



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

<b>For Office Use Only</b>	
<b><u>Non Refundable Fees</u></b>	
Application Fee:	_____
Registration Fee:	_____
Denomination:	_____
<input type="checkbox"/> JHC <input type="checkbox"/> GNYC <input type="checkbox"/> NEC <input type="checkbox"/> other	

## SCHOOL APPLICATION 2020 - 2021

### Student Information

Student's First Name				Middle	Last	Grade Entering	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		City	State	Zip	Home Phone		
Date of Birth	Birthplace	Country of Citizenship			Social Security #		
Church Student Attends		Racial/Ethnic Group: <i>(for statistical purposes only)</i>			Primary Language		
Denomination		<input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> African American / Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____			<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Other _____		
Baptized: <input type="checkbox"/> Yes <input type="checkbox"/> No							
If Yes, Date of Baptism							
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			
<b><u>E-mail Address –</u></b> <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 \_\_\_\_\_

2020-2021

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 \_\_\_\_\_

