursday and 5 pm on Friday and \$1.00 per minute, thereafter, per child.

**Early dismissal days** are when LVJA dismisses at 12:20 pm. On these days **when after school care is not provided** and if your child is still here past 12:30 pm, you will be assessed these charges: \$10.00 for the first 5 minutes past 12:30 pm and \$1.00 per minute, thereafter, per child. **Early dismissal days when after school care is provided**, payment will be made to the after school care provider that same day, cash, check or credit card will be accepted!

**EXPECTATIONS**

Each parent or guardian **MUST** place a signature next to the clocked out time. Please make sure your signature is legible. LVJA requests this for the safety of your child.

This form is required to have on file for all students currently attending LVJA. This service is a safety house in the event of a family emergency, high volume of traffic, accident, or have some free time to shop. Your child will be placed in this service automatically. This time is based on school time when school begins and ends.

**A PICTURE ID WILL BE REQUIRED until we get to know each and every parent or if individuals are asked to pick up your child that we do not know. NO ID, NO RELEASE.**

Please sign below that you understand all charges and fees and requirements so that your child will have a safe after school care experience. If you pick your child up early, are visiting with a teacher or parent, or having a conference with your child’s teacher, your child must remain with you at all times or they will be placed in our after school care program, where you will be charged.

**PARENT / GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**STUDENT’S NAME** \_\_\_\_\_ **GRADE** \_\_\_\_\_

**AFTER SCHOOL CARE REGISTRATION  
2015-2016**

<b>Allergic to:</b>
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Student's Name : \_\_\_\_\_ Grade : \_\_\_\_\_ DOB : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Father		Mother	
	Parent's Name - First then Last		
	Street Address, Name and Number		
	City, State and Zip		
	Home Phone Number		
	Work Phone Number		
	Cell Phone Number		

If for any reason, I, the parent, cannot be reached, the following has permission to take my child off campus.  
**(ID will be required and must be over 18 years of age to check/clock out students.)**

**PICK-UP CONTACTS (People, other than parent or legal guardian, authorized to pick up your child from school.)**

1ST Contact: \_\_\_\_\_

	Name		Phone #
DL # :	_____	TAG #: _____	Relationship _____

2nd Contact: \_\_\_\_\_

	Name		Phone #
DL # :	_____	TAG #: _____	Relationship _____

3rd Contact: \_\_\_\_\_

	Name		Phone #
DL #:	_____	TAG # : _____	Relationship _____

4th Contact: \_\_\_\_\_

	Name		Phone #
DL #:	_____	TAG #: _____	Relationship _____

In order to continue After School Care services for your child, After School Care charges posted to your account must be paid with your monthly tuition payment. If your account is not paid, you could be asked to withdraw your child from our program. I understand that if I pick my child up after closing hours, or late on early dismissal days when there is no After School Care, I will be charged a late fee penalty as stated on the information/contract sheet.

Parent/Guardian Signature: \_\_\_\_\_ Date : \_\_\_\_\_

# Nevada State Health Division Technical Bulletin



Topic: Summary of Nevada Immunization Requirements for Public and Private School Attendance	Bureau/Program: Bureau of Child, Family and Community Wellness/Immunization Program
Bulletin #: BCFCW-IZ-03-11	
Date: June 1, 2011	
To: <b>Immunization Providers, School Nurses, County Health Officers, School District Administrators, Boards of Trustees of School Districts, and Private School Officials</b>	
Contact: Erin Seward (775) 684-3209	

## Nevada Laws Requiring Immunization of Children in Public Schools and Private Schools

# UPDATED

NRS 439.550 currently states that timing and schedule of immunizations for school aged children and children in childcare should be set by the local health officer under the direction and supervision of the Health Division.

Nevada's State Health Officer, Dr. Tracey Green, is providing the direction on the timing (schedule) and number of doses for all required immunizations for school aged children.

The following immunization requirements are based on ACIP recommendations (Advisory Committee on Immunization Practices). Direction provided on behalf of the state health officer is intended to create consistency (statewide) and reduce confusion for providers, parents and school districts and private schools **who must comply with the schedules.**

**The new immunization requirements will go into effect for all K-12 students new to the school districts beginning with the 2011-2012 school year.**

Changes going into effect are:

- Polio Vaccine - 1 dose of Polio Vaccine is required after the child's 4<sup>th</sup> birthday. If a 4<sup>th</sup> dose is provided prior to the 4<sup>th</sup> birthday, **it is invalid.**
- Varicella Vaccine - Second dose of Varicella is required.
- These new requirements are for children **new to a school district.** This includes children enrolling in school for the first time (kindergarten) and children who have moved from a different school district (within Nevada and to Nevada).
- ACIP's recommended ages and intervals between doses of routinely recommended vaccines are required for school entry.
- Utilize ACIP's recommended minimum age and intervals when a child is behind on required immunizations.
- Doses are only valid if they follow the ACIP's recommended ages and intervals (for "on time" or "behind" children).
- A medical exemption requires a contraindication or precaution to the receipt of a given vaccine.

Summary of Nevada Immunization Requirements  
For School Attendance  
These charts are based on ACIP Recommendations and Nevada Requirements;

**Required Number of Doses for Children**

ACIP Recommended Schedule								
Required Vaccines	2 mo. of age	4 mo. of age	6 mo. of age	12-15 mo. of age	18-24 mo. of age	4-6 yrs. of age	11-12 yrs. of age	Total Doses Required prior to school entry
DTP, DT, DTaP	1	2	3	4		5*		4 or 5 (If dose #4 is given on or after 4 <sup>th</sup> birthday #5 is not needed)
Polio (IPV)	1	2	3			4		3 or 4 (If dose #3 is given on or after 4 <sup>th</sup> birthday, #4 is not needed)
MMR				1		2		2
Hep B	1	2	3					3
Varicella				1		2		2
Hep A				1	2			2
Tdap							1**	1**

Required Vaccines (For primary series administered at age 10 yrs or later)	First Visit	1 mo. after 1 <sup>st</sup> Dose	1 mo. after 2 <sup>nd</sup> Dose	1 mo. after 3 <sup>rd</sup> Dose	4 mos. after 1 <sup>st</sup> Dose	6 mos. after Previous Dose	Total Doses Required
Td**	1	2				3	3**

\* The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose. If 4 doses are administered prior to age 4 years a fifth dose should be administered at age 4 through 6 years. (MMWR 2009;58(30):829-30)

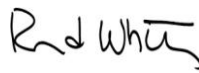
\*\* If primary series is administered at age 10 years or later, 1 dose of the 3 dose series should be Tdap. Regulations require a Pertussis containing vaccine to be administered to a child prior to the 7<sup>th</sup> grade entry into school. Students of the class of 2012 and 2013 must have had either Td or Tdap to satisfy their booster requirements.

Approved by:



Tracey D Green, MD, State Health Officer

Approved by:



Richard Whitley, MS, Administrator

**LAS VEGAS JUNIOR ACADEMY**  
**PHYSICIAN'S EXAMINATION**  
**\*2015-2016\***

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Blood Pressure:** \_\_\_\_\_

	Normal	Abnormal	Not Examined	Explain Abnormalities
Skin				_____
Eyes, vision, glasses				_____
Ear, hearing				_____
Nose and Throat				_____
Mouth, teeth, speech				_____
Glands				_____
Chest, lungs, breathing				_____
Cardiovascular, heart				_____
Abdomen: enlargement				_____
tenderness				_____
hernia				_____
Spine, back				_____
Scoliosis for Grade 7				_____
Posture				_____
Extremities				_____
Genitourinary				_____
Nervous System, reflexes				_____

Nutritional status and general appearance of the child \_\_\_\_\_

Recommendations for additional medical or dental care \_\_\_\_\_

The student may participate in a normal physical education program which includes such activities as running, jumping, tumbling.

Yes     No

If student must be restricted from participating in activities such as are listed above, please indicate physical activities may be permitted.

Physician's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

To be completed by the family physician and kept on file at the school for all children, a) entering school for the first time, b) at grade seven (this should include the scoliosis examination), c) at least once in grades nine through twelve, and d) at other grades, when required by the Conference Board of Education.



## SDA CHURCH MEMBERSHIP VERIFICATION FORM

Please note that your local Pastor or Church Clerk must verify your church membership in order to get the best tuition prices as stated in our school registration packet. PLEASE take a moment of your time and have this filled out and mailed or faxed back as soon as possible. As you can see, until membership is verified, you will be charged community rate for tuition until Las Vegas Junior Academy receives verification from your Pastor or Church Clerk.

MEMBER'S NAME: \_\_\_\_\_

Prospective  
STUDENT'S NAME: \_\_\_\_\_

BAPTIZED: \_\_\_Yes \_\_\_No GRADE ENTERING: \_\_\_\_\_

Prospective  
STUDENT'S NAME: \_\_\_\_\_

BAPTIZED: \_\_\_Yes \_\_\_No GRADE ENTERING: \_\_\_\_\_

The above member is a member in "Good Standing" at the following Seventh-day Adventist

Church: \_\_\_\_\_ located at the following address:

\_\_\_\_\_.

If more information is needed we can contact Pastor \_\_\_\_\_ at \_\_\_\_\_

or Church Clerk \_\_\_\_\_ at \_\_\_\_\_.

Signature: \_\_\_\_\_ OR  
Pastor

\_\_\_\_\_ DATE: \_\_\_\_\_  
Church Clerk

# Las Vegas Junior Academy

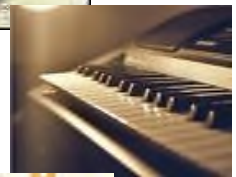
## Sign-up for Classes

### INTEREST FORM"

My child, \_\_\_\_\_ has permission to sign up for the following classes offered at LVJA. I understand a fee is attached to the extra-curricular activities offered through the school. I understand these classes are not part of the schools billing system, but through the individuals overseeing these activities. By signing this interest form sheet does not hold me to payment for each activity I have selected. This interest form will be passed on to the directors of these activities, whereas, they will have their own form you must sign and return, which commits you to their payment requirements.

Please make your selection and more information will be sent to you as it becomes available to us.

- \_\_\_\_\_ Piano/Voice lessons with Mrs. Baxter
- \_\_\_\_\_ Piano/Voice lessons with Mary Berlin
- \_\_\_\_\_ Karate
- \_\_\_\_\_ Gymnastics
- \_\_\_\_\_ Basketball (Free, 5th Grade-8th Grade)
- \_\_\_\_\_ Volleyball (Free, 5th Grade-8th Grade)

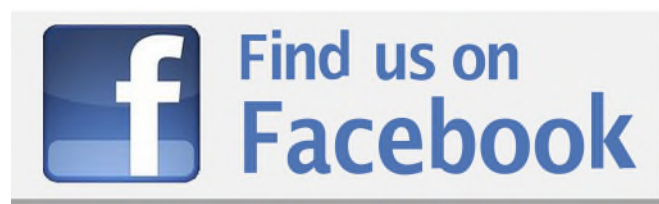


I would like to be contacted by the individual overseeing these programs so I can pre-register for the classes offered at Las Vegas Junior Academy.

Parent Signature: \_\_\_\_\_ Contact #: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Best time to call: \_\_\_\_\_



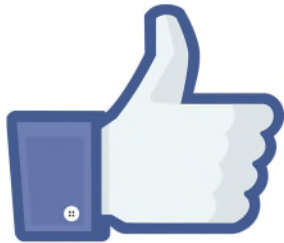
Find LVJA on Facebook!

Is it free dress day?

What's for lunch?

Events and updates!

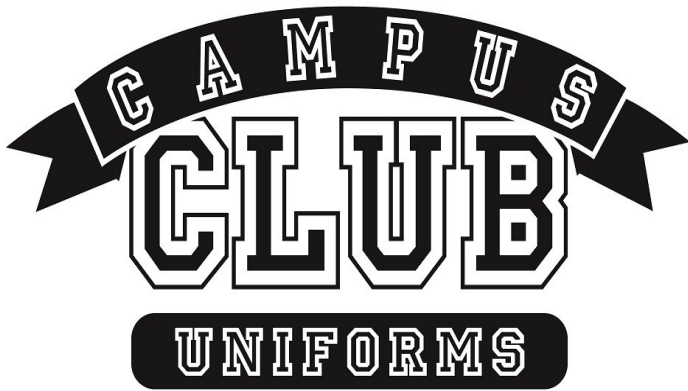
Find other LVJA parents!



<https://www.facebook.com/lvjasda>

Search for Las Vegas Junior Academy and  
become a fan!

# Back to School Shopping



**2411 Tech Center Court Suite 107  
(Smoke Ranch/Tenaya)**

**Las Vegas, Nevada 89128**

**702-360-0555**

*Embroidery and Screenprinting*

## **SCHOOL UNIFORM SHOPPING**

**-Shop our local store**

appointments are suggested to avoid crowds/delays during July/August

**-User friendly online shopping**

[www.CampusClubUniforms.com](http://www.CampusClubUniforms.com)

**-Customer service assistance**

Live chat via website or Call our local phone number

**ALL ORDERS MUST BE PLACED BY**

**AUGUST 10TH!**

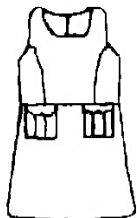
Delivery to school

# GIRLS UNIFORMS

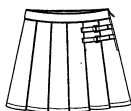
\* **Grades K-4**

Mandatory Chapel Day Uniform

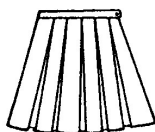
\*\* **Grades 5-12**



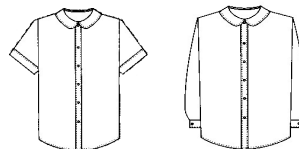
**Two-Pocket Jumper**  
(Grades K-4)  
Navy  
\$ 14.00  
F.T.



**\*Pleated Skort**  
\*Plaid \$ 20.00  
Navy or Khaki \$ 13.00  
F.T.



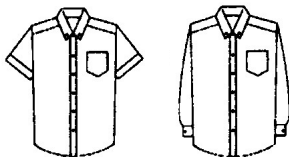
**\*\*Skirt**  
Plaid  
\$ 20.00  
French Toast brand only  
F.T.



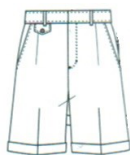
**\*Peter Pan Blouse w/logo**  
(Grades K-4)  
White  
\$ 13.00  
Long Sleeve add \$ 1.00  
F.T.



**\* & \*\*Cross Tie**  
Maroon or Plaid  
\$ 6.00



**\*\*Oxford w/logo**  
(Grades 5-12)  
White  
\$ 16.00  
Long Sleeve add \$ 1.00  
F.T.



**Shorts**  
Navy or Khaki  
Moderate Quality \$ 13.00 Class.  
Premium Quality \$ 18.00 A+

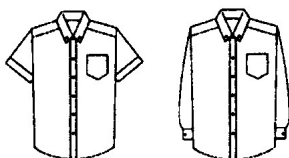


**Flat Front/Flare Leg Pants**  
Navy or Khaki  
\$ 19.00  
K-12



**\* & \*\*Pants**  
(Chapel option for winter)  
Navy or Khaki  
Moderate Quality \$ 17.00 Class  
Premium Quality \$ 21.00 A+

# BOYS UNIFORMS



**\* & \*\* Oxford w/logo**  
(Grades K-12)  
White  
\$ 16.00  
Long Sleeve add \$ 1.00  
F.T.



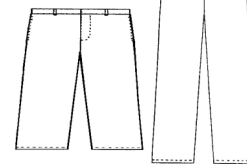
**\* & \*\* Tie**  
Maroon or Plaid  
\$ 6.00



**\* & \*\*Shorts**  
Navy or Khaki  
Moderate Quality \$ 13.00 Class  
Premium Quality \$ 18.00 A+  
(Flat Front Available)



**\* & \*\* Pants**  
Navy or Khaki  
Moderate Quality \$ 17.00 Class  
Premium Quality \$ 21.00 A+  
(Flat Front Available)



**Dickies**  
Navy or Khaki  
Shorts  
Boys \$ 14.00  
Mens \$ 21.00  
Pants  
Boys \$ 17.00  
Mens \$ 22.00

\* & \*\* A belt is a mandatory uniform item for boys



\* & \*\* Mandatory Chapel Day Uniform

Adult sizes add \$ 2.00

# BOYS & GIRLS UNIFORMS



**Polo Shirt w/logo**  
 Maroon or White  
 \$ 15.00  
 Class  
 Long Sleeve add \$ 1.00



**Vest w/logo**  
 Navy  
 \$ 25.00  
 A+



**Cardigan w/logo**  
 Navy  
 \$ 25.00  
 Class



**Hooded Jacket**  
 Navy  
 w/o logo \$ 36.00  
 w/logo \$ 40.00  
 Tri Mountain



**Zip/Hood Sweatshirt w/logo**  
 Navy  
 Standard Quality \$ 24.00 *Jerzee*  
 Premium Quality \$ 26.00 *Soffe*



**Crew Sweatshirts w/logo**  
 Maroon  
 Standard Quality \$ 15.00 *Jerzee*  
 Premium Quality \$ 20.00 *Soffe*



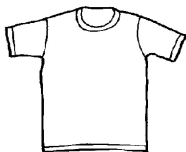
**Belts, Socks, Tights, and  
 Hair Accessories**  
 Available

*White or Navy socks and tights are available*

**Monograms Suggested**

## P.E. UNIFORMS

**(Grades 5-9 Only)**  
*(Youth & Adult Pricing)*



**T-shirt w/logo**  
 Grey  
 \$ 10.00  
 Port



**Shorts w/logo**  
 Maroon  
 \$ 15.00  
 Soffe



**Sweatpants w/logo**  
 Maroon  
 \$ 14.00  
 Jerzee

**Adult sizes add \$ 2.00**

\* & \*\* *Mandatory Chapel Day Uniform*

Las Vegas Junior Academy



# EMBROIDERY SERVICE

Embroidery Service for LVJA school uniform logo is **NOW AVAILABLE**

A & A Uniforms, Inc. is located at Wynn Rd between Desert Inn Rd & Sirius Ave.  
letter A Bldg. Ste. A106 / Phone# 702-251-1971  
25 years in service!!!

### *Cost of Embroidery:*

At least 4 garments at a time \$5.60/each  
3 or fewer garments \$20 flat fee



### Acceptable School Uniform:

- 1.) Maroon/Burgundy or White Short/Long Sleeve Polo Shirt
- 2.) Maroon/Burgundy or Navy Blue Sweatshirt
- 3.) Navy Blue ONLY Cardigan, Sweater, Jacket, or Coat
- 4.) Girls Chapel Uniform: White Peter Pan Blouse (short or long sleeve)
- 5.) Boys Chapel Uniform: White Oxford Shirt (short or long sleeve)

If you have any of the above without logo, bring them to A & A Uniforms to embroider the LVJA school uniform logo.

**NOTE from A & A Uniforms:** The garments have to be new or professionally sanitized/dry clean (with the tags still on) before we can put them on our machine.

If a garment, that was not bought through us, is damaged in the embroidery process (this happens rarely), we will not replace the garment or compensate in any manner. If the garment is bought through us and something happens in the process, we replace it at no additional charge.