

Student Name: _____



R T HUDSON SDA SCHOOL
REGISTRATION INFORMATION PACKET

(Please fill out each form in this packet and return to the school's office)



Register
ONLINE

R T HUDSON SDA SCHOOL

1122 FOREST AVE

BRONX, NEW YORK 10456

P: (718) 328-3322

F: (718) 328-5922

WWW.RTHUDSON.ORG



R T HUDSON SDA SCHOOL

ENROLLMENT CHECKLIST

- Application Fee (*new students only*)\$40
- Registration Fee \$350, *Early Registration* \$250 (*April 1st through June 30th*)
- Completed Application
 - Student/Parent/Guardian Demographics
 - Birth Certificate
 - Social Security Card
 - Transcript/Current School Records
 - Medical Records(*form*)
 - ❖ Completed Health Forms
 - ❖ Immunization Record (copy)
- Finance
 - Financial Information
 - Financial Responsibility Contract
 - Fundraising Contract
- Early Care/ After Care Enrollment Form
- Recommendation Forms (3)
- Church Membership Verification Form
- Emergency/ Transportation Consent
- Image Release Form
- Technology Acceptable Use Policy
- Supply List



STUDENT AND PARENT DEMOGRAPHICS

Name: _____ D.O.B. ____/____/____

Last First MI

Address: _____

Street City State Zip

Place of Birth: _____ Citizenship _____

.....
Mother's/Guardian's Name: _____ SS# ____-____-____

Last

First MI

Address: _____

Street/

City

State

Zip

Phone: _____

Home/

Work/

Cell

Email Address: _____

Employer: _____ Current Position: _____

Address: _____

Street/

City/

State /

Zip

.....
Father's/Guardian's Name: _____ SS# ____-____-____

Last

First

MI

Address: _____

Street/

City

State

Zip

Phone: _____

Home/

Work/

Cell

Email Address: _____

Employer: _____ Current Position: _____

Address: _____

Street/

City/

State/

Zip

Last grade completed: _____ Applying for: _____

Office use: NPSIS ID # _____ NAD ID # _____

Last school attended: _____

Address: _____

Church Affiliation: ___ Constituent SDA ___ Non-Constituent SDA ___ Protestant ___ Catholic ___ Other

If your church affiliation is SDA, please indicate where your membership is held below:

Name of church: _____ Pastor's name: _____

Address: _____

Street

City

State

Zip

Has applicant ever been suspended or expelled from school? Y/N If yes, please explain below:

Does applicant have any problems that may affect performance in class Y/N? If yes, please explain below.

EMERGENCY CONTACTS

Name: _____ Phone (C): _____ (W) _____

Name: _____ Phone (C): _____ (W) _____

Name: _____ Phone (C): _____ (W) _____

Names of individuals authorized to pick up your child/ren:

Name: _____ Phone (C): _____ (W) _____

Name: _____ Phone (C): _____ (W) _____

Name: _____ Phone (C): _____ (W) _____



**R T HUDSON SEVENTH DAY ADVENTIST SCHOOL
FOR BOYS**

1122

BRONX, NY 10456

P: (718) 328-3322 F: (718) 328-5922

TRANSCRIPT REQUEST FORM

This form will be sent to your child's previous school requiring all academic records, medical records and behavioral information. Please complete this form to enable us to be furnished with needed documents.

Name of School: _____

Address: _____

Number/Street

City

State Zip

Student's Name: _____ D.O.B. ___/___/___
Last First MI

The student named above has applied for admission in our school. Please have all academic, medical and other records forwarded to the address or fax number above. Please feel free to call us with any questions or concerns.

We thank you for your prompt attention to this matter.

Parent/Guardian Name (print): _____
Last First

Parent/Guardian Signature: _____ Date: _____

Signature of Principal/School Official _____ Date: _____



FINANCIAL INFORMATION

APPLICATION FEE:

All new students are required to pay a non-refundable application fee of \$40.

REGISTRATION

A registration fee of \$250 (April 1st through June 28th) or \$350 (July 2nd through August 31st) is charged for each student and is due at the time of registration. **The registration fee includes:** Orientation, Practice and Skill materials, Technology, Standardized Tests, Student Insurance Fees, and other miscellaneous fees.

BOOK FEE:

Preschool-----\$150 Kindergarten-----\$250 Grades 1-8 -----\$250

TUITION RATES:

Tuition (Grades 1-8) -----\$3,700 annually

Pre-School, Pre-K and Kindergarten -----\$3,800 annually

Early Care Services -----\$25 per week

After Care Services -----\$20 per week

TUITION PAYMENTS

All tuition payments are due on the 5th day of each month and should be made payable to the R T HUDSON SDA SCHOOL. Tuition fees are delinquent 10 days after the scheduled payment date. Student suspension will occur 5 days after the account becomes delinquent. All accounts must be current by the 15th of the month. If tuition is not received or agreements not met, your child/ren will not be, tested, receive final grades and or transcripts until the account is paid in full. A late fee of \$30 will be applied to each account for each month the tuition is not paid after the 15th.

DISCOUNTS FOR EARLY PAYMENT

A 10% discount will be offered for full payment of the annual tuition. A 3% discount for ½ year paid at time of registration, second install due in February.



PAYMENT RESPONSIBILITY CONTRACT

I, the undersigned do hereby accept the responsibility for full and timely payment of tuition amounts incurred during the current school year for: _____

Student's Name

I understand that the monthly payments as per the Financial Information is due on the FIFTH (5TH) OF EACH MONTH.

Please choose your method of payment for the school year (please initial):

____ Monthly ____ Quarterly ____ Semi-Annually ____ Annually
5th of each month every 3 months August 31st & January 1st August 31st

Please read and initial the following:

____ If your monthly tuition is not received within 10 days of the due date of any given month, the account will be considered delinquent and a late fee of \$30 will be applied to your account on the 16th of each month.

____ Late payment of 30 days or more will result in the withdrawal of your child/ren from class.

____ All seriously delinquent accounts (60 days or more) will be referred to a collection agency.

If you are unable to make payments according to this schedule, you **MUST IMMEDIATELY** contact the Business Manager at (718) 328-3322.

I, the undersigned am aware of all policies and rules set forth by the R.T. Hudson SDA Elementary School and will remit all fees charged to the above student's account.

Parent/Guardian Signature

Address

Date

Contact Number



FUNDRAISING CONTRACT

Fund-raising is a very important activity here at the R T Hudson SDA School. It helps defray the cost of educational supplies, trips and school projects. Fund-raising projects are conducted throughout the school year. Parents are mandated to take part in these fundraising activities.

I, _____ the parent/guardian of _____ do hereby state that I will participate in each fundraising program of the school and will participate in all the fundraising activities that are planned and scheduled throughout the school year and will also make sales in the amount of five hundred (\$500) dollars minimum or more from the proceeds of said fund-raising activities.

You have the option to donate said amount if you do not participate. Please check one below.

_____ I will participate in all fundraising activities in the amount of but not limited to five hundred dollars (\$500).

or

_____ I will donate in the amount of but not limited to five hundred dollars (\$500) for the school's fundraising efforts.

Parent/Guardian Signature: _____ Date: _____



APPLICATION FOR EARLY CARE/

AFTER SCHOOL CARE

Early care hours 7:15 am-7:30 am Monday -Friday

After School Care hours 4:15 pm-5:00 pm Monday – Thursday. No After School Care on Fridays

EARLY CARE FEE- \$25 per week or **\$5** per day**AFTER SCHOOL FEE-** \$20 per week or **\$5** per day

Early Care is available. No child will be allowed in the building before 7:15 am or after 5:00 pm. Payment will be collected in advance every Monday morning. After School Care begins at 4:15 pm. **There will be a late pick-up fee of \$5 for the first 10 minutes and \$1.00 for every minute thereafter.** This fee is paid directly to the faculty member in charge on the day the lateness occurs. Your compliance will be expected. Repeated lateness may result in exclusion from the program. Any student not picked up by 4:15 pm will automatically be enrolled in after school and charges will be incurred.

Parent/Guardian: _____
Last First MI

Student Name: _____
Last First MI

Phone: (H) _____ (W) _____ (C) _____

Address: _____
Street City State Zip

IN CASE OF EMERGENCY

Name: _____ Phone (C): _____ (W) _____

Name: _____ Phone (C): _____ (W) _____

Names of individuals authorized to pick up your child/ren:

Name: _____ Phone (C): _____ (W) _____

Name: _____ Phone (C): _____ (W) _____

I agree to the above terms and I promise to make all payments regularly and on time. I understand that the service will be terminated if I default on my payments by more than two weeks. R.T. Hudson SDA School reserves the right to terminate any and all services if I violate the terms of this contract.

Parent/Guardian Signature: _____ Date: _____



RECOMMENDATION FORM

The student named below is applying to attend the R.T. Hudson SDA Elementary School and in order for us to understand the capabilities and level of each child we are requesting that you fill out the following questionnaire.

Child's Name: _____ School: _____

Address: _____ Grade: _____ D.O.B. ____/____/____
Street City State Zip

How long in present school? _____

Attendance

A. The child attends school regularly? Yes No

If not, are there reasons given for the absences? If yes, please describe.

B. The child arrives at the school punctually? Yes No

If not, is there a reason given for the lateness? If yes, please describe.

Learning challenges (check yes or no)

	Yes	No
a. Does the child seem to have good comprehension?	___	___
b. Does the child have difficulty following instructions?	___	___
c. Does the child have any visual challenges?	___	___
d. Does the child seem to have organizational challenges?	___	___
e. Does the child ever speak or behave in a way that is unrelated to what is going on?	___	___

Person completing this form:

Name: _____ Date: ____/____/____

Title: _____

School stamp (if completed by the principal)



MEMBERSHIP DECLARATION FORM

If you are a Seventh - day Adventist, please have this form filled out by your pastor and return to the school's office no later than two (2) weeks after your registration date.

*This is to certify that (Parent/Guardian) _____ of
(Student Name) _____ who is a student at the R.T.
Hudson SDA Elementary School is a member of the _____ SDA
Church in:*

_____ *Northeastern Conference of SDA*

_____ *Greater New York Conference of SDA*

_____ *Other Conference of SDA*

Signature of Pastor: _____

Church Address: _____

Church Phone: _____

Date Signed: _____



ACTIVITIES AND TRANSPORTATION CONSENT

I consent that my child _____ shall engage in all school related activities as a part of the R.T. Hudson SDA Elementary School, including but not limited to field trips, events or activities at places selected by the Principal or member of the staff.

I consent also to the transportation of my child by such means as are deemed necessary by the school or duly authorized member of the staff.

Parent/Guardian Signature: _____ Date: _____

EMERGENCY MEDICAL TREATMENT

I hereby agree to have my child _____ taken to the hospital in case of extreme illness or accident and to receive the necessary treatment until I arrive.

Parent/Guardian Signature: _____ Date: _____



IMAGE RELEASE FORM

For value received, I hereby consent and authorize the **R T Hudson SDA School** or its assigns, to use my name and the name and/or the names of my family members who are minors as listed below, as well as my likeness, photos, videos and other information (or that of my family members who are minors) for the purpose of news releases, advertising, publicity, publications or distribution in any manner whatsoever. I further consent to such use in their present form and to any changes, alterations thereto. I hereby release the **R T Hudson SDA School** from all liability in connection with all such issues.

Dated this ____ day of _____, 20__.

Signed:

(Please print name)

(Please sign name)

Address: _____

Telephone Number: _____

Witness:

Additional Minor Family Members to whom the

Release Applies:

(Please print name)

(Please sign name)



TECHNOLOGY ACCEPTABLE USE POLICY

The RT Hudson SDA Elementary School understands the value technology and the Internet bring to education. Both student and parent(s) must sign the Technology and Internet Acceptable Use Policy as part of the registration process.

This includes:

A. Access to the Internet and use of technology at school.

B. The responsibility of students to also follow the Technology and Internet Acceptable Use Policy off campus.

The Internet is a powerful resource for expanding the educational experience of each student. Access to the Internet will enable students to explore thousands of libraries, databases, curriculum materials, and personal information sites while exchanging messages with Internet users throughout the world.

Unfortunately, it is true that some materials accessible via the Internet may contain items that are illegal, defamatory, inaccurate or offensive. We believe, however, that the benefits to students exceed any disadvantages and, therefore, support the school's choosing to make the Internet and other forms of technology available to students.

Technology Usage at School:

School technology is for educational purposes only. In order to access the Internet, parental permission is required. Access is a privilege-not a right. School staff may review files and communications to maintain system integrity and ensure that students are using the system responsibly.

Technology Usage off Campus:

In light of the fact that the use of technology is not limited to the boundaries of school grounds, this Technology and Internet Acceptable Use Policy also applies to the use of the Internet and/or any electronic device(s) off campus that would negatively impact the school, and/or the school/church family in any way. Therefore, while utilizing technology on or off campus, students agree to adhere to the following Christian principles:

- I will be responsible and courteous in all communications.
- I will not utilize the Internet in a way that would demean, bully, intimidate, or in any way cause intentional hardship to another individual whether they be a student, faculty member, or otherwise.
- I will not post materials on social media and/or any other electronic media forums that would misrepresent the school's principles and stated values.
- I will use a personal electronic device (such as a smart phone, iPad, tablet, etc.) only if school policy allows and only within school guidelines and principles.
- I will not allow people to use my account(s) and will not share my password(s). I will respect confidentiality of accounts, folders, work, and files of others.

- I will observe copyright laws and will also give each source credit when using pictures, quotes and/or other material.
- I will not attempt to access or alter unauthorized areas of a computer system and/or network.
- I will not look at or participate in anything that is illegal. Any activity not in compliance with these rules may result in a loss of access to school technology as well as other disciplinary and/or legal action. Additional regulations may be applied at the local school level.

Technology and Internet Acceptable Use Agreement Student:

While utilizing the school's technology/Internet or while using off campus technology/Internet:

- I agree to follow Christian principles of conduct in my technology usage as stated in this document.
- If, while at school, I accidentally come across something that is illegal, dangerous, offensive, or harmful, I will clear the offensive material from my screen and inform my teacher or principal.
- I will not reveal names, school/home addresses, phone numbers, email addresses, or other personal information-mine or anyone else's.

I understand that if the school determines that I have broken one or more of the guidelines set out in the Technology and Internet Acceptable Use Policy, disciplinary and/or legal action may result. This may include my loss of access to technology at school.

Student Name: _____

Student Signature: _____ Date: ___/___/___

Parent or Guardian:

- I understand that the Internet can provide students with valuable learning experiences.
- I understand that the school provides a filtering system on computers connected to the Internet. I also understand that the school cannot completely control what is accessed.
- I accept that, while teachers will exercise their duty of care, protection against exposure to harmful information is ultimately the responsibility of the student. I have read and will support the Technology and Internet Acceptable Use Policy.

I believe _____ (name of student) understands his/her technology use responsibility, and I hereby give my permission for him/her to use technology, including the Internet while at school/school functions. I also understand that my child is responsible to follow the school's Technology and Internet Acceptable Use Policy while off campus.

Parent/Guardian name (printed): _____

Parent/Guardian: (Signature) _____ Date: ___/___/___



RT HUDSON SDA SCHOOL

1122 FOREST AVENUE

BRONX, NY 10456

P: (718) 328-3322 F: (718) 328-5922

Dear Parent/Guardian:

RTHudson SDA Elementary School is dedicated to developing young minds in a caring Christian environment where character development and academic excellence are strongly emphasized. It is our goal to help and challenge students to reach their fullest potential spiritually, mentally, physically, socially, emotionally, and morally. This will prepare them to meet the upcoming challenges in their lives. To achieve this, the faculty at the RT Hudson SDA Elementary School places high value on the infinite worth of each individual. We seek to provide a climate in which a positive self-image may be developed.

The CODE OF CONDUCT is for you to review with your child. It contains important information pertaining to school policies and procedures regarding students' behavior, discipline and dress code. If you have any questions or concerns after reading the CODE OF CONDUCT, please feel free to call the school's office. Open communication between the school and home is important to the success of our educational program

I, (Parent/Guardian) _____ have reviewed the CODE OF CONDUCT with my child (Child's Name) _____ and I understand that my child must abide by these rules in order to contribute to his/her academic achievement as well as the success of his/her classmates. I agree to the school's CODE OF CONDUCT and I understand that if he/she chooses to disobey the rules, he/she will face the necessary consequences.

Please sign and return to the school's office

Student's Signature: _____ Date: ____/____/____

Parent's Signature: _____ Date: ____/____/____



R. T. HUDSON SDA SCHOOL SUPPLY LISTS

Kindergarten Supply List Supplies for Class

Supplies for Home

Change of clothes
 2 boxes of tissues
 2 boxes/containers of wipes
 2 containers of hand sanitizer
 3 packs of Ticonderoga pencils (beginners)
 Small whiteboard, markers & erasers
 Pack of Crayola Markers
 Pack of 24 Crayola crayons

Pack of Crayola colored pencils
 2 bottles of liquid glue
 2 glue sticks
 1 pack of construction paper
 3 folders for (HW/Notes, Classwork & portfolio)
 7 Composition notebooks-HW, Spelling, Writing, Computer, Soc. Studies, Science, Art

Crayons, Pencils, Colored Pencils, Construction Paper, Sharpeners, 1 Composition Notebook for HW

First & Second Grade Supply

List Supplies to be kept at school

Change of clothes
 1 pencil case
 Ruler with inches and centimeters (6" or 12")
 3 folders - Homework/ notes home, Classwork, Portfolio
12 Composition notebooks: *Please label* -Bible, Math, Language Arts, Spelling, Writing, Social Studies, Science, Spanish, Music, Art, Computer & Homework
 3 packs of #2 pencils (no sharpeners please)
 1 pair of safety scissors
 2 glue sticks
 2 bottles of liquid glue
 1 pack 4 X 6 index cards
 1 box of Crayola colored pencils
 1 box of 24 Crayola crayons 2
 packs white 8 1/2 X 11 copy paper 1 pack
 of construction paper
 1 box of quart size Ziploc bags
 1 roll of paper towels
 2 packs of baby wipes 2
 containers of disinfectant wipes (*botanicals preferred*)
 2 boxes of tissues
 2 pump containers of hand sanitizer **Supplies to be kept at home**
home Crayons, pencils, Construction paper, glue, sharpeners, 1 Composition notebook for HW
Some supplies will be for "community" use in the classroom. Label everything with your child's name including clothing, book bag, lunch bag and supplies.

Third and Fourth Grade Supply List Bible 1

pencil case
 Ruler with inches and centimeters 12"
 Flash Drive
 Covered pencil sharpener
 12 Composition notebooks
 3 ring binder
 2 packs of loose leaf paper
 2 packs white 8 1/2 X 11 copy paper
 3 pocket folders (2 pockets)
 4 packs of #2 pencils
 1 pair of safety scissors
 2 glue sticks
 1 pack 4 X 6 index cards
 1 box of colored pencils
 1 box of 24 crayons
 3 packs of post it notes
 1 box of quart size Ziploc bags
 1 roll of paper towels
 2 packs of baby wipes
 2 boxes of tissues
 2 pump containers of hand sanitizer
****Some supplies will be for "community" use in the classroom. Label everything with your child's name including clothing, book bag, lunch bag and supplies.**

FIFTH AND SIXTH GRADE **SUPPLY LIST**

Bible
Wide Ruled Loose leaf paper
3 ring binder
8 composition books
Regular or Erasable Pens- *Blue, Black, Red*
6 pocket folders
4 packs of #2 Pencils *Wooden or Mechanical*
Scientific Calculator and Math set
Coloring tools- markers or crayons or colored pencils or all 3!
Ruler with inches and centimeters 12"
Glue
Drawing Pad (Art)
1 roll of paper towels
1 box of facial tissue
1 bottle of hand sanitizer
1 package of white copy paper
Flash Drive
6 book covers
Supply box or pouch, covered pencil sharpener, small scissors

Some supplies will be for “community” use in the classroom.

SEVENTH AND EIGHTH GRADE **SUPPLY LIST**

Bible
Wide Ruled Loose leaf paper
3 ring binder
8 composition books
Regular or Erasable Pens- *Blue, Black, Red*
6 pocket folders
4 packs of #2 Pencils *Wooden or Mechanical*
Scientific Calculator and Math set
Coloring tools- markers or crayons or colored pencils or all 3!
Ruler with inches and centimeters 12"
Glue
Drawing Pad (Art)
1 roll of paper towels
1 box of facial tissue
1 bottle of hand sanitizer
1 package of white copy paper
Flash Drive
6 book covers
Dictionary
Supply box or pouch, covered pencil sharpener, scissors

Some supplies will be for “community” use in the classroom.

Preschool and Pre-Kindergarten Supply List

3 pocket folders (2 pockets)

1 pack of Dixon Ticonderoga Primary pencils (3 sided or large)

1 pack Construction Paper (multicolored)

3 primary notebooks (wide-ruled)

1 roll of paper towels

2 boxes of facial tissue

2 packs of baby wipes

1 packs of disinfectant wipes

1 pack of copy paper

1 pack of dry erase markers

1 large white t-shirt for projects (labeled with child's name)

Change of clothes - please include underwear, socks/tights

(Auxiliary uniform suggested). All clothing should be weather appropriate.

Supplies for home

Pencils, glue, Crayola Crayons, Crayola markers, Construction paper, Sharpeners

Some supplies will be for "community" use in the classroom.



INTENT TO RETURN FORM

R.T. HUDSON SDA SCHOOL

1122 FOREST AVENUE, BRONX, NY 10456

PHONE: (718) 328-3322 FAX: (718) 328-5922

Intent to return Form

To assist us in planning for the next school year, we are asking you to confirm that your child will be returning to the R.T. Hudson SDA Elementary School for the upcoming school year.

We love having your child as a student at RTHS and hope you choose to return for the 2020-21 school year!

Child's Name: _____ Grade: _____

Please check one:

- YES! My child will be returning to RTHS for the 2020-21 school year.
- No, my child will not be returning to the RTHS. If no, please provide us with the following information for our records.

Name of new school: _____

Reason for leaving RTHS: _____

.....

Name of Parent/Guardian: _____

Address: _____
Street City State Zip

Phone: (H) _____ (W) _____ (C) _____

Emergency Contact Name: _____

Emergency Contact Phone: (H) _____ (W) _____ (C) _____

Parent/Guardian Signature: _____ Date: _____

Please note: If your child/ren will be returning to the RTHS, please remit a minimum of \$50 (*per child*) with this form to hold your child's space in enrollment by Monday, March 16, 2020. Please remit the early registration fee of \$250 by Friday, June 5, 2020.

Please list all school-aged siblings who do NOT attend RTHS that you would like to enroll for September. Siblings are given priority consideration for registration.

Child's Name: _____ Current School: _____ Grade: _____

Child's Name: _____ Current School: _____ Grade: _____

Child's Name: _____ Current School: _____ Grade: _____

