

Student Pick-up Authorization

2026-2027

Names of children being authorized

Child's Name	Grade Level

The following person(s) have permission to pick up my son/daughter from school at any time:

Name	Phone Number

I understand that if the name of a person wanting to pick up my child is not on this form; my child cannot be released to that person, even if that person is known by, or related to, my child.

Parent/Guardian Signature

Date

Mentone SDA School
Computer Acceptable Use Policy Agreement
2026-2027

Please complete and return the agreement below to the School Principal. Use of any computer or network services on the MENTONE SDA SCHOOL campus will be prohibited until the form is received.

As a user of the MENTONE SDA SCHOOL computer network, I have read and understand the terms and conditions of this agreement. I have accepted the terms.

Printed name of user _____

User Role (circle one) *Student* *Staff* *Faculty* *Administration*

Email Address _____

User Signature _____ *Date* _____

As the parent or legal guardian of the user signing above, I grant permission for this user to access computer services including network, Email, and Internet access. I understand that individuals and families may be held liable for any inappropriate behavior. I understand that some materials of the Internet may be objectionable, but I accept responsibility to work with the school in guidance of Internet use - setting and conveying standards for the user to follow when selecting, sharing or exploring information and media.

Printed Name of Parent/Guardian _____

Address _____

City _____ *State* _____ *Zip* _____

Home Phone _____ *Work Phone* _____

Email Address _____

Parent/Guardian Signature _____

As a student, staff, faculty or administrator of MENTONE SDA SCHOOL, I grant permission to MENTONE SDA SCHOOL to use my photo or school filmed activity on the Mentone SDA School website, Alumni and Development publications, or any marketing materials.

Signature _____

Parent/Guardian Signature _____

TURN IN WITH APPLICATION

MENTONE SDA SCHOOL
Parent & Student Information Sheet
2026-2027 School Year

Full Legal Name of Children Attending Mentone SDA School	Grade	Place of Birth	SDA Member
1. _____	_____	_____	Y/N
2. _____	_____	_____	Y/N
3. _____	_____	_____	Y/N
4. _____	_____	_____	Y/N

Home Address

Address City State Zip

Mailing Address (if different)

Address City State Zip

Full Legal Names of Parents	Occupation	SDA Member	Telephone
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Mother

_____ Y/N Home: _____
 Cell: _____
 E-mail Address: _____ Work: _____

Father

_____ Y/N Home: _____
 Cell: _____
 E-mail Address: _____ Work: _____

Person to call if parents are not available: _____ Phone #: _____

Family Physician: _____ Phone #: _____

Mentone SDA School Handbook
Acknowledgement and Agreement Form
2026-2027 School Year

**I understand that it is a blessing and privilege to attend the Mentone SDA School . I have read the
Mentone SDA School Handbook in its entirety and agree to adhere to the policies and behavior
expectations thereof.**

Child's Name Printed

Date

Parent's Name Printed

Date

Parent's Name Signature

Parent's Name Printed

Date

Parent's Name Signature