



Jackson Heights Seventh-day Adventist Church School
 72-25 Woodside Avenue ♦ Woodside, NY 11377
 ☎: (718) 426-5729 Fax: (718) 426-0079
 Website: www.jacksonheightssdaschool.org

For Office Use Only	
<u>Non Refundable Fees</u>	
Application Fee:	_____
Registration Fee:	_____
Denomination:	_____
<input type="checkbox"/> JHC <input type="checkbox"/> GNYC <input type="checkbox"/> NEC <input type="checkbox"/> other	

SCHOOL APPLICATION 2021 - 2022²

Student Information

Student's First Name	Middle	Last	Grade Entering	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address	City	State	Zip	Home Phone
Date of Birth	Birthplace	Country of Citizenship		Social Security #
Church Student Attends	Denomination		Baptized: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, Date of Baptism	Racial/Ethnic Group: <i>(for statistical purposes only)</i>		Primary Language	
	<input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> African American / Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Other _____	
Previous School Attended	# of years	Grades	How did you learn about JHS?	

Family Information

Marital Status of Natural Parents: Single Married Separated Divorced Widowed

Who has legal custody of Student? Mother Father Both/Joint Other: _____

	Father's Information	Mother's Information	Guardian's Information
Name			
Address			
City, State, Zip			
Home Phone			
Cell Phone			
Work Phone			
<u>E-mail Address –</u> <small>Applications will not be accepted without an address</small>			
Company Name			
Company Address			
Occupation			
Social Security #			
U.S. Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Baptized SDA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Church Membership			

Student's Name _____

2020-2021

District # _____

NAD ID # _____

BOCES ID # _____

Emergency Contact Information

Please list ALL persons to contact in case of an emergency:

Name	Relationship	Home Phone	Cell Phone	Work Phone	Authorized to pick up?

Name of family Physician _____

Telephone Number _____

Does student have any health conditions that would limit his/her participation?

Yes No

If yes, explain _____

Has student received any special services, special placement and/or an IEP?

Yes No

If yes, explain _____

Has student ever been suspended or dismissed from any school?

Yes No

If yes, explain _____

Has student been evaluated for educational, learning, behavioral, or psychiatric reasons? Yes No

(Please note: Withholding or omitting information may result in the dismissal of student.)

If yes, please provide a copy of test results and the following:

Doctor's Name & Phone #

Date of evaluation

Medication prescribed? Yes No

References -- List 3 references of people who are acquainted with you.

1. Name: _____ Telephone: _____ Church Pastor
2. Name: _____ Telephone: _____ Teacher
3. Name: _____ Telephone: _____ Friend

Agreement

I hereby submit this application for admission of my child to Jackson Heights SDA Church School and have truthfully answered all questions. I understand my child is not enrolled or guaranteed placement, until accepted by the admissions committee.

By signing this application form, you are indicating that you agree to abide by the following:

- *The rules and regulations of the school.*
- *The school's internet and equipment user policy.*
- *To give the school permission to use your child's picture and class work on the school's website, The Atlantic Union Conference Gleaner and other school and conference related social media publications.*
- *To participate actively in the schools' fall, winter and spring fundraisers. (This allows the school to maintain tuition rates down)*
To take an active part in my child's school activities.

• Signature of Parent or Guardian _____ Date _____

