



# Bronx-Manhattan Seventh-day Adventist School

1440 Plimpton Avenue \* Bronx, New York 10452 Tel.: 718-588-7598 Fax: 718-588-1052

## Student Application

### APPLICANT INFORMATION

Last Name	First Name	Middle Name
<b>Applying for Grade</b>	<b>Starting Date</b>	

Street Address \_\_\_\_\_ Apt No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Student Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birthplace (City and State) \_\_\_\_\_

Present School Name \_\_\_\_\_ Current Grade \_\_\_\_\_

Present School Street Address \_\_\_\_\_ City and State \_\_\_\_\_ Telephone Number \_\_\_\_\_

**PLEASE CHECK ALL THAT APPLY**

Male \_\_\_\_\_ Female \_\_\_\_\_

Ethnic Group: African American \_\_\_\_\_ Native American \_\_\_\_\_ Asian Pacific Islands \_\_\_\_\_ Caucasian \_\_\_\_\_  
 Hispanic \_\_\_\_\_ Other \_\_\_\_\_

Language spoken most often at home \_\_\_\_\_

List all schools previously attended (*most recent should be listed first*):

Name of School	Address	Grades Completed	Year(s) Attended	Principal

Transportation Needs: Bronx \_\_\_\_\_ Manhattan \_\_\_\_\_ Other \_\_\_\_\_

Bus Pass: \_\_\_\_\_ Train Pass: \_\_\_\_\_ Bus/Train Pass: \_\_\_\_\_

School Yellow Bus: \_\_\_\_\_ Route #: \_\_\_\_\_ Stop Location: \_\_\_\_\_ Stop #: \_\_\_\_\_

List the names of all your children (*from oldest to youngest*):

Name	Date of Birth	Current School	Current Grade Or Highest Grade Completed

**Applicant lives with:**

\_\_\_ Both parents \_\_\_ Mother only \_\_\_ Father only \_\_\_ Other \_\_\_\_\_

Is the applicant baptized? \_\_\_ Yes \_\_\_ No If yes, when was he/she baptized? \_\_\_\_\_

In case of an emergency, who should we contact? \_\_\_\_\_

Name/Relationship

Guardian's Telephone Number

Address

Zip Code

Who is the applicant's Physician? \_\_\_\_\_

Physician's Telephone Number

Physician's Address

Zip Code

**STATEMENT OF PARENT OR GUARDIAN**

1. I have received and in agreement with the PHILOSOPHY and MISSION STATEMENT of the Bronx-Manhattan Seventh-day Adventist School and accept them as the foundation of my child's education.

2. I know that my child will be taught regular Bible lesson and Biblical principles will be integrated into the entire program.

3. I will abide by the School's policies stated in the PARENT/STUDENT HANDBOOK, of which I have received a copy. I understand all of these and will encourage my child to respond to them with a positive attitude.

4. As a partner with the Bronx-Manhattan Seventh-day Adventist School in my child's training, I will support the school through prayer and volunteer help.

5. I will meet my financial obligations as agreed.

Signed:

\_\_\_\_\_  
Father/Male Guardian

\_\_\_\_\_  
Mother/Female Guardian

## PARENT GUARDIAN INFORMATION

### Father/Male Guardian

\_\_\_\_\_  
Last Name      First Name      Middle Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City              State              Zip Code

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Occupation of Father/Male Guardian

\_\_\_\_\_  
Business Telephone Number

\_\_\_\_\_  
Social Security Number

Education: High School attended \_\_\_\_\_ years

                 College attended      \_\_\_\_\_ years

                 Graduate                      \_\_\_\_\_ years

Marital Status:

Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Widower \_\_\_\_\_ Remarried \_\_\_\_\_ Single \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Pastor: \_\_\_\_\_

If you are SDA, which Conference are you a member of? \_\_\_\_\_

Why do you want your child/children in a Seventh-day Adventist school? \_\_\_\_\_

Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

What Country? \_\_\_\_\_

### Mother/Female Guardian

\_\_\_\_\_  
Last Name      First Name      Middle Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City              State              Zip Code

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Occupation of Mother/Female Guardian

\_\_\_\_\_  
Business Telephone Number

\_\_\_\_\_  
Social Security Number

Education: High School attended \_\_\_\_\_ years

                 College attended      \_\_\_\_\_ years

                 Graduate                      \_\_\_\_\_ years

Marital Status:

Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Widower \_\_\_\_\_ Remarried \_\_\_\_\_ Single \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Pastor: \_\_\_\_\_

If you are SDA, which Conference are you a member of? \_\_\_\_\_

Why do you want your child/children in a Seventh-day Adventist school? \_\_\_\_\_

Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

What Country? \_\_\_\_\_

1. Has applicant ever been placed on an "out-of-school" suspension? \_\_\_ Yes \_\_\_ No
2. Has applicant ever been placed on an "in-school" suspension? \_\_\_ Yes \_\_\_ No
3. Has applicant served "after-school" detention 3 or more times during the past school year? \_\_\_ Yes \_\_\_ No
4. Has applicant been involved in verbal or physical confrontation(s) with other students or a staff member in the last 3 years which required administrative intervention? \_\_\_ Yes \_\_\_ No
5. Has applicant ever been charged or convicted with a crime? \_\_\_ Yes \_\_\_ No
6. Has applicant ever been evaluated by a child study team? \_\_\_ Yes \_\_\_ No
7. Has applicant ever been classified by a child study team? \_\_\_ Yes \_\_\_ No
8. Does applicant have any history of an unusual physical or emotional condition which required professional attention? \_\_\_ Yes \_\_\_ No
9. Does applicant have any communicable disease(s) for which special precautions have to be taken? \_\_\_ Yes \_\_\_ No
10. Has applicant repeated a grade? \_\_\_ Yes \_\_\_ No

If you have answered "Yes" to any of the questions above, please explain using the space below.

Question # \_\_\_\_\_. Explanation \_\_\_\_\_

Question # \_\_\_\_\_. Explanation \_\_\_\_\_

Question # \_\_\_\_\_. Explanation \_\_\_\_\_

*(Use a separate piece of paper for separate explanations.)*

Applicant's Church \_\_\_\_\_

Church Address \_\_\_\_\_

Pastor \_\_\_\_\_ Tel No. \_\_\_\_\_

Sabbath School Teacher \_\_\_\_\_ Tel No. \_\_\_\_\_

## PARENT/GUARDIAN RELEASE AUTHORIZATION

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

*The successful evaluation of this applicant is dependent upon the accuracy  
Of the information requested. I hereby authorize my son's/daughter's  
School to make available all of the requested  
Scholastic, health, discipline, attendance and child study team information to the  
Bronx-Manhattan Seventh-day Adventist School*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date