

Bay Knoll School Seventh-day Adventist School

Returning Student Application

New York Conference of Seventh-day Adventist School System

Date of Application: ____ / ____ / ____

Student Information:

Grade of Application: _____

Full Legal Name: _____ S.S. #: _____ Age: _____
(Last) (First) (Middle)

Street Address: _____ City: _____ St: _____ Zip: _____

Sex: Male | Female Date of Birth: ____ / ____ / ____

Church where membership is held: _____ Date of Baptism: ____ / ____ / ____

	Mother	Father
Full Legal Name		
Street Address		
City, State & Zip		
Home Phone		
Cell Phone		
Email Address		
Church Membership		
Employer		
Work Phone		
Language used at home		

Name(s) of other children in the family:

1. _____ Sex: M | F Age: ____ Living at home? Y | N School: _____
2. _____ Sex: M | F Age: ____ Living at home? Y | N School: _____
3. _____ Sex: M | F Age: ____ Living at home? Y | N School: _____
4. _____ Sex: M | F Age: ____ Living at home? Y | N School: _____

For Internal Use Only

BKS Recommending Teacher: _____ Grade: _____ Date: ____ / ____ / ____

I [**do / do not**] recommend this student to continue their education at Bay Knoll School.

If not recommending, why? _____

This recommendation was [**approved / denied**] by the BKS Board. Date: ____ / ____ / ____ Initials: _____

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Student Contract:

I agree to uphold the standards of the Bay Knoll School. I have read and will abide by the Student Code of Conduct contained in the Student/Parent Handbook and live in harmony with the school's Christian principles.

Student's Signature: _____ Date: ____/____/____

Parent / Legal Guardian Contract:

I / We agree to support the standards of the Bay Knoll School. I / We have read the Student Code of Conduct contained in the Student/Parent Handbook and will help my / our child live in harmony with the school's Christian principles. **NOTE:** By signing this agreement, you accept full financial responsibility for your child's education and agree to be our educational partner to help your child grow and succeed spiritually and academically.

Parent / Legal Guardian Signature: _____ Date: ____/____/____

Parent / Legal Guardian Signature: _____ Date: ____/____/____

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Name: _____ Grade: _____ Withdrawal Date: ____/____/____

Enter Date Documents Received:

Initials of Recipient:

Deposit: ____/____/____	_____
Final Agreement: ____/____/____	_____
BKS Teacher Reference: ____/____/____	_____
Birthdate verification: ____/____/____	_____
Physical Examination: ____/____/____	_____
Consent to Treatment: ____/____/____	_____
Emergency contact: ____/____/____	_____
Internet Access & Usage: ____/____/____	_____