



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
 Non Refundable Fees**

Application Fee: _____
 Registration Fee: _____
 Denomination: _____
 ___ JHC ___ GNYC ___ NEC ___ other

**SCHOOL APPLICATION
 2019 - 2020**

Student Information

Student's First Name _____ Middle _____ Last _____ Grade Entering _____ Gender: Male Female

Home Address _____ City _____ State _____ Zip _____ Home Phone _____

Date of Birth _____ Birthplace _____ Country of Citizenship _____ Social Security # _____

Church Student Attends _____
 Denomination _____
 Baptized: Yes No
 If Yes, Date of Baptism _____

Racial/Ethnic Group:
(for statistical purposes only)

Asian / Pacific Islander
 African American / Black
 Caucasian
 Hispanic
 Other _____

Primary Language

English
 Spanish
 French
 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			
E-mail Address – <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 _____
2019-2020

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 picture and class work on the school's website, The Atlantic Union Conference - Gleaner and other school and conference related 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 _____