



BROOKLYN SEVENTH-DAY ADVENTIST SCHOOL

APPLICATION FORM

1260 Ocean Avenue, Brooklyn NY 11230
Website: www.bsda.school | 718-859-1313 | Fax: 718-859-8105



Student's Full Name: _____ SS# _____
Last First Middle

Address: _____ Home Tel. # () _____ Cell #: () _____

Apt.# _____ City: _____ State: _____ Zip Code: _____

Age: _____ Date of Birth: _____ Gender: _____ Place of Birth _____

Grading Applying For: _____ School Last Attended (If Applicable): _____

Address of School: _____ Tel.# () _____
Street City State Zip Code

Race/Ethnicity: ___ Hispanic ___ Black ___ Asian ___ White ___ American Indian

Baptized: ___ No ___ Yes If Yes, Date of Baptism: _____ Religious Affiliation _____

Church Name: _____ Conference (If Applicable): _____

FAMILY INFORMATION

Mother

Father

Name: _____

SS#: _____

Address: _____

Church Affiliation: _____

Place of Birth: _____

Nationality: _____

Language Spoken at Home: _____

Marital Status: _____

Occupation: _____

Telephone: _____

Email Address: _____

Do you have an unpaid school account? () Yes () No If Yes, Where? _____

Address: _____

Name of Family Physician: _____ Telephone # () _____

IN CASE OF EMERGENCY CALL:

() _____ () _____ () _____

Mother

Father

Other (Name & Relationship) _____

Special Accommodations (If Applicable): ___ IEP ___ 504 Plan ___ ELL ___ AVID

Special Privilege Request: Please indicate if your child has a Physician verified allergy and medications. ___ Yes ___ No
If yes, please provide official documentation by your child's physician at the beginning of the school year to the Registrar's Office

Allergies: _____ Medications: _____

Describe your child's reaction _____

Does your child carry medication with him/her ___ No If Yes ____, please list the medication(s)

Name of Medication	Reason	Home	School

Does your child need Special Bathroom Privilege ___ No. If Yes ____, please explain and provide a doctor's note.

This request will be: ___ Annual. If Temporary ____, what date will privilege terminate? _____

Note: This request is valid for one school year only. All medical requests require a doctor's note, for the request to be granted. In order to promote exposure of our students to educational activities, it is important that they be present for the entire class period. If circumstances develop throughout the school year, please inform the school in writing of your child's needs.

INSURANCE INFORMATION (MANDATORY- IN CASE OF AN EMERGENCY)

Name of Insured: _____

Employed by: _____

Date of Birth: _____

Policy #: _____

Group #: _____

Insurance Company: _____ Telephone No: _____

Date Parent/Guardian (please print) Parent/Guardian (please sign)

PHYSICAL EDUCATION AND EXTRA CURRICULAR ATHLETIC EVENTS CONSENT FORM

We the undersigned, guardian(s) of _____ consent to let our child participate
(Print Student's Name)

During the present school year in Physical Education and other Extra Curricular Athletic Events. Presently, our child is not currently being treated for any physical condition that may prohibit participation in such activities, We further understand that our child is expected to exercise caution while participating in physical activities in order to prevent injuries, and that if an injury occur, We will be notified as soon as possible.

Date Parent/Guardian (Please Print) Parent/Guardian (Please Sign)

ENRICHMENT PROGRAMS.

Brooklyn Seventh-day Adventist Elementary School offers enrichment programs which provide opportunities for students to delve deeper into subjects they are passionate about or interested in. These programs incorporate creativity and innovative activities which help to build confidence and self-esteem whilst fostering a love for learning. Choose from the list below the enrichment program you want your child to participate in.

Choose the enrichment program(s) by placing a check mark (✓) in the “Yes” column:

<u>Yes</u>	<u>No</u>	<u>Program Description</u>	<u>Time Offered</u>	<u>Cost</u>
		Beast Academy Math Program	After school	Free
		STEAM Program	During & After School	TBD
		Digital Media	During School Hours	Supplies (TBD)
		After School Program	After School	\$10 per hour (150/month)
		Music (__Guitar, __Violin, __Piano, __Bells,__ Percussion, ___Saxophone (<i>Select Your Instruments</i>)	During & After School hrs.	\$ 60/Mth/Inst
		Regents Classes—Algebra 1, Biology, Earth Science, English	During & After School	Deposit- \$50 per class + Lab Exp

STUDENT RELEASE AUTHORIZATION

In the event, that I am not able to pick up my child. I give the following three (3) individuals permission to pick up my child in my absence:

1. First Person _____
Address _____

Phone _____ Relationship _____
Signature _____

2. Second Person _____
Address _____

Phone _____ Relationship _____
Signature _____

3. Third Person _____
Address _____

Phone _____ Relationship _____
Signature _____

If the parent or the above designated party cannot adhere to the scheduled pick-up, a telephone call must be made prior to pick-up time giving the 4th person’s identity information for that day. The child will not be turned over until the 4th person’s identity is verified.

_____ Date _____ Parent/Guardian (please print) _____ Parent/Guardian (please sign)

DECLARATION OF COMMITMENT TO STANDARDS OF CONDUCT

I, _____, being a student of Brooklyn Seventh-day Adventist Elementary School, hereby solemnly declare my dedication and commitment to upholding the fundamental standards of student conduct as guided by the Seventh-day Adventist philosophy of education.

Recognizing the importance of maintaining a lifestyle in accordance with church standards, state laws, and the common ethical code of Christian living, I pledge to refrain from participating in any acts that would offend these principles. Specifically, I hereby vow to abstain from engaging in the following practices:

1. The ostentatious display of oneself by wearing jewelry.
2. Using drugs, narcotics in any form, or drinking alcoholic beverages, handling, possessing, or furnishing them to others.
3. Any form of dishonesty, including lying, cheating, plagiarism or willful deception regarding violation of school regulations: Cheating in examinations, classwork or in any other phase of school or business.
4. Disrespectful behavior towards peers, teachers, or authority figures.
5. Any actions that promote violence, bullying, or harassment. Conspiring to participate in any act that injures, degrades or disgraces a fellow student.
6. Consumption of substances prohibited by both state laws and church teachings, including but not limited to alcohol, tobacco, and illegal drugs.
7. Conducting oneself improperly with someone of the opposite sex or same sex.
8. Making, possessing or handling firearms, firecrackers, bows and arrows, or explosives of any type.
9. Engaging in inappropriate or lewd behavior, whether in person or online, and possessing or displaying obscene literature or pictures
10. Tampering with fire alarms or extinguishers.
11. Disregard for the sanctity of personal property, including theft or vandalism.
12. Undermining the religious ideals of the Seventh-day Adventist Church.

I understand that as a representative of Brooklyn Seventh-day Adventist Elementary School, my conduct reflects not only upon myself but also upon the values and principles upheld by the school community. Therefore, I commit to upholding these standards both within and outside the school environment.

I am also fully aware that if I am in violation of any of these practices, the results will be serious discipline or immediate dismissal. In the breaking of any of the above regulations, automatic notifications will be made to the parents, and a decision will be made by the administrative/disciplinary committee as to whether or not I will be re-instated in the Brooklyn Seventh-day Adventist School for the duration of the school year on a probationary basis.

By affixing my signature below, I affirm my solemn commitment to live in accordance with these principles and to strive for excellence in both my academic pursuits and personal conduct.

Student's Signature _____

Parent/Guardian Signature _____

Date: _____

NEXT STEPS:

1. Submit Completed Application to the Office of the Registrar (Email: admission@bsd.a.school)
2. Pay Application Fee (\$60)—Online, Zelle or In-Person.
3. Take the placement Test (*Check Admission Process Checklist for dates*)
4. Meet with Administration
5. Receive Status of Application