

# Bay Knoll School Seventh-day Adventist School New & Transfer Student - Admissions Checklist

New York Conference of Seventh-day Adventist School System

Below are all the forms needed to fully register and enroll your student at Bay Knoll School:

- New & Transfer Student Application
- Financial Agreement Form
- Request for Student Records/Transcripts/Health Records
- Reference Form
- Student Code of Conduct Form
- Acknowledgement of Student & Parent Handbook Form
- Emergency contacts & Approved Transportation Form
- Consent to Treat Form
- Internet Access Agreement Form
- Photo Release Form

**NOTE:** Admissions is rolling, but to apply and access financial aid, all applications must be received before August 1. For questions regarding admissions, call our office during school hours:

Monday – Thursday: 8:15am - 3:00pm; Friday: 8:15am - 12:00pm. Bay Knoll School Office Phone: 585-467-2722

## **Priority Admissions Dates:**

**April 30th – Returning students:** Save \$100 if registered by this date

**June 30th – New students:** Save \$100 if registered by this date

**NOTE:** All PreK students must be 4-years of age and all Kindergarten students must be 5-years of age by or before December 1st to enroll. Admissions is always rolling and we accept new or returning students at any time, if there is room available. \$100 tuition incentive is only available during special early admissions dates mentioned above.

All admissions forms should be submitted to:

**Bay Knoll Seventh-day Adventist School**  
(Student Application)  
2639 East Ridge Road  
Rochester, NY 14622

# Bay Knoll School Seventh-day Adventist School

## New & Transfer Student Application

New York Conference of Seventh-day Adventist School System

Referred by: \_\_\_\_\_

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Student Information:

Grade of Application: \_\_\_\_\_

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

**NOTE:** PreK students must be 4 before December 1<sup>st</sup> and Kindergarten students must be 5 by December 1<sup>st</sup>.

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex: Male | Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace: \_\_\_\_\_

Document for verifying birth: Birth Certificate | Passport / Visa | Hospital Statement | Notarized Statement

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: \_\_\_\_\_

### Transfer Student:

Name of Last School Attended: \_\_\_\_\_ Grade Completed \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Bay Knoll School Seventh-day Adventist School**  
**New & Transfer Student Application**  
New York Conference of Seventh-day Adventist School System

**Student Information**

Has applicant been previously identified as qualifying for a gifted education program? Yes | No

If yes, what kind? \_\_\_\_\_  
\_\_\_\_\_

Has applicant been previously identified as qualifying for a special education program? Yes | No

If yes, what kind? \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Where: \_\_\_\_\_ By Whom: \_\_\_\_\_

Student hobbies & interests: \_\_\_\_\_

Musical ability: Vocal | Instrumental If instrumental, please list instruments: \_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**For Internal Use Only**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Withdrawal Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Enter Date Documents Received:

Initials of Recipient:

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

# Bay Knoll School Seventh-day Adventist School

## Financial Agreement

New York Conference of Seventh-day Adventist School System

**(Please Print)**

Parent's or Guardian's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_ - \_\_\_\_\_ (Cell | Home | Work)

Church where membership held: \_\_\_\_\_ (if applicable)

**Student Information:**

Name of Student	Grade	Registration Fee (\$200)	Annual Tuition (\$3,700)
TOTALS			

**Financial Data**

	Charges	Payments
Balance from Previous Year		
Balance for This Year		
Church Sponsorship Amount		
Individual Sponsorship Amount		
Other Financial Assistance (OFA)		
OFA Type:		
OFA Type:		
OFA Type:		
TOTALS		
BALANCE DUE		
PAYMENT RECEIVED		
AMOUNT DUE		

\*Use the back of this form to make a list of financial providers, including name, address, telephone, and amount.

***The amount due is payable at the time of registration.***

**Preferred payment method:**

- Pay in full at registration
- Automatic monthly payment plan / FACTS
- Other payment plan (Describe): \_\_\_\_\_

# Bay Knoll School Seventh-day Adventist School Financial Agreement

New York Conference of Seventh-day Adventist School System

**Financial Agreement:**

I agree to be responsible for this account according to the above information. It is understood that formal acceptance of this agreement will depend upon verification of any listed financial assistance and receipt by Bay Knoll School of those funds. I will notify the school treasurer in advance if there will be any delay or difficulty meeting my obligation. I also understand that if I cannot make payments in a timely fashion that my child(ren) may be required to withdraw from school until satisfactory payment arrangements are made.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BKS Treasurer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: to receive financial aid all parents are encouraged to enroll in FACTS online. To set-up your account visit:**

<https://online.factsmgt.com/signin/3DBGX>

**List of Financial Providers:**

Name	Address	Telephone	Amount
		TOTAL	

# Bay Knoll School Seventh-day Adventist School Financial Agreement

New York Conference of Seventh-day Adventist School System

## Financial Aid and Incentives:

### Incentive-based Aid:

All incentive-based aid is automatically applied when a family meets the following qualifications:

#### ***Multi-child discount:***

If a family has more than one student enrolled in the Bay Knoll School, the tuition billed will be per the following table:

First Student (oldest)	100% of Tuition
Second Student	90% of Tuition
All additional students	81% of Tuition

#### ***Early Registration (\$100):***

Each student registered by the applicable deadline\* will qualify for the early registration discount.

\*Returning students must register before the returning student registration deadline, new students must register before the new student registration deadline.

#### ***Payment in Full (\$200):***

To qualify for the payment in full discount, the total amount due must be received before or on the first day of school.

#### ***New Student Referral (\$500):***

A family qualifies for the new student referral discount for each new student they refer who enrolls in the Bay Knoll School. To be considered a referred new student, the family of the new student must indicate the name or family that referred them on their registration form. Also, the new student would not have attended the Bay Knoll School in the previous school year, and must attend the entire year they enrolled. If for any reason, the new student could not complete the entire year, the discount does not apply.

#### ***Volunteer Aid Program (\$10 pr/hr):***

To qualify for the Volunteer Aid Program, a parent must fill out the Volunteer Aid Application form in a timely manner and be accepted into the program. Volunteer work hours will be based on the needs of the school, and the skills of the applicant. Participation in this program will be limited.

### Need-based Financial Aid:

To qualify for need based aid, the family requesting aid must apply online to FACTS Grant and Aid Assessment. To set-up your account visit: <https://online.factsmgt.com/signin/3DBGX>. The application deadline is August 1<sup>st</sup>. At that time, financial aid will be awarded based on monies available and the needs of the applicants.

**Bay Knoll School Seventh-day Adventist School**  
**Request for Student Records/Transcript Form**

New York Conference of Seventh-day Adventist School System

School Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

P.O. Box/Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: (        ) \_\_\_\_\_ - \_\_\_\_\_ Fax: (        ) \_\_\_\_\_ - \_\_\_\_\_

By my signature, I hereby grant permission for the release of the cumulative folder, medical records, immunization records, achievement scores, most recent and past grade reports, and/or transcripts of: \_\_\_\_\_ (print full legal name of students), who I certify to be my child or legal ward. This student attended your school during the \_\_\_\_\_ - \_\_\_\_\_ school year and was in grade \_\_\_\_\_.

The records listed above are to be released and sent to the following school:

**Bay Knoll Seventh-day Adventist School**  
(Student Transcripts)  
2639 East Ridge Road  
Rochester, NY 14622-2722  
Phone: (585) 467-2722  
Fax: (585) 467-9722

Requested by: \_\_\_\_\_ (Parent/Legal Guardian)

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**For Office Use Only**

Date Sent: _____
Date Received: _____

# Bay Knoll School Seventh-day Adventist School Student Reference Form

New York Conference of Seventh-day Adventist School System

Prospective Student's Name: \_\_\_\_\_ Date of Reference: \_\_\_\_\_

Bay Knoll Seventh-day Adventist School is interested in teaching students that have a desire to learn, a solid academic record, a positive attitude, and a willingness to abide by the school rules.

Please complete the following reference sheet keeping the above in mind. We will keep your response in strict confidence as we use this sheet to help determine the above-named prospective student's compatibility with our school environment. Thank you for your help!

## GENERAL REFERENCE (NON-TEACHER REFERENCE):

1. How long have you known the applicant and in what capacity? \_\_\_\_\_  
\_\_\_\_\_
2. Please circle the number that best applies for each category:

	Outstanding	Above Average	Average	Below Average	No Opportunity to Observe
Work ethic / motivation	1	2	3	4	5
Imagination / creativity	1	2	3	4	5
Ability to think / act independently	1	2	3	4	5
Honesty / integrity	1	2	3	4	5
Maturity	1	2	3	4	5
Responsibility for actions	1	2	3	4	5
Concern for others	1	2	3	4	5
Leadership ability	1	2	3	4	5
Relationship with peers	1	2	3	4	5
Relationship with parents	1	2	3	4	5
Relationship with other adults	1	2	3	4	5
Reaction to suggestions	1	2	3	4	5
Reaction to criticism	1	2	3	4	5
Ability to meet commitments	1	2	3	4	5

Please explain any response rated 4: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other useful comments or information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Evaluator's name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Title/Relationship: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_



# Bay Knoll School Seventh-day Adventist School

## Student Reference Form

New York Conference of Seventh-day Adventist School System

### TEACHER REFERENCE (TEACHER OF PROSPECTIVE STUDENT COMPLETE THIS SECTION):

*\*Please attach additional paper if needed to complete answers below.*

1. In what level or range academically does this applicant fall compared to other students at your school?

(Please Circle Your Answer): Bottom 10% | 10-25% | 25-50% | 50-75% | 75-90% | Top 10%

2. Does the applicant come to class prepared? YES | NO

3. Does the applicant actively participate in class? YES | NO

4. What do you perceive as the applicant's greatest strength? \_\_\_\_\_

\_\_\_\_\_

5. What do you perceive as the applicant's greatest need? \_\_\_\_\_

\_\_\_\_\_

6. Please list any extracurricular activities that you are aware of the applicant participating in (music, sports, church activities, etc.)? \_\_\_\_\_

\_\_\_\_\_

7. Has the applicant had any disciplinary difficulty you are aware of? YES | NO

8. If yes to #7 (above), please relate the incident(s) and any disciplinary action that resulted? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Does the applicant have an IEP or an educational evaluation? YES | NO

10. Has the student ever been identified as gifted or with special talents? YES | NO

11. If yes to #10 (above), please describe? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Has the applicant ever received supplemental support in reading, writing, math, or speech/language intervention? \_\_\_\_\_

\_\_\_\_\_

*Thank you for taking the time to complete this evaluation. If you have any questions please contact our teachers at (585) 467-2722*

**Please return this Reference Form to:** Bay Knoll SDA School  
(Reference Form)  
2639 E. Ridge Rd.  
Rochester, NY 14622

# Bay Knoll School Seventh-day Adventist School

## Student Code of Conduct Form

New York Conference of Seventh-day Adventist School System

Students are expected to conduct themselves as young Christians. As outlined in our Parent & Student Handbook, Christian conduct includes respect for God, respect for teachers and other adults, and respect for each other. To that end, the following behaviors are expected of students attending the Bay Knoll School. **It is understood that the students' school environment includes riding the bus to and from school, field trips and other school-related activities.**

### 1. Respect and reverence for God --Expected behaviors:

- Respectful, reverent use of the Holy Bible
- Respectful, reverent use of hymnals and other church related items/property
- Respectful, reverent use of God's name

#### b. Examples of violations:

- Slamming Bible and/or hymnals closed
- Throwing Bible and/or hymnals on the floor
- Cursing, oaths, and slang expressions of God's name
- Mocking of hymns and scripture use
- Slouching and irreverent behavior in worship

### 2. Respect for teachers and other adults--Expected behaviors:

- Courteous, respectful address (Mr., Mrs., Miss., etc.)
- Courteous, respectful conversation
- Courteous, respectful demeanor
- Obedience to instructions and requests

#### b. Examples of violations:

- Back-talking
- Interrupting teacher-led instruction
- Disobedience
- Temper tantrums or other disruptive behavior

### 3. Respect for other students--Expected behaviors:

- Courteous, respectful conversation
- Courteous, respectful demeanor
- Respect for right of others
- Respect for property of others
- Respect for personal space of others

#### b. Examples of violations

- Teasing or name-calling
- Intimidating or bullying
- Kicking or pulling a students' chair to cause harm
- Fighting
- Disruptive behavior of any kind
- Indecent touching of others
- Obscene language or gestures

# Bay Knoll School Seventh-day Adventist School

## Student Code of Conduct Form

New York Conference of Seventh-day Adventist School System

#### 4. Responsibility of Students

Students are expected to have read, understand, and agree to this Student Code of Conduct. Students are expected to be courteous and respectful at all times. Quietness, orderliness, cooperation, polite conversation, and proper response to correction exhibit this. **The Bay Knoll School will not tolerate a student who is defiant and rebellious.**

It is understood that every student who applies for admission to the school pledges to observe all of its regulations, to uphold the principals upon which the school operates, and to perform all assigned school duties to the best of his or her ability. It is also understood that to break this pledge forfeits the privilege to attend Bay Knoll School. **Continued attendance is at the discretion of the Bay Knoll School Board.**

#### 5. Discipline

A teacher is authorized to handle misconduct by a student and may refer the offense to the School Board depending on the seriousness or frequency of the offense. The following will be used by teachers and staff as a guideline for determining how to proceed if discipline is deemed needed. Violations of the Student Code of Conduct are taken seriously and cannot be tolerated. Parents of students involved will be notified immediately via telephone, letter, or email.

##### Disciplinary actions that will be taken are as follows:

- **1<sup>st</sup> violation:** Student will be verbally warned first and reminded of appropriate behavior.
- **2<sup>nd</sup> violation:** Warning letter issued from teacher and Principal about what could possibly happen if corrective action is not taken immediately.
- **3<sup>rd</sup> violation:** Student, parent, and teacher conference with the Principal at which time the Principal may suspend student for up to 1 week, depending on seriousness of the issue.
- **4<sup>th</sup> violation:** Student, parent, and teacher conference with the Principal at which time the Principal may make a request to suspend again or expel student for the remainder of the academic year, depending on seriousness of the issue. If expulsion is recommended, the Principal will first be required to deliver a written recommendation to be delivered at the next school board meeting. During this board meeting, the parent will be allowed to be present to hear the reading of the recommendation to expel and address the board regarding the issue.

**PLEASE NOTE:** Bay Knoll School Board and Principal reserve the right to escalate action based on the seriousness of offense, if so desired.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**BKS Principal Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Bay Knoll School Seventh-day Adventist School Acknowledgement of Student & Parent Handbook

New York Conference of Seventh-day Adventist School System

To the parent(s) or legal guardian of \_\_\_\_\_ (Grade) \_\_\_\_\_  
(Print Student Name)

Parent(s)/Legal Guardian, by signing below you state that you have read and understand the contents of the Parent & Student Handbook. You also acknowledge that if your student does not adhere to the policies, procedures and/or rules in this handbook, or follow instructions from teachers or the Principal, your student may be dismissed from attending Bay Knoll SDA School.

**NOTE:** This acknowledgement form is required for admissions into Bay Knoll SDA School.

I have read and understood this handbook: \_\_\_\_\_  
(Parent or Legal Guardian - Print Name)

\_\_\_\_\_  
(Parent or Legal Guardian - Signature)

\_\_\_\_\_  
(Date Signed)

Received by Bay Knoll SDA School Representative: \_\_\_\_\_  
(BKS Representative & Title – Print Name)

\_\_\_\_\_  
(BKS Representative & Title – Signature)

\_\_\_\_\_  
(Date Received)

# Bay Knoll School Seventh-day Adventist School

## Emergency Contacts & Approved Transportation Form

New York Conference of Seventh-day Adventist School System

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

It is necessary for the school to have telephone numbers for parents, guardians, or other persons designated to be contacted in case of an emergency during the school day. Also, the school must know which person or persons are legally permitted to pick-up the student following school dismissal. Please list any person who is NOT allowed to pick-up your child. This information is for your child's health, safety, and well-being. **The names and numbers must be on file in the school office in order for the student to be in attendance.**

**List in order of preference the persons to notify in case of an emergency.**

Name	Telephone	Relation to Student
1.		
2.		
3.		
4.		
5.		

Family Physician*	Address & Telephone

\*According to the "Consent to Treatment" form, the above-named physician should be contacted first before any other physician is contacted. After reasonable effort, if he/she is not available, the school or other organization may call a physician of its choosing.

My child will arrive at school by:  Bus-School District \_\_\_\_\_  Car  Other: \_\_\_\_\_

My child will leave school by:  Bus-School District \_\_\_\_\_  Car  Other: \_\_\_\_\_

**List in order the person that are legally permitted to pick up your child(ren) following school dismissal.**

*(If later in the school year you wish someone else not listed to pick up your child on any given day, you must add her/his name to the list or send in a written note of your intentions for that day signed and dated by you).*

Name	Telephone	Relation to Student
1.		
2.		
3.		
4.		
5.		

**List name(s) of person NOT permitted to pick up your child(ren) following school dismissal.**

Name	Telephone	Relation to Student
1.		
2.		

**Parent / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Bay Knoll School Seventh-day Adventist School**  
**Continuing Consent to Treatment & Health Insurance Information**  
New York Conference of Seventh-day Adventist School System

We the undersigned parents or guardian of \_\_\_\_\_, a minor, do hereby consent to any medical examination, X-ray examination, anesthesia, medical or surgical treatment and hospital service that may be rendered to said minor, under general or special instructions of \_\_\_\_\_, M.D., or any physician the school or at a licensed hospital. It is further understood that reasonable effort will be made to contact the physician 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 **Bay Knoll Seventh-day Adventist School** or the **physician** to exercise their best judgment as to the requirements of 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 or organization entrusted with the custody of said minor.

List all Allergies / Special Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Instructions (for use if school closes): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above-named student  is or  is not covered by a health insurance plan.

Present Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Date of Policy: \_\_\_\_\_

Signature of Father: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Mother: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

# Bay Knoll School Seventh-day Adventist School Internet Access Agreement

New York Conference of Seventh-day Adventist School System

**STUDENT** – I understand that the Internet can connect me to much useful information stored on computers around the world.

While I have access to the Internet at Bay Knoll School –

- I will use it only for educational purposes and within the time limits set-up.
- I will not look, download or participate in anything that is illegal, dangerous, offensive, or opposed to the Seventh-day Adventists values of this school as outlined in the Student & Parent Handbook.
- I will not contact a person through email, instant messenger, chat room, social media, advertisements, etc.

If I accidentally come across something that is illegal, dangerous, offensive or otherwise objectionable –

- I will clear any offensive pictures and/or information from my screen; and then
- I will immediately and quietly inform my teacher.

I will respect the confidentiality of computer: work, folders, files, programs, and computer settings of others.

I will not reveal personal information – names, home/school address, phone numbers, etc. – mine or anyone else’s.

I will not use the Internet to annoy, bully, or offend anyone else.

I understand that if the school decides that I have broken any of these guidelines and rules appropriate action will be taken as outline in the Student & Parent Handbook. Any activity not in compliance with the rules and guidelines listed above may result in a loss of access as well as other disciplinary or legal action as deemed appropriate.

Student’s Name: \_\_\_\_\_ (Print)

Student’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT/GUARDIAN** – I understand that the Internet can provide students with valuable learning experiences.

I also understand that it gives access to information on computers around the world; that the school cannot control what is on those computers; and that a very small part of that information can be illegal, dangerous, and/or offensive.

I accept that, while teachers will always exercise their duty of care, protection against exposure to harmful information must depend finally upon responsible use by students.

I believe \_\_\_\_\_ (student’s name) understands this responsibility, and I hereby give my permission for her/him to access the Internet under the school rules and guidelines. I understand that students breaking these rules will be subject to appropriate action by the school. Any activity not in compliance with these rules may result in a loss of access as well as other disciplinary or legal action.

Parent / Guardian Name: \_\_\_\_\_ (Print)

Parent / Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Bay Knoll School Seventh-day Adventist School**  
**Photo Release for Children (Under 18)**

New York Conference of Seventh-day Adventist School System

I hereby grant Bay Knoll Seventh-day Adventist School and/or the New York conference of Seventh-day Adventists and/or the Atlantic Union and its employees, agents and assigns the right to photograph my dependent and use the photo and/or digital reproduction of him/her or other reproduction of his/her physical likeness for publication process, whether electronic, print, digital or electronic publishing via the Internet, without any compensation.

Student's name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

I certify that I am a custodial parent and have the aforementioned rights to assign. On behalf of the student, I do give my consent to all stipulations and conditions mentioned above.

Signature of Parent or Guardian: \_\_\_\_\_

Print Name of Parent of Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date Signed: \_\_\_\_\_