



BRONX MANHATTAN SEVENTH-DAY ADVENTIST SCHOOL

1440 PLIMPTON AVE. * BRONX, N.Y. 10452 * (718) 588-7598 * FAX (718) 588-1052 Website: bronxmanhattan.com

STUDENT RE-APPLICATION INFORMATION

Last Name First Name Middle Name

Street Address Apt No. City State Zip Code

Home Telephone Number _____ Date of Birth _____

TRANSPORTATION NEEDS:

Bronx _____ Manhattan _____ Other _____

Bus Pass: _____ Train Pass: _____ Bus/Train Pass: _____ Yellow Bus: _____

Route #: _____ Stop Location: _____ Stop #: _____

APPLICANT LIVES WITH:

Both Parents: _____ Mother only _____ Father only _____ Other _____

Are Parent (s)/Guardian SDA? _____ If not, who is Seventh-day Adventist: _____

Is the student baptized in SDA Church? Yes _____ No _____ if yes, when was he/she baptized? _____

Student's Church _____ Church Address _____

Pastor _____ Tel. _____ Sabbath School Teacher _____ Tel. _____

In an emergency, whom should we contact? _____

Name/Relationship Guardian's Telephone Number

Address _____ Apt No. _____ City _____ State _____ Zip Code _____

Who is the Student's Physician? _____ Telephone _____

Physician's Address Apt# City State Zip Code

PARENT – GUARDIAN INFORMATION

Father/Male Guardian

Last Name First Name Middle Initial

Street Address Apt. #

City State Zip Code

Home Telephone _____

Mobil Telephone _____

Business Telephone _____

Employer _____

Social Security Number _____

Occupation _____

Email _____

Church affiliation: _____

Address: _____

Telephone: _____

Pastor: _____

Mother/Female Guardian

Last Name First Name Middle Initial

Street Address Apt. #

City State Zip Code

Home Telephone _____

Mobil Telephone _____

Business Telephone _____

Employer _____

Social Security Number _____

Occupation _____

Email _____

Church affiliation: _____

Address: _____

Telephone: _____

Pastor: _____

STATEMENT OF PARENT OR GUARDIAN:

1. I have received and I am 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