



SAIPAN SEVENTH-DAY ADVENTIST SCHOOL

P.O. Box 501063 Saipan, MP 96950

Phone: (670) 234-7326 • Fax: (670) 235-7326 • Email: office@saipansdaschool.org

www.saipansdaschool.org

Dear Prospective Student & Parent,

Welcome to the Saipan Seventh-day Adventist School. We offer a Child Development Center to eighth grade elementary education that features a creative, high quality academic program in a small school setting. We are excited to get to know you better and to serve your child's educational needs. Here are the steps for being accepted into our school upon arriving in Saipan:

Steps 1 – Please turn the following into the Admissions Office

- Application for Admission Form
- Financial Obligation Contract
- Copy of Applicant's
 - Birth Certificate
 - Passport
 - Transcript (from previous school – kindergarten students do not need to submit a transcript)
- Copy of Parent's Passport or other English Identification
- Copy of Parent's and/or Guardian Entry Permit or Visa
- Copy of Guardianship Declaration (if student is living with a guardian)
- Copy of Guardian and/or Sponsor Identification
- Proof that sufficient funds are available for Educational Living expenses
- Payment \$2,000 applicable to Visa Processing, Registration, Materials, and Tuition Fees

Steps 2

- School Issues I-20
- Pay & Apply I-901 online → www.ice.gov
- Visa interview at US Embassy in home country

Steps 3 – Please turn the following into Admissions Office within 3 days after arrival on Saipan

- Copy of F Visa
- Copy of Personal Health Insurance Policy
- Interview at school
- Valid Blue Health Card with Hospital Health # - "School Entrance Health Certificate" (get this from the Commonwealth Health Center – hospital – or a medical clinic on island)

We're looking forward to a great learning experience with you.

Sincerely,

Lylton Powell, Principal
Saipan Seventh-day Adventist School

Live to Learn. Live to Love. Live to Give.

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Foreign Student Application for Admission SY 2020-2021

Student's Info

Legal Name (First, Middle, Last) _____ Preferred Name _____
Date of Birth _____ Gender _____ Ethnicity _____
Country of Birth _____ Citizenship _____ Passport # _____
Home Country Address _____ Mailing _____
Physical _____
City _____ Province Territory _____
Postal Code _____
Saipan Address _____ P.O. Box _____
Street Name _____
Village _____ Saipan, MP 96950
Last Grade Completed _____ Date of Completion _____
Grade Entering _____ New or Returning Student _____
Start Date _____ End Date _____
Amount of English Language Mastered:
_____ Knows little to no English
_____ Knows the English alphabet – letter recognition & sounds
_____ Can read aloud in English language, little comprehension
_____ Can read aloud & comprehend English language
_____ Took 1 year of English language training
_____ Took 1+ years of English language training

Parents' Info

Father's Legal Name (First, Middle, Last) _____
Home Phone _____ Cell Phone _____ Email _____
Employer _____ Position _____ Work Phone _____
Mother's Legal Name (First, Middle, Last) _____
Home Phone _____ Cell Phone _____ Email _____
Employer _____ Position _____ Work Phone _____

Guardian's Info

Male's Legal Name (First, Middle, Last) _____
Home Phone _____ Cell Phone _____ Email _____
Employer _____ Position _____ Work Phone _____
Female's Legal Name (First, Middle, Last) _____
Home Phone _____ Cell Phone _____ Email _____
Employer _____ Position _____ Work Phone _____

Admission to the Saipan Seventh-day Adventist School is open to all students regardless of ethnic background/origin or religious beliefs.

MEDICAL AND HEALTH INFORMATION

1. Are there any physical activities in which your child can not participate? Please list specifics.
2. Is there any food your child is allergic to? Please list specifics.
3. Does your child have other allergies? Please list specifics.
4. Does your child have any chronic illness, disease, or medical condition? Please list specifics.
5. Is there anything else the school should be aware of in regards to your child's health?

Student's Legal Name _____ Date of Birth _____

EMERGENCY INFORMATION

Contact Person _____ Phone _____
Student's Physician _____ Clinic _____ Phone _____
Student's Dentist _____ Clinic _____ Phone _____
Health Insurance # _____ Name of Insurance _____

Please list the information of two adults other than the parents that we may call in case of an emergency if you are not available.

Name _____ Relationship to Student _____
Home Phone _____ Work Phone _____ Cell Phone _____
Name _____ Relationship to Student _____
Home Phone _____ Work Phone _____ Cell Phone _____

As necessary, I grant permission to the Saipan Seventh-day Adventist School to arrange for emergency medical or other emergency services for the student _____ (name of student). This permission will cover the entire time he/she is enrolled at the SDA School. I agree to be responsible for any and all medical costs, expenses, and charges incurred by or for my child. I agree to release and discharge and hold harmless the Seventh-day Adventist School, it's members, officers, agents, and employees, from and against any liability or any claim or demand arising from or connected with such treatment.

I HAVE READ AND AGREE TO THE STATEMENT AS IT IS WRITTEN.

Signature of Parent/Guardian

Date

PERMISSIONS FORM

Authorization to Leave School – *The following people are authorized to pick up my child.*

Name _____ Relationship _____ Contact # _____

Name _____ Relationship _____ Contact # _____

Name _____ Relationship _____ Contact # _____

Other Options:

- Student will walk home each day.
- Student will hire a taxi each day.
- I also grant permission for my child/children to be picked up by other adults through my verbal permission over the phone.

Signed _____ Date _____

General Field Trip – *The academic curriculum at the Saipan Seventh-day Adventist School included off-campus outings such as class field trips, picnics, walks, community service, sports activities, annual "Outdoor School Trip", fine arts performances, and other activities that occur throughout the school year.*

You will receive written information about these trips before they occur. Please indicate below your permission for your child's involvement in these activities.

- Yes, I grant permission for my child/children to participate in school activity trips off-campus.
- No, I do not grant permission for my child/children to participate in school activity trips off-campus.

Signed _____ Date _____

Permission to Publish Student Photos – *In an effort to continue promoting and advertising the school to the community and public on island & abroad, the Saipan Seventh-day Adventist School requests parent/guardian permission for the student's photos (still shot & video) to be published through newspapers, newsletters, social media, advertisements, brochures, videos, and other advertising avenues.*

Please indicate below your permission for your child's photo to be used and published in these activities.

- Yes, I grant permission for my child's photo to be used to promote the school.
- No, I do not grant permission for my child's photo to be used to promote the school.

Signed _____ Date _____

BEHAVIOR CONTRACT AGREEMENT

It is very important that all students and parents of the Saipan SDA School understand the expectations of their homeroom classrooms and of the school. Parent and students should read the classroom management plan of their homeroom teacher and the Student/Parent Handbook to clearly understand what is expected of each student.

After reading together, please sign below indicating that you are able and willing to follow these guidelines.

Student Name

Student's Signature

Date

Parent Name

Parent's Signature

Date
