



WILBERT F. MAYS SEVENTH-DAY ADVENTIST SCHOOL

405 Englewood Avenue Teaneck, New Jersey 07666

Tel: 201-837-6655 Fax: 201-837-6944

APPLICATION FORM

School Year 20 ____ - 20 ____

Grade Applying For: _____

Current Grade: _____

Date of Application: _____

STUDENT
PICTURE
2X2

STUDENT INFORMATION

Name: _____

Date of Birth: / / Place of Birth: _____ Age: _____
Last First Middle
M / D / Y

Nationality: _____

Gender: _____ Language spoken at home: English _____ Spanish _____ Other: _____

Home Address (including number of street) _____
Street

_____ *City/Town State Zip Code*

Please provide full names of either parents (or guardians) plus home address number. (If one parent is deceased, please indicate).

FAMILY INFORMATION

Mother's Name: _____ E-mail: _____

Telephone (Home) _____ Cell: _____

Occupation: _____ Work Telephone: _____

Place of Birth: _____

Home Address (including number of street) _____
Street

_____ *City/Town State Zip Code*

Affiliation: _____ Baptized: Yes: ____ No: ____

Father's Name: _____ E-mail: _____

Telephone (Home) _____ Cell: _____

Occupation: _____ Work Telephone: _____

Place of Birth: _____

Home Address (including number of street) _____
Street

_____ *City/Town State Zip Code*

Affiliation: _____ Baptized: Yes: ____ No: ____

Parents/ Guardian's location during hours of school:

Parent/Guardian _____ Parent/Guardian: _____

Where: _____ Where: _____

Tel: _____ Cell #: _____ Tel: _____ Cell #: _____

Are the parents: Yes ___ No ___

Separated ___ Yes ___ No

Divorced ___ Yes ___ No

Date of separation or divorce: _____

(Please forward a copy to the school) If yes, please clarify custody and living arrangements:

Has the applicant ever applied to this school at any other time? Yes ___ No ___

What grade? _____

Religious affiliation: _____

(If any family member of applicant is a member of the Seventh-day Adventist Church, please give name and address.)

Name: _____

Address: _____

School or Daycare Center applicant has previously attended (please list most recent first)

<i>School Name</i>	<i>Address</i>	<i>City/State/Zip</i>	<i>Phone Number</i>	<i>Grade Completed</i>

a. Has the student ever been suspended, expelled, or asked to withdraw from any school for any reason?

Yes No If "Yes", please explain in detail on and attaché sheet of paper.

b. Has the student ever been referred on received professional physiological or personal counseling?

Yes No - If "Yes", explain:

c. Has the student ever been held back a grade?

Yes No If "Yes, explain: _____

d. Has the student ever been diagnosed with a learning disability/challenge?

Yes No If "Yes, explain: _____

e. Has the child had an educational or psychological evaluation? If yes, when and by whom? (Please forward a copy to the school).

Yes No If "Yes, explain: _____

Member(s) of the family who has/have attended SDA Schools:

Brothers and Sisters of applicant:

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Which of these services would you need?

() Early care () Afterschool () Lunch Program

PARENT CONTRACT:

I agree to the conditions herein stated and am in harmony with the regulation as stated in the Wilbert F. Mays SDA School most recent handbook. My financial obligations are clearly understood and I agree to pay my child's account each month, unless arranged otherwise in advance. I further agree to wait for a transcript of grades until my child's account is paid in full upon transfer, withdrawal, or termination from school. I also understand that failure to pay all delinquent accounts will affect my child's ability to graduate if they are in Kindergarten of Eighth grade. To the best of my knowledge the questions have been answer honestly and the applicant will cooperate with the principles and spirit of this school.

Signature

Date