

# SAWGRASS ADVENTIST SCHOOL

11701 NW 4<sup>th</sup> Street  
 Plantation, FL 33325  
 954-473-4622

**Attach  
 Photo  
 Here**

**Returning and New  
 Application for Admission**  
 Please fill in every space (if not applicable, mark N/A).  
 Only Applications completed in their entirety will be considered

**20** \_\_\_\_ **-** **20** \_\_\_\_

Application Date: \_\_\_\_\_  
 Amt. Rec'd: \$ \_\_\_\_\_  
 Check Date: \_\_\_\_\_ By: \_\_\_\_\_  
 Account: \_\_\_\_\_  
**For Office Use Only**

**➤ DEMOGRAPHIC INFORMATION**

APPLICANT'S FIRST NAME		MIDDLE		LAST	
APPLICANT'S HOME ADDRESS		CITY		ST	ZIP
CURRENT SCHOOL		GRADE		SCHOOL YEAR:	APPLYING FOR
PREVIOUS SCHOOL		YEARS	GRADES	CHURCH CHILD ADDENDS:	<input type="checkbox"/> Pre-K <input type="checkbox"/> 4 <input type="checkbox"/> Kindergarten <input type="checkbox"/> 5 <input type="checkbox"/> 1 <input type="checkbox"/> 6 <input type="checkbox"/> 2 <input type="checkbox"/> 7 <input type="checkbox"/> 3 <input type="checkbox"/> 8
PREVIOUS SCHOOL		YEARS	GRADES	DENOMINATION:	BAPTIZED: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE OF BAPTISM: _____

**➤ APPLICANT BIOGRAPHICAL INFORMATION**

SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	SOCIAL SECURITY NO.	DATE OF BIRTH: MONTH		DAY	YEAR
BIRTHPLACE	COUNTRY OF BIRTH	COUNTRY OF CITIZENSHIP	PRIMARY LANGUAGE		
			<input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> CREOLE <input type="checkbox"/> OTHER _____		

**➤ BIRTH FATHER'S INFORMATION** **➤ BIRTH MOTHER'S INFORMATION**

MARITAL STATUS OF NATURAL PARENTS:  SINGLE  MARRIED  SEPARATED  DIVORCED  WIDOWED

STUDENT LIVES WITH:  BIRTH FATHER  BIRTH MOTHER  STEP-FATHER  STEP-MOTHER  OTHER \_\_\_\_\_

IS FATHER A BAPTIZED SEVENTH-DAY ADVENTIST <input type="checkbox"/> YES <input type="checkbox"/> NO	IS MOTHER A BAPTIZED SEVENTH-DAY ADVENTIST <input type="checkbox"/> YES <input type="checkbox"/> NO
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FATHER IS A MEMBER OF THE SDA CHURCH:	MOTHER IS A MEMBER OF THE SDA CHURCH:
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FIRST	MI	LAST	FIRST	MI	LAST
HOME ADDRESS			HOME ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
PHONE	E-MAIL		PHONE	E-MAIL	
COMPANY NAME			COMPANY NAME		
BUSINESS ADDRESS			BUSINESS ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
PHONE	FAX		PHONE	FAX	
E-MAIL ADDRESS			E-MAIL ADDRESS		
OCCUPATION	JOB TITLE		OCCUPATION	JOB TITLE	
FATHER'S YEARS OF EDUCATION	SSN:		MOTHER'S YEARS OF EDUCATION	SSN:	
US CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, CITIZEN OF:		US CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, CITIZEN OF:	

**NOTE: PLEASE USE AN ADDITIONAL APPLICATION FORM TO PROVIDE INFORMATION REGARDING STEP-PARENTS OR GUARDIANS**

**➤ ALUMNI / SIBLING CONNECTIONS**

NAME AND RELATIONSHIP OF FAMILY MEMBERS WHO HAVE ATTENDED SAWGRASS ADVENTIST SCHOOL IN THE PAST:

NAME	YEARS ATTENDED	GRADES
NAME	YEARS ATTENDED	GRADES

NAME AND RELATIONSHIP OF SIBLINGS CURRENTLY ATTENDING SAWGRASS ADVENTIST SCHOOL:

NAME	<input type="checkbox"/> BROTHER <input type="checkbox"/> SISTER	GRADE
NAME	<input type="checkbox"/> BROTHER <input type="checkbox"/> SISTER	GRADE
NAME	<input type="checkbox"/> BROTHER <input type="checkbox"/> SISTER	GRADE

HAS STUDENT PREVIOUSLY APPLIED TO SAWGRASS ADVENTIST SCHOOL?  Yes  No IF YES, WHAT YEAR:

HAS APPLICANT BEEN DISMISSED FROM ANY SCHOOL  Yes  No

IF YES, EXPLAIN:

HOW DID YOU LEARN ABOUT SAWGRASS ADVENTIST SCHOOL?

WHAT SPECIAL ABILITY DOES APPLICANT HAVE? (i.e., academic, athletic, artistic, musical, special awards)

HAS APPLICANT BEEN EVALUATED FOR EDUCATIONAL, LEARNING, BEHAVIORAL, OR PSYCHIATRIC REASONS?  Yes  No

DOCTOR'S NAME & PHONE NO.	IF YES, WHAT WAS THE DATE OF THE EVALUATION? (please enclose copy of test results)	MEDICATION PRESCRIBED <input type="checkbox"/> Yes <input type="checkbox"/> No
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**PARENTAL AGREEMENT WITH SAWGRASS ADVENTIST SCHOOL**

*I submit this application and pledge to the best of my knowledge that the above information is complete, true and accurate. I hereby guarantee to Sawgrass Adventist School payment of the above named student's tuition, school fees and all other expenses as he/she may incur in account with the school. I understand and agree the school reserves the right to exclude from activities or dismiss any student whose conduct or academic standing is not in harmony with the standards set forth in the Sawgrass Adventist School Handbook. I agree that no transcript or grade information will be released until my account is paid in full. Furthermore, I hereby agree to know and abide by the policies philosophy, rules and regulations of Sawgrass Adventist School and will see that the above named application also abides by them.*

SIGNATURE OF PARENT OR GUARDIAN	PRINT NAME
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Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

NOTARY PUBLIC SIGNATURE State of Florida	Notary Public State of Florida at Large My commission expires: _____  Notary Seal:
NOTARY'S NAME:	
PERSONALLY KNOWN:	
PRODUCED IDENTIFICATION: TYPE:	



# SAWGRASS ADVENTIST SCHOOL

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954/473-4622

## MEDICAL CONSENT FORM

### STUDENT

CHILD'S FIRST NAME	MIDDLE	LAST		
HOME ADDRESS	CITY	ST	ZIP	HOME PHONE
SOCIAL SECURITY NUMBER	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTH DATE		OTHER PHONE

### > FATHER'S INFORMATION

### > MOTHER'S INFORMATION

FIRST	MIDDLE	LAST	FIRST	MIDDLE	LAST
HOME ADDRESS			HOME ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
HOME PHONE	CELL PHONE		HOME PHONE	CELL PHONE	
EMPLOYER NAME			EMPLOYER NAME		
E-MAIL ADDRESS			E-MAIL ADDRESS		
MEDICAL INSURANCE PROVIDER			MEDICAL INSURANCE PROVIDER		
POLICY NUMBER			POLICY NUMBER		

PHYSICIAN NAME:	TELEPHONE NUMBER:
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### MEDICAL HISTORY

WEIGHT	HEIGHT	LAST TETANUS SHOT
MEDICAL HISTORY (i.e., Asthma, Diabetes, Allergies, Chronic Illness, Recent Surgery, etc.)		
MEDICATION RECEIVING NOW: *	*Send all necessary prescription medications to school and on school trips, especially asthma and diabetic medications.	
MEDICATION ALLERGIES		

### EMERGENCY CONTACT IN CASE OF ACCIDENT OR ILLNESS

NAME	RELATIONSHIP TO CHILD	PRIMARY TELEPHONE	SECONDARY TELEPHONE
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I, \_\_\_\_\_, (parent/guardian) give my consent for first aid and emergency medical treatment to be administered to the above named child for the duration of their enrollment at Sawgrass Adventist School.

When my child is on school trips off campus, this consent will also include administering over-the-counter medications (i.e. pain medication, antihistamine, decongestant, cough medicine, etc.) when deemed necessary.

DO NOT GIVE THE FOLLOWING OVER-THE-COUNTYER MEDICATION TO MY CHILD (List any medication that your child should not have):

Optional (check here)

I also give my consent for emergency surgery if necessary. (Every effort will be made to contact the parent/guardian prior to surgery.)

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



# SAWGRASS ADVENTIST SCHOOL

*To build a Child is easier than Rebuilding an Adult*

## RECRUITMENT & PROMOTIONAL AUTHORIZATION AGREEMENT

I hereby give my permission and authorization to Sawgrass Adventist School to publish the following information on the school's Web Page and other promotional videos or brochures.

I understand that said promotional information would be available to anyone on the World-Wide Web.

- \_\_\_\_\_ SAS may publish photos or videos of my child when recruiting new students  
\_\_\_\_\_ SAS *MAY NOT* publish my child's PHOTO when recruiting new students

\_\_\_\_\_  
Name of Student  
*Please print*

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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## FIELD TRIP AUTHORIZATION

I hereby give permission for my child to go on school-sponsored educational trips. I understand that I will be notified in a timely manner before each event and that my child will be well supervised at all times. I do not hold Sawgrass Adventist School, the SAS staff, or the Florida Conference of SDA liable, except as per policy under SAS Insurance, for any injury or harm my child may incur.

Furthermore, my child may ride on the transportation provided by SAS whenever said educational trips are planned.

- \_\_\_\_\_ My child may attend school-sponsored educational trips  
\_\_\_\_\_ I will give my child permission to attend school-sponsored educational trips on a *trip-by-trip bases*.\*

\_\_\_\_\_  
Name of Student  
*Please print*

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\* I understand non-attendance of a school-sponsored educational trip will result in a unexcused absence unless non-attendance is due to health reasons.



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## PARENT AND STUDENT ACKNOWLEDGEMENT AGREEMENT

### *ABSENCE POLICY*

Sawgrass Adventist School strongly encourages punctuality and regularity in school attendance. Planned absences must be arranged through the office in advance. The absence policy for tardies and absences at SAS is based on 21 attendance points per semester.

- One unexcused tardy = 1 attendance point
- One unexcused absence = 2 attendance points

Students receiving 21 attendance points in a semester must do the following:

- ✓ Pay a \$40 re-registration fee before returning to classes
- ✓ Attend a parent conference with the principal
- ✓ Be placed on attendance probation for nine (9) weeks

Should the student incur six (6) points while on attendance probation, automatic withdrawal will be recommended.

FAILURE TO SIGN THIS ACKNOWLEDGEMENT AGREEMENT WILL NOT RELIEVE OR EXEMPT YOUR CHILD FROM COMPLIANCE

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

### *DRESS CODE*

SAS school logo is mandatory on all shirts, blouses, jumpers, sweaters and jackets. Monogrammed Polos with blue or khaki slacks, shorts for both genders. Girls Monogrammed V-neck jumper or skirts. There are no excuses for not wearing the uniform. Students will be assessed one attendance point for each class attended without the correct uniform. Parents need to make sure that their child's uniform is neat and clean. All uniforms must be purchased at [www.frenchtoast.com](http://www.frenchtoast.com), or 1/800-373-6248. Clothes not purchased at French Toast will not be permitted.

### *SHIRTS / BLOUSES / PANTS / BELTS*

All shirts and blouses must be tucked in. One attendance point will be assessed for each class attended with shirt/blouse not tucked in. Pants **and** belts must be worn at the natural waistline at all times. Belts must be worn when belt loops are present.

**FAILURE TO SIGN THIS ACKNOWLEDGEMENT AGREEMENT WILL NOT RELIEVE OR EXEMPT YOUR CHILD FROM COMPLIANCE**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



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## STUDENT SELF-IDENTIFICATION FORM

Sawgrass Adventist School is subject to certain recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws parents are invited to voluntarily self-identify the ethnicity and race of their child. This information will be confidential and used only in summary reports as required by law. Reported data will not identify any specific individual.

Please complete the form in this order:

1. If your ethnicity is Hispanic or Latino as described, check the box.
2. Check the box by the race category you consider yourself to be.

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

Please Print

### ETHNICITY

- Hispanic / Latino Origin

### RACE

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

11701 NW 4<sup>th</sup> Street, Plantation, Florida 33325

Telephone: (954) 473-4622

FAX: (954) 370-8041

Email: [administration@sawgrasselementary.org](mailto:administration@sawgrasselementary.org)

A School Owned and Operated by Seventh-day Adventists



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## EVACUATION FORM

Name of Student \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Home Address \_\_\_\_\_

### IMPORTANT PHONE NUMBERS TO BE USED IN AN EMERGENCY

FATHER	MOTHER
Name: _____	_____
Cell: _____	_____
Work: _____	_____
Home: _____	_____
E-mail: _____	_____
<b>OTHER</b>	
Name: _____	_____
Relation: _____	_____
Home: _____	_____
Cell: _____	_____
Work: _____	_____

Please give only the names and numbers of those persons that can be responsible for coming to the school and taking your child to a safe place if the need should arise.

If you give SAS permission to release your child to another responsible adult who can provide transportation to a safe place please check here:

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

Telephone: (954)473-4622

FAX: (954)370-8041

E-Mail: [administration@sawgrasselementary.org](mailto:administration@sawgrasselementary.org)

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## STUDENT PICK UP INFORMATION

Child's Full Name \_\_\_\_\_

In order to provide for the safety and security of your child we ask that you provide the name, relationship and telephone number for all individuals who are permitted to pick up your child from Sawgrass Adventist School.

Mother:

Name: \_\_\_\_\_ Relation: Mother Telephone \_\_\_\_\_  
Cell: \_\_\_\_\_

Father:

Name: \_\_\_\_\_ Relation: Father Telephone \_\_\_\_\_  
Cell: \_\_\_\_\_

Others:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Telephone \_\_\_\_\_  
Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Telephone \_\_\_\_\_  
Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Telephone \_\_\_\_\_  
Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Telephone \_\_\_\_\_  
Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Telephone \_\_\_\_\_  
Cell: \_\_\_\_\_

RELEASE FORM\*\*

Is there any court order restricting visitation or pick up of your child? If so, list person or persons restricted from picking up your child.

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

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

\*\* Court documentation must be provided to the school

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