Jackson Heights Seventh

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day Adventist Church School

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 Woodside Avenue

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Woodside

, NY

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Website:

www.jacksonheightssdaschool.or

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**SCHOOL APPLICATION**

**2024 – 2025**

2

Gender:



 Male

**Student Information**

**For Office Use Only**

**Non Refundable Fees**

Application

Fee

:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration Fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Denomination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_JHC \_\_GNYC \_\_ NEC \_\_

other

 Student’s First Name Middle Last Grade Entering  Female

Home Address

City

State

Zip

Home Phone

Date of Birth

Birthplace

Country of Citizenship

Social Security #

Church Student Attends

Racial/Ethnic Group:

(

*for statistical purposes only)*



Asian

/ Pacific Islander



African American

/ Black



Caucasian



Hispanic



Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Language



English



Spanish



French



Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Denomination

Baptized:



Yes



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  |  |  |  |
| **E-mail Address –****Applications will not be accepted without an address** |  |  |  |
| Company Name  |  |  |  |
| Company Address  |  |  |  |
| Occupation  |  |  |  |
| Social Security #  |  |  |  |
| U.S. Citizen  |   Yes No |  Yes  No | Yes No |
| Baptized SDA  |   Yes No |  Yes  No | Yes No |
| Church Membership  |  |  |  |

District # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | NAD ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  2024-2025 | 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_