Bay Knoll School Seventh-day Adventist School New & Transfer Student Application

New York Conference of Seventh-day Adventist School System

Referred by: Student Information:			Date of Application: / / Grade of Application:	
(Last)	(First)	(Middle)		
NOTE: PreK students must be	e 4 before December 1 st a	and Kindergarten	students must b	e 5 by December 1 st .
Street Address:		City:		_St:Zip:
Sex: Male Female Date				
Document for verifying birth				
Church where membership i				of Baptism: / /
charch where membership i	s ileiu.			л варизні. <u> — /</u>
	Mothe	r		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 hom	e?Y N School	:
2.	· · · · · · · · · · · · · · · · · · ·	_	· ·	
3	Sex: M F Age:	Living at hom	e?Y N School	:
4	Sex: M F Age:	Living at hom	e?Y N School	:
Transfer Student:				
Name of Last School Attende	d:			Grade Completed
Address:	City:	St:	Zip:	Phone:
Reason for leaving:				

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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 quali	ifying for a special education program? Yes No				
If yes, what kind?					
Date: / / Where:	By Whom:				
Student hobbies & interests:					
Musical ability: Vocal Instrumental If instrum	nental, please list instruments:				
Student Contract:					
I agree to uphold the standards of the Bay Knoll Schoo in the Student/Parent Handbook and live in harmony v	I. I have read and will abide by the Student Code of Conduct contained with the school's Christian principles.				
Student's Signature:	Date:/				
Student/Parent Handbook and will help my / our child	School. I / We have read the Student Code of Conduct contained in the live in harmony with the school's Christian principles. NOTE: By signing for your child's education and agree to be our educational partner to emically.				
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: / / Finical Agreement: / /					
Birthdate verification:/ /					
Physical Examination:/ /					
Consent to Treatment: / /					
Character Reference: / /					
Emergency contact:/_/					
Internet Access & Usage: / /					