

# MIAMI SPRINGS ADVENTIST SCHOOL

## Admissions Requirements

### Grades K-8

In compliance with Florida State Statutes and the Florida Conference, applicants are to provide Miami Springs Adventist School the following cumulative record / items prior to starting class.

*Check off boxes as you collect these items prior to registration:*

- Student registration / Application
- 2 recommendations
- Medication Administration Authorization Form
- Dismissal Pick-up Form
- Dress code Acknowledgement Form
- Transcript Request form
- Current Photograph
- Current Grade Report
- Cumulative Grade Report
- Records from previous schools
- HRS 680 Immunization Form (updated from physician's office)
- HRS 340 Physical Examination (yellow form from physician's office)
- Special / Psychological Educational testing report
- Personal Health history
- Copy of Birth Certificate
- Copy of Social Security Card

#### *Immunizations required:*

Upon entering Kindergarten:

- DPT
- Polio
- MMR
- Varicella (or conformation student has bad history of Chicken Pox)
- Hepatitis B (must show proof of receiving the first shot and appointments for the next two shots)

Upon entering Grade 7:

- MMR
  - Tetanus Booster
  - Varicella (or conformation student has bad history of Chicken Pox)
  - Hepatitis B (series of 3 shots)
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Miami Springs Adventist School  
Student Application for Enrollment

School Year: 20 /20 Grade Entering: Date Submitted: / /

Please PRINT:  
LEGAL NAME \_\_\_\_\_ Nickname: \_\_\_\_\_

Last, Full First Full Middle

Home Address: \_\_\_\_\_  
Street City State Zip

Mailing Address (If not the same): \_\_\_\_\_  
Street City State Zip

Home Phone: ( ) Cell Phone: ( )

Date of Birth: / / Sex: Place of Birth: \_\_\_\_\_  
City, State Country

SDA: Yes: No: Date Baptized: / / Church Membership: \_\_\_\_\_

Citizenship: USA: Other: Primary Language Spoken at home: \_\_\_\_\_

Has Student ever received exceptional/educational services? Yes: No: \_\_\_\_\_

If yes, which services? Comprehensive Education (small group remediation): Gifted: \_\_\_\_\_

ESL (English as a Second Language): Speech Therapy: \_\_\_\_\_

Hearing Disabilities: Other: \_\_\_\_\_

Has Student ever repeated a grade? Yes: No: If yes, what grade and explain: \_\_\_\_\_

Has Student ever skipped a grade? Yes: No: If yes, what grade and explain: \_\_\_\_\_

Has Student ever been suspended, expelled or asked to withdraw from school, arrested or on probation?  
No: Yes: If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Has Student experienced any limitations: No: Yes: \_\_\_\_\_

If yes, in which areas and explain: Academic Behavioral Physical Social  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE ONLY

Admissions Committee Action: \_\_\_\_\_ Date: \_\_\_\_\_  
Accepted Conditional Acceptance Not Accepted

## Family Information

	MOTHER/ Guardian	FATHER/Guardian
FULL Legal Name		
Home Address		
Home Phone Number		
Work Phone Number		
Cell Phone Number		
Email Address		
Relationship to the student	___ Natural ___ Stepmother ___ Guardian	___ Natural ___ Stepfather ___ Guardian
Occupation		
Employer		
Social Security Number		
Birthdate		
Birthplace		
Citizenship	USA: ___ Other: _____	USA: ___ Other: _____
Years of Education Completed		
Church Affiliation	SDA: _____ Other: _____	SDA: _____ Other: _____
Church Membership		
Marital Status	Married: _____ Divorced: _____ Single: _____ Widowed: _____	Married: _____ Divorced: _____ Single: _____ Widowed: _____

Legal custody restraint documents: Yes: \_\_\_ No: \_\_\_ If yes, please make available all legal documents for school office records.

Custody: Father: \_\_\_ Mother: \_\_\_ Both: \_\_\_ Other: \_\_\_\_\_

### EMERGENCY CONTACT (Other than parents):

Name	Relationship	Phone Number
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Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature	Date
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# MIAMI SPRINGS ADVENTIST SCHOOL

## **Parent and Student Acknowledgement of Dress Code Policy**

The Miami Springs Adventist School Dress Code Policy has been established as a guide for students and parents that will be in harmony with Christian principles. Miami Springs Adventist School is committed to the concept that parents/guardians have the primary responsibility for educating their children in regard to appropriate dress standards. After reading and discussing the policy outlined in the Student Handbook with your child, please sign below. Your signature indicates that the student and parent/guardian have read the policies and agree to uphold them.

I have read the Student Handbook (Dress Code Policy) and agree to abide with the rules and regulations therein.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

## EMERGENCY CONTRACT INFORMATION FORM

STUDENT INFORMATION	MOTHER	FATHER
NAME		
MAILING ADDRESS (Home)		
Home Phone #		
Cell Phone #		
Employer Name		
Employer's Address		
Employer's Telephone #		

### AGREEMENT TO HOLD HARMLESS

I acknowledge that all the information submitted on this form was provided by me or my authorized legal representative and the information is true to the best of my knowledge.

DATE \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

### Person to Notify in Case of Emergency (must have phone and live at different address)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

MIAMI SPRINGS ADVENTIST SCHOOL

**Consent to Treatment**

Student's Name: \_\_\_\_\_

I, the undersigned parent or guardian of the above named 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

\_\_\_\_\_, MD / DO, or any physician the staff or administration of Miami Springs Adventist School may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. It is understood that reasonable effort will be made to contact the doctor listed above before any other physician is called by Miami Springs Adventist School.

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 the staff or administration of Miami Springs Adventist School or the physician to exercise their best judgement as to the requirements of such diagnosis.

This consent shall remain in continuous effect until revoked in writing and delivered to the physician above or to Miami springs Adventist School.

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

Signed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF DATE

The foregoing Consent to Treatment was sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_, by \_\_\_\_\_

who:

\_\_\_\_\_ is personally known to me;

\_\_\_\_\_ provided \_\_\_\_\_ as identification

\_\_\_\_\_  
Notary Public – State of Florida

(SEAL)

Parental Consent for Dismissal

School Year \_\_\_\_\_

*Please complete on form if more than one child is in household*

Child's Last Name	First	Age	Grade	Teacher

Parent's Name	Cell Phone #	Home Phone #	Work Phone #
Mother:			
Father:			
Guardian:			

The following people are authorized to pick up my child from School/After Care Program

Full Name	Relationship	Emergency Phone #	Cell Phone #	Home Phone #	Work Phone #

**After School Care**

I understand the MSAS After School Program's hours are Monday through Thursday 3:15 – 6:00 pm and Friday 1:15 – 6:00 pm. I will have my child(ren) picked up at regularly scheduled dismissal. I also understand that If I am late picking up my child(ren) he/she will automatically be placed in the After Care Program. There will be an additional charge of \$1.00 for each additional minute after the scheduled After Care time. I understand this must be paid directly to the After Care personnel on duty.

Parent's Signature: \_\_\_\_\_

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

Please Print Name: \_\_\_\_\_

