

Greater New York Academy

Application for Admission



Dear Parent/Guardian

Thank you for your interest in enrolling your child at the Greater New York Academy of Seventh-Day Adventists, a non-profit, fully accredited high school, owned and operated by the Seventh-day Adventist Church.

Before your child can be admitted to this institution, the following requirements must be met:

APPLICATION:

Please fill out the application in its entirety, listing the complete names and addresses of schools previously attended and the years enrolled; also list complete names and addresses of references. The financial section and statement of agreement are to be signed by both parent/guardian and student.

FEE:

A \$50.00 FEE IS REQUIRED TO ACCOMPANY THIS APPLICATION. THIS FEE IS NON-REFUNDABLE.

INTERVIEW:

After your application is received an appointment will be set for you and your child to meet with one of our administrators.

ACADEMIC:

Ninth graders must submit their eighth grade diploma and report card. Students transferring into the tenth, eleventh, or twelfth grades must submit report cards/transcripts covering former grades, immunizations records, and recommendation letters before being placed in an official class.

IMMUNIZATION:

According to the New York State Public Health Law, parents must have their children immunized against diphtheria, polio, measles, rubella, hepatitis B, and mumps—unless there are certified medical or religious reasons against giving such immunizations. Your child's complete official record of his/her immunization must be submitted with the application form.

May the Lord bless you and your family.

Sincerely,

Admissions Office
Greater New York Academy



Application for Admission

GREATER NEW YORK ACADEMY OF SEVENTH-DAY ADVENTISTS
41-32 Fifth-Eighth Street, Woodside, New York 11377
Telephone (718) 639-1752

SECTION I (General Information)

Name: _____ Sex: _____

Home Address: _____
Street City State Zip Code

Age: _____ Date of Birth: _____ Social Security _____
Month Day Year

Father's Name _____ Is he a Seventh-day Adventist?

Father's Address: _____

Home Telephone No. _____ Business Phone No. _____

Mother's Name _____ Is she a Seventh-day Adventist?

Mother's Address: _____

Home Telephone No. _____ Business Phone No. _____

Guardian's Name _____ Is he/she a Seventh-day Adventist?

Guardian's Address: _____

Home Telephone No. _____ Business Phone No. _____

Student's church membership _____ Lifework preference: _____

Do you have a physical disability? _____ If so, describe _____

Check general state of your health: Excellent Good Fair Poor

Where did you complete the following grades? (Please include addresses)

Eighth grade: _____ Tenth grade: _____
Address: _____ Year Address: _____ Year

Ninth grade: _____ Eleventh grade: _____
Address: _____ Year Address: _____ Year

What grade are you eligible to enter? Circle one: 9, 10, 11, 12

Have you ever been withdrawn or dismissed from school? _____ If so, for what reason?

FOR OFFICE USE ONLY
Application Received _____
\$50.00 Application Fee (non-refundable) _____

SECTION II (References)

REFERENCES: (Please give names and addresses of persons other than your relatives.)

(1) Name: _____ Street _____
(School Principal) _____
City _____ State _____ Zip Code _____
Telephone No. _____

(2) Name: _____ Street _____
(Teacher) _____
City _____ State _____ Zip Code _____
Telephone No. _____

(3) Name: _____ Street _____
(Clergyman/Pastor) _____
City _____ State _____ Zip Code _____
Telephone No. _____

STATEMENT OF AGREEMENT

Because of my dedication and commitment to the fundamental standards of student conduct at Greater New York Academy, and since I am aware that the Seventh-day Adventist philosophy of education would not knowingly admit students who offend in the following practices, I do hereby solemnly declare that I will not participate in any of the following acts which would be offensive to church standards, state laws, and the common ethical code of Christian living:

1. The ostentatious display of oneself by wearing jewelry or other items of decoration.
2. Using drugs or drinking alcoholic beverages, handling, possessing, or furnishing them to others.
3. Using tobacco in any form, or having it in one's possession.
4. Gambling, betting, or possessing playing cards.
5. Using profane language, indulging in lewd conduct or suggestion, possessing or displaying obscene literature or pictures.
6. Being dishonest, including stealing, lying or willful deception regarding violation of school regulations: Cheating in examinations, classwork or in any other phase of school or business.
7. Destruction of Academy property.
8. Conducting oneself improperly with someone of the opposite sex.
9. Making, possessing or handling firearms, firecrackers, bows and arrows, or explosives of any type.
10. Tampering with fire alarms or extinguishers.
11. Conspiring to participate in any act that injures, degrades, or disgraces a fellow student.
12. Undermining the religious ideals of the Seventh-day Adventist Church.

I am fully aware that if I am in violation of any of these practices the result will be serious discipline or immediate dismissal. In the breaking of any of the above regulations, automatic notification will be made to my parents, and a decision will be made by the administrative committee as to whether or not I will be re-instated in the Academy for the duration of the school year on a probationary basis.

Date _____ Signature of Student _____ Signature of Parent or Guardian _____

SECTION III (Financial) To be filled out by person guaranteeing account.

- (1) Does the student have an unpaid account with any school? _____
If so, name of school and amount due: _____
- (2) To whom shall statements of the account be mailed?
Name: _____
Address: _____
- (3) **Financial Contract:** We agree to accept the responsibility for the balance of each financial period. **We understand that no records (report cards) or transcript will be released until the account is paid in full.** We understand that the student will not be permitted to write final examinations at the end of marking periods unless the account is paid in full.

_____ Date _____ Signature of Student _____ Signature of Guarantor (parent or guardian) _____



Greater New York Academy

of Seventh Day Adventists

41-32 58th Street

Woodside, N.Y. 11377

Tel. (718) 639-1752 FAX: (718) 639-8992

*"And all thy children shall
be taught of the Lord"*
Isaiah 54:13

CONSENT TO TREATMENT AND HEALTH INSURANCE INFORMATION

We, the undersigned parent(s) or guardian(s) of _____
Name of Student or Member

a minor, do hereby consent to any X-RAY examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of _____, M.D., or any physician the school or

Name of Physician

Organization may call, such diagnosis or treatment is rendered at the office of said physician or at a licenses hospital. It is understood that reasonable effort will be made to contact the doctor listed above before any other physician is called by the school or other organization.

It is further understood that this consent is given in advance of any specific diagnosis or treatment, which might be required and is given to authorize

_____ or the physician to exercise their best

Name of Organization into whose custody minor is entrusted

judgment as to the requirements or such diagnosis or treatment.

This consent shall remain in continuous effect until revoked in writing and delivered to the physician named above or to the school organization entrusted with the custody of said minor.

The above named student _____ is; _____ is not covered by Health Insurance.

Present Health Insurance Company: _____

Policy Number: _____

Dated: _____

Father

Mother

Date

Witness

Legal Guardian

Date



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CONSENT FORM PHYSICAL EDUCATION & EXTRA CURRICULAR ATHLETIC EVENTS

We the undersigned parent(s) and/or guardian(s) of _____
Student's name

consent to let our child, participate during the present school year in Physical Education and other Extra-Curricular Athletic Events.

Our child is not currently being treated for any physical condition that may prohibit participation in such activities.

We understand that our child is expected to exercise caution while participating in physical activities in order to prevent injuries, and that if an injury should occur, we will be notified as soon as possible.

Signature of father/Guardian

Date

Signature of mother/Guardian

Date



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SPECIAL PRIVILEGE REQUEST FORM

_____ Will require the following privilege
Name of Student

Please indicate

- Bathroom privilege
- Daily medication
- Allergies (list) _____
- Other (please explain) _____

This request will be:

- Annual
- Temporary. If temporary, when will privilege terminate _____
(Give Date)

Reason for request: _____

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 maximum 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.

_____ Date

_____ Parent Signature