REQUIRED FORMS FOR ACCEPTED APPLICANTS

1. Medical History
2. Housing
3. Meal Plan
4. Practical Service
5. Pre-Registration
REPORT OF MEDICAL HISTORY
- COVENANT COLLEGE HEALTH SERVICES -

TO THE STUDENT: Front and back of this form must be completed. Information provided will be used as an aid in providing necessary care while you are a student. The form will not affect admission decisions but must be filled out completely and mailed to the Admissions Office, Covenant College, Lookout Mountain, GA 30750. This information is strictly for the use of the Health Services Office and will not be released to anyone without your knowledge and written consent.

CURRENTLY ENROLLING:

☐ SPRING ☐ FALL, 20___

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle/Maiden</th>
<th>Preferred</th>
</tr>
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<tbody>
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</tbody>
</table>

Home Address

City State Zip Country

Telephone Number

Date of Birth: ________________________________

Social Security #: ________________________________

Sex: ☐ M ☐ F

Marital Status: ☐ S ☐ M ☐ Other: ________________________________

Entering Class: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

Previously Enrolled: ☐ Y ☐ N
PERSONAL MEDICAL HISTORY

Comment on the side of form on all positive answers or have your physician send a summary to the Health Services Office. It is very important that you answer ALL questions below.

<table>
<thead>
<tr>
<th>Have you had:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Trouble</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rheumatic Fever</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bone / Joint Problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ear, Nose or Throat Trouble</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stomach / intestinal problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequent or severe headaches</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Murmur</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anemia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epilepsy or Convulsions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Problems</td>
<td></td>
<td></td>
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<tr>
<td>HIV Positive</td>
<td></td>
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<tr>
<td>Asthma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis or Jaundice</td>
<td></td>
<td></td>
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<tr>
<td>Diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hay Fever</td>
<td></td>
<td></td>
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<tr>
<td>Thyroid Problems</td>
<td></td>
<td></td>
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<tr>
<td>Abnormal Pap Smear</td>
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<tr>
<td>Frequent or Severe Respiratory Infections</td>
<td></td>
<td></td>
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<tr>
<td>Kidney Disease</td>
<td></td>
<td></td>
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<tr>
<td>Tuberculosis</td>
<td></td>
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<tr>
<td>Other:</td>
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</tbody>
</table>

| ADD or ADHD Medication                    |     |    |

Yes No

| Do you have any disease, or is any drug or other treatment being prescribed, which should be continued or periodically evaluated? (Give details on side). |
| Do you have any drug allergy or other known sensitivity or intolerance? (Give details on side). |
| Have you had any illness, injury, or operation or been hospitalized other than as noted? (Give details on side). |
| Have you ever interrupted school or work due to mental or emotional illness? (Give details on side). |
| Do you now have any physical handicaps or disabilities that may restrict your physical activity? (Ex: physical education participation) |

PARENTS OF STUDENTS 18 OR OLDER

I hereby authorize the physicians of the Covenant College Health Services, their agents or consultants, to the treatment necessary for my care. I authorize the release of my medical records to my insurance company if applicable. I understand that I am responsible for any charges incurred.

X

SIGNATURE OF STUDENT DATE

PARENTS OF STUDENTS UNDER 18

I hereby authorize any medical treatment for my son/daughter that may be advised or recommended by the medical staff of Covenant College Health Services. I authorize the release of medical records to my insurance company if applicable. I understand I am responsible for any charges incurred.

X

SIGNATURE OF PARENT DATE

PLEASE ATTACH PHOTOCOPY OF MEDICAL INSURANCE CARD TO THIS FORM

HEALTH INSURANCE: NAME OF COMPANY (NOT AGENT) ADDRESS

POLICY NUMBER GROUP NUMBER INSURANCE CLAIM TELEPHONE #

NAME OF INSURED: ____________________________ SOCIAL SECURITY #: ____________________________

(Parent) (Parent’s SS#)

HOME: ( ) OFFICE: ( )

NAME OF LEGAL GUARDIAN AND RELATIONSHIP TELEPHONE NUMBERS
IMMUNIZATION RECORD
TO BE COMPLETED BY PHYSICIAN OR HEALTH DEPARTMENT

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Date</th>
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<tbody>
<tr>
<td>TETANUS BOOSTER (Must be within 10 years) REQUIRED</td>
<td></td>
</tr>
<tr>
<td>MEASLES/MUMPS/RUBELLA (given @ 12-15 months or later) REQUIRED</td>
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</tr>
<tr>
<td>MMR BOOSTER (REQUIRED) **(given @ age 4-6 years or later)</td>
<td></td>
</tr>
<tr>
<td>TB Skin Test: PPD (WITHIN PAST YEAR) REQUIRED</td>
<td></td>
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<tr>
<td>POLIO (last booster date)</td>
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<tr>
<td>CHICKEN POX (disease)</td>
<td></td>
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<tr>
<td>HEPATITIS B: #1 __________ #2 _________ #3 _________ (Recommended)</td>
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<tr>
<td>MENOMUNE (Meningitis Vaccine) Recommended</td>
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</tr>
</tbody>
</table>

** MMR booster not required if birthdate is before 1957

X
SIGNATURE OF PHYSICIAN / HEALTH DEPARTMENT OFFICIAL                                    DATE

ADDRESS

-------------------------------------------------------------------------------------------------

INTERCOLLIGATE ATHLETICS FORM

IF PARTICIPATING IN INTERCOLLIGATE ATHLETICS YOUR PHYSICIAN NEEDS TO COMPLETE THE FOLLOWING PHYSICAL EXAM FORM:

NAME:_____________________________________________________ DATE: ________________________

ENT: Normal____ Abnormal____ Weight _________

RESPIRATORY: Normal____ Abnormal____ Height _________

CARDIOVASCULAR: Normal____ Abnormal____ B/P _________

ABDOMEN: Normal____ Abnormal____ Pulse _________

HERNIA: No ____ Yes ___

MUSCULO-SKELETAL: Normal____ Abnormal____

SKIN: Normal____ Abnormal____

GENITALIA: Normal____ Abnormal____

COMMENTS: _____________________________________________________________________________________

This student is physically fit to engage in all college athletics.

X
SIGNATURE OF PHYSICIAN / HEALTH DEPARTMENT OFFICIAL                                    DATE

ADDRESS
If you plan to live on campus, please fill out both pages of this form, even if you have a specific roommate request. If you plan to live off campus, fill out the first page only, and we will send you an off-campus application once you return this form. Rooms and roommates will be assigned in order of priority based on the dates you pay your $200 deposit and return this form.

NAME:

Preferred Name: ___________________________ Date of Birth: ___________________________

Address where mail will reach you this summer: ____________________________________________

E-mail Address: ___________________________ Phone Number: ___________________________

College Housing Plans: _______ on-campus _______ off-campus

Entering Class Level: _______ Freshman _______ Sophomore

Junior _______ Senior

Church Now Attending: __________________________________________

Denomination: __________________________________________

Do you have specific plans at this time for a major or career? If so, what are they? __________________________

What skills, interests, or personal characteristics are you hoping to develop during your college years?

__________________________________________________________

__________________________________________________________

__________________________________________________________

We will use the answers on the next portion of this form in selecting roommates for you, so please take time to consider them carefully. We will try to honor your preferences wherever possible, but since current Covenant students get first chance in housing sign-ups, it may not be possible for you to have all of your choices (specific hall, size of room, etc.) granted your first year.

1. If you have a specific roommate request, write the name(s) here (this must be a mutual choice between or among all members):

2. If you have a specific building or floor request, write it here:
3. Are there any special allergies or health concerns we should know about in assigning housing? 

4. Size of room preference: _______ two-person _______ four-person (only a limited number are available)

Housing Information Form (Page 2)

1. Are you more of a _______ morning person, or _______ night person?

2. In the care of your room and possessions, are you more _______ neat and organized, or are you _______ cluttered and disorganized?

3. What have been some significant or memorable experiences in your life that the Lord has used to mold you into the person you are today?

4. What are some of your interests and hobbies that you’d like to continue at Covenant?

9. What qualities, hobbies, or personality traits would be part of a compatible roommate for you? It helps us if you think hard on this one, and go beyond the usual cliches like “a friendly person,” “knows when to be serious and when to have fun,” etc. Please be as specific as you can.

If you have additional comments, please use a separate sheet of paper or call the Student Development Office at 706-419-1108. Please return this completed form to the following address:

Covenant College Student Development Office
14049 Scenic Highway
Lookout Mountain, GA  30750
CAMPUS DINING

The Campus Dining Program is managed by Chartwells, a division of Compass Group USA, and a world leader in culinary and management services. Chartwells and Covenant College have partnered to provide a new food concept for the 2003–2004 academic year, “Profiles in Good Taste.” We invite you to select and eat what you like and as much as you like in the Great Hall. Daily features include:

- **DOUBLE TREAT BAKERY**: Rich and Tempting Desserts
- **MENUTAINMENT**: Exhibition Cooking
- **TRATTORIA**: Pasta and Pizza, an Italian Restaurant
- **GARDEN EMPORIUM**: A harvest of fresh salad combinations and home-style soups
- **SANDWICH CENTRAL**: This restaurant-style deli stacks traditional fillings anyway you like it.
- **THE FRESH GRILL**: A limitless interpretation of traditional burgers, hot sandwiches and entrees
- **TERRA VE**: Chartwells award-winning program designed to provide eclectic options in a vegetarian or vegan dish
- **MARKET CARVERY**: Selections of meats finely prepared and chef-carved to order

A variety of meal plans have been designed to meet the needs of every student. These plans provide the most flexibility. The Platinum, Gold and Silver plans have $50 of “Dining Dollars” to use as you want in the Blink or Great Hall. After you enroll at Covenant, your meal plan will be assigned to your Scots Card (Student ID). When you enter the Great Hall you must present your valid Scots Card. The meal will then be deducted from your Scots Card and the balance remaining can be given if necessary.

Students who reside on campus are required to be on either the Platinum, Gold or Silver meal plans. If you are unable to be on the college food plan due to medical reasons, you may request to live in the college apartments or live off campus. Students requesting to be exempted from the meal plan for medical reasons must complete a medical excuse form. These forms may be obtained from the Student Development Office.

**SCOTS CARD PLUS**

Students may also use their Scots Card as a debit card. To begin using the Scots card in this manner, you must make an initial deposit of at least $50 on the card. After the initial $50, you can add to your Scots Card in increments of $10.

You may use your Scots Card as a debit card in the following locations: The BLINK (campus snack shop), the Great Hall (to pay for a meal if over your weekly limit; or to pay for a guest), and at the Tuck Shoppe (for the purchase of books or supplies). It is our intention that this will alleviate students from having to worry about carrying cash or a checkbook around campus.

**MEAL PLAN FORM**

(Please print)

Last ___________________________ First ___________________________ Middle ___________________________

I would like to be on the following meal plan for the FALL 2003 semester:

- ___ Platinum (320 meals + $50 Dining Dollars) $1,440.00
- ___ Gold (270 meals + $50 Dining Dollars) $1,300.00
- ___ Silver (200 meals + $50 Dining Dollars) $1,070.00
- ___ Commuter (80 meals + $50 Dining Dollars) $440.00
- ___ No meal plan (I will be living off-campus)

I understand that I must remain on the meal plan I choose for the entire semester.

________________________________________________________ ___________________________
Signature Date

Please return this form to the Admissions Office by July 1, 2003
Practical Service Program Placement Information Sheet

This form should be filled out by ALL Freshmen, Sophomores, and Juniors. Seniors (90+ credits please disregard this form.)

Section I – Personal Information

Name ______________________________________________________________________________________

Semester Attending: ____ Fall 2003 ____ Spring 2004 ____ Both

Class Standing for next semester (Circle one): Freshmen Sophomore Junior

Freshmen: You will be assigned B.E.S.T. (housekeeping). You may ignore the rest of this side and simply complete the back of this form.

Sophomores and Juniors: Please complete the rest of this form.

Your intended course of study (major and/or minor): _______________________________________

Section II – Placement Information

Please list your preferences in order for practical service placement.

1)  

2)  

3)  

Possible Practical Service opportunities for Sophomores and Juniors may include:
   Anam Cara (women’s mentoring ministry)
   Office/lab work with professors (please discuss with prof.)
   Maintenance – Carpentry, Painting, Plumbing, Electrical, Heating/Air conditioning, Preventative maintenance
   Dining hall
   Library
   Career planning
   Admissions (mailings, housing prospective students – please specify)
   Athletics
   Volunteer fire dept
   Development (mailings)
   Audio/visual
   Physical plant (ticketing)

Juniors may also choose an off-campus service opportunity. For approval of off-campus position please come by the Student Development Office for a off-campus approval form.

Please list your work experience, special activities, previous practical service and/or special skills:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
Section III – Administrative Information

Are you able to perform the essential functions of the jobs you have listed with or without reasonable accommodation?  
Without accommodation ___  With accommodation ___

If you need reasonable accommodation, what type do you request?
____________________________________________________________________________________

These statements are made in compliance with Americans with Disabilities Act regulations.

This information sheet should be returned to the Practical Service Program Office in Student Development. If it is included with other admissions or registration information, it will be forwarded to the Practical Service Program Office. Assignment in any specified preference is not guaranteed, however, we will try to match your skills and/or interest in making your work assignment. Please remember that returning students are assigned first, and that due to their knowledge and/or experience, they fill the more technical and/or skilled positions. Definite job assignments for practical service are communicated to the student during registration. Further regulations governing practical service will be given to the students at that time.

The Administration of Covenant College feels that participation in the practical service program is an integral part of the total student experience. As part of each student’s graduation process, he or she is required to participate in the practical service program during his or her freshmen, sophomore, and junior year.

I understand that participation in the practical service program of Covenant College is a graduation requirement, and that failure to participate will result in disciplinary procedures, which may include suspension or failure to graduate.

___________________________________  _____________________
Student Signature  Date

“Covenant College does not discriminate against employees or applicants for employment on the basis of race, color, gender, national origin, age, physical handicap or disability (unless such handicap or disability prevents an employee or applicant from performing the essential functions of the position held or sought, and reasonable accommodation of the handicap or disability be made). Covenant College, as a Christian college, can and does discriminate on the basis of religion in connection with employees and applicants for employment.”

If you have additional comments, please use a separate sheet of paper or call the Student Development Office at 706-419-1108. Please return this completed form to the following address:

Covenant College Student Development Office
14049 Scenic Highway
Lookout Mountain, GA 30750

3/03
Keep a copy of this form for your files and return the original form to the Office of Records.

Student's Full Name __________________________________________ Banner ID # __________________

Desired major field of study __________________________________________ Status ___ / ___

If major is:  Biology, indicate Standard or Pre-medical or Environmental  
Elementary Education, indicate Grades P-5 or Grades 4-8; if Grades 4-8, list two concentrations  
Music, indicate Applied Music (BM degree) or Music (BA degree)  
Psychology, indicate Standard, Clinical, or Experimental  
Secondary Education, indicate the major discipline and Education (e.g. English Education, History Education, etc…)  
Sociology, indicate Standard or Interpersonal Counseling

<table>
<thead>
<tr>
<th>CRN #</th>
<th>Dept</th>
<th>Course #</th>
<th>Sect. #</th>
<th>Course Title</th>
<th>Credit Hours</th>
<th>Time of Day</th>
<th>Days of Week</th>
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</thead>
<tbody>
<tr>
<td>6005</td>
<td>BIB</td>
<td>111</td>
<td>1</td>
<td>Old Testament Lit: Pentateuch</td>
<td>3</td>
<td>0800-0915</td>
<td>T R</td>
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</tbody>
</table>

Please make comments or inquiries below or e-mail your questions to recordsoffice@covenant.edu.

OFFICE US ONLY:  Packet Sent __________________________  Entered in Banner __________________________