



# SAIPAN SEVENTH-DAY ADVENTIST SCHOOL

P.O. Box 501063 Saipan, MP 96950

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[www.saipansdaschool.org](http://www.saipansdaschool.org)

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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](http://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,

Mark T. Bugbee, Principal  
Saipan Seventh-day Adventist School

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

# FINANCIAL INFORMATION

**Non-refundable yearly fees**

Application (New students only)	\$25.00
Registration (Per household)	\$150.00
Materials	\$500.00
Science Lab Fee (Grades 5-8)	\$25.00
Foreign Student Visa	\$500.00
ID Fee	\$10.00
Insurance	\$12.00 (Yearly for School Hours Coverage)
	\$18.00 (Yearly for 24 Hours Coverage)

**TUITION (CIRCLE ONE):**

	<u>Yearly</u>	<u>10 Months</u>	<u>11 Months</u>	<u>12 Months</u>
Kindergarten:	\$3,100.00	\$310.00	\$281.82	\$258.34
Grades 1-2:	\$3,250.00	\$325.00	\$295.46	\$270.84
Grades 3-4:	\$3,350.00	\$335.00	\$304.55	\$279.17
Grades 5-8:	\$3,400.00	\$340.00	\$309.10	\$283.34

\* A 3% convenience fee will be assessed for credit card purchase.

\* A \$30.00 fee will be assessed for all NSF checks.

\*Registration & Materials Fee are non-refundable.

**AFTER SCHOOL PROGRAM:** \$50.00/Month (Additional fees for some classes)

**UNIFORMS**

Polo Shirts (with school name)	\$15.00 – All sizes
P.E. SHIRT	\$10.00 – All Sizes

**Graduation Fee:** Kindergarten \$25.00  
 Eighth Grade \$50.00

**PUBLIC SCHOOL SYSTEM MEALS (Optional)**

Breakfast: \$.50 per meal  
 Lunch: \$.75 per meal

**Person Responsible for Financial Obligation of Attendance**

\_\_\_\_\_ Mother      \_\_\_\_\_ Father      \_\_\_\_\_ Guardian  
 \_\_\_\_\_ Other Sponsor      Legal Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone #s: \_\_\_\_\_  
 Email: \_\_\_\_\_

- \_\_\_\_\_ Please email my invoice and statement each month.  
 \_\_\_\_\_ Please email and print my invoice and statement each month.  
 \_\_\_\_\_ Please print my invoice e and statement each month.

**OBLIGATION CONTRACT**

Full month payment is due the 6<sup>th</sup> of every month. Any student account that is not in full by the end of every month will be considered delinquent and put in the following 3-Step Financial Delinquency Status:

1. A letter of reminder will be sent to the parents/guardians and/or to the individual responsible for finances requiring payment to be made within 5 working days. A 3% late payment fee will be charged on unpaid balance each month.
2. Student will be suspended from attending class and any school activity until payment is made. A letter of suspension will be sent. Person responsible for finances must come in and see the accountant.
3. If account remains delinquent and financial arrangements are not made within 45 days, then the student is disenrolled and account is sent to a collection agency.

If account is delinquent, no school record may be released until payment is made in full.

I agree to be responsible for all tuition costs and fees with \_\_\_\_\_ (name of student) being enrolled at Saipan Seventh-day Adventist School. I agree to provide payment in the required time frame. I release, discharge, and hold harmless the Seventh-day Adventist School, it's members, officers, agents, and employees from against any liability or any claim or demand arising from or connected with any financial issues.

\_\_\_\_\_  
 (Signature of Person Responsible for Finances) \_\_\_\_\_ Date

# SAIPAN SEVENTH-DAY ADVENTIST SCHOOL

## Foreign Student Application for Admission SY 2019-2020

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### 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

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## After School Academy

It is my pleasure to let you know we are once again offering After School Academy and After School Care for the 2019 - 2020 SY. We at Saipan SDA School understand a parent's day does not end at 3:00 pm when school is dismissed for the day. We also understand students still need guidance in their academic studies once the school day is complete.

After School Academy is geared to help students enrich their academic learning through a variety of professionally offered classes by our certified teachers and professionals. Students who enroll in the After School Academy will select an activity that will run from 3:15 - 4:00 pm Monday through Thursday. You will find these activities listed on the After School Academy Registration form.

After School Care begins once the After School Academy ends. It is offered Monday - Thursday from 4:00 - 5:15 pm. On Fridays, After School Care begins at school dismissal from 12:30 - 4:00 pm. This program allows for freedom of play on the school grounds, or for students to study quietly as they are monitored by SDA School Staff.

With After School Academy and After School Care, your child receives academic classes and monitoring for only the nominal fee of \$50 a month. Where else but SDA can your child receive excellent education during the day, than a safe, academic learning environment after school until you are able to pick up your child?

Only students specifically registered for the After School Academy will be able to participate. You will be able to enroll your child at any time during the school year as long as space allows. Please complete the After School Academy Registration form in the office for your child to utilize this wonderful opportunity!

We at SDA School thank you for your continued support. Please continue to work with us as we strive to provide your child with the best education possible.

Sincerely,

Mark T. Bugbee, Principal  
Saipan SDA School

# CONSENT TO TREAT MINOR CHILDREN

Please print all information

I, \_\_\_\_\_, parent or legal guardian of  
\_\_\_\_\_, born \_\_\_\_\_,  
do hereby consent to any medical care and the administration of anesthesia determined by a  
physician to be necessary for the welfare of my child while said child is under the care of  
\_\_\_\_\_ and I am not reasonably available by telephone to give consent.

This authorization is effective from \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Name (please print)

***This consent form should be taken with the child to the hospital or  
physician's office when the child is taken for treatment.***

This additional information will assist in treatment if it can be furnished with the consent but is not required.

Family address \_\_\_\_\_

Telephone: Father's Cell \_\_\_\_\_ home \_\_\_\_\_ work \_\_\_\_\_

Mother's Cell \_\_\_\_\_ home \_\_\_\_\_ work \_\_\_\_\_

Child's Birthdate \_\_\_\_\_ Last Tetanus \_\_\_\_\_

Allergies to drugs or foods \_\_\_\_\_  
\_\_\_\_\_

Special Medications, Blood Type or Pertinent Information  
\_\_\_\_\_  
\_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Preferred Hospital \_\_\_\_\_