



# Jackson Heights Seventh-day Adventist Church School

72-25 Woodside Avenue ♦ Woodside, NY 11377

☎: (718) 426-5729

Fax: (718) 426-0079

Website: [www.jacksonheightssdaschool.org](http://www.jacksonheightssdaschool.org)

## SCHOOL APPLICATION 2026-2027

For Office Use Only Non Refundable Fees	
Application Fee:	_____
Registration Fee:	_____
Denomination:	_____
__JHC __GNYC __NEC __other	

### Student Information

Student's First Name _____ Middle _____ Last _____				Grade Entering _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address _____		City _____	State _____	Zip _____	Home Phone _____
Date of Birth _____	Birthplace _____	Country of Citizenship _____		Social Security # _____	
Church Student Attends _____		Racial/Ethnic Group: <i>(for statistical purposes only)</i>		Primary Language	
Denomination _____		<input type="checkbox"/> Asian / Pacific Islander		<input type="checkbox"/> English	
Baptized: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> African American / Black		<input type="checkbox"/> Spanish	
If Yes, Date of Baptism _____		<input type="checkbox"/> Caucasian		<input type="checkbox"/> French	
		<input type="checkbox"/> Hispanic		<input type="checkbox"/> Other _____	
		<input type="checkbox"/> Other _____			
Previous School Attended _____		# of years _____	Grades _____	How did you learn about JHS? _____	

### Family Information

Marital Status of Natural Parents: Single  Married  Separated  Divorced  Widowed

Who has legal custody of Student? Mother  Father  Both/Joint  Other: \_\_\_\_\_

	Father's Information	Mother's Information	Guardian's Information
Name			
Address			
City, State, Zip			
Home Phone			
Cell Phone			
Work Phone			
<b>E-mail Address –</b> <small>Applications will not be accepted without an address</small>			
Company Name			
Company Address			
Occupation			
Social Security #			
U.S. Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Baptized SDA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Church Membership			

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

2026-2027

District # \_\_\_\_\_

NAD ID # \_\_\_\_\_

BOCES ID # \_\_\_\_\_

### Emergency Contact Information

Please list ALL persons to contact in case of an emergency:

Name	Relationship	Home Phone	Cell Phone	Work Phone	Authorized to pick up?

Name of family Physician \_\_\_\_\_

Telephone Number \_\_\_\_\_

Does student have any health conditions that would limit his/her participation?

Yes       No

If yes, explain \_\_\_\_\_

Has student received any special services, special placement and/or an IEP?

Yes       No

If yes, explain \_\_\_\_\_

Has student ever been suspended or dismissed from any school?

Yes       No

If yes, explain \_\_\_\_\_

Has student been evaluated for educational, learning, behavioral, or psychiatric reasons? Yes  No

*(Please note: Withholding or omitting information may result in the dismissal of student.)*

If yes, please provide a copy of test results and the following:

Doctor's Name & Phone # \_\_\_\_\_ Date of evaluation \_\_\_\_\_

Medication Prescribed? Yes  No

### References -- List 3 references of people who are acquainted with you.

- Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Church Pastor
- Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Teacher
- Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Friend

### Agreement

*I hereby submit this application for admission of my child to Jackson Heights SDA Church School and have truthfully answered all questions. I understand my child is not enrolled or guaranteed placement, until accepted by the admissions committee.*

*By signing this application form, you are indicating that you agree to abide by the following:*

- The rules and regulations of the school.*
- The school's internet and equipment user policy.*
- To give the school permission to use your child picture and class work on the school's website, The Atlantic Union Conference Gleaner and other school and conference related publications.*
- To participate actively in the schools' fall, winter and spring fundraisers. (This allows the school to maintain tuition rates down)*
- To take an active part in my child's school activities.*

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

Date \_\_\_\_\_

# Jackson Heights Seventh-day Adventist Church School

72-25 Woodside Avenue, Woodside, New York 11377-3998

(718) 426-5729 – FAX (718) 426-0079

[www.jacksonheightssdaschool.org](http://www.jacksonheightssdaschool.org)

**VISION: "A school that provides Quality Education while building Healthy Relationships"**

## Tuition Rates and Fees for 2026 - 2027

**Registration Fees** (per student, non – refundable) -- **\$525.00**

Annual fee paid at registration includes textbook rental, purchase of consumables textbooks, insurance, technology equipment (I-pads, chrome books, laptops), Teacher’s Orientation Packets, library-media materials, MAP Testing (Measurement of Academic Progress), assignment date book, picture ID, computer generated attendance and grade reporting, quarterly marking period awards, end of year recognition awards, Student Handbook and School Yearbook.

**New Student Fee** -- **\$50.00**  
(non – refundable)

Paid at time of testing includes testing on entrance to determine grade level and processing of application forms.

**Monthly Tuition** --

Due the 15<sup>th</sup> of each month on a ten-month payment schedule, August – May. *Payments made after the 15<sup>th</sup> of the month will be subject to a late fee of \$15.00.*

*Please note that the school cannot accept postdated checks.*

Note – **First payment is made at time of registration.**

	Pre K & K	Tuition for Grades 1 through 8			
	All Families	Community	SDA – Non GYNC	Greater NY Conference	Jackson Heights Church
<b>Monthly Tuition Rates:</b>					
<b>Monthly Tuition Charges</b>	\$ 525	\$ 525	\$ 500	\$ 485	\$ 450
<b>Annual Tuition Charges</b>	\$ 5250	\$ 5250	\$ 5000	\$ 4850	\$ 4500

+ 5% Discount applied if tuition paid in full by September

++ Second Child Discount is \$10 per month

### **IMPORTANT NOTICE REGARDING TUITION and FUNDRAISING -**

**Fundraising** is an important part of the operation of our school. The funds collected by the yearly fundraisers allow our school to maintain affordable tuition rates. It is required that all families fully participate in the three (3) major fundraising events.

- Fall, Winter and Spring or school directed fundraiser

**Please note that families that do not wish to participate with these fundraisers will be billed \$200.00 per activity to their accounts.**

### **Additional Fees**

- Eighth grade graduation fee – \$290.00 (billed in September, due by December)
- Kindergarten graduation fee – \$150.00 (billed in September, due by December)
- Eighth grade class trip dues – \$250.00 (due by March)

Graduating students must clear the entire year’s balance in order to participate in year-end activities, including class trip and graduation services. Final payment on all 8<sup>th</sup> grade students’ accounts must be made by May 15, 2027. (Zelle, Cash or Money Orders only.) No final transcripts or Diploma will be released unless your account is cleared.

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(718) 426-5729 - FAX (718) 426-0079

Web: jacksonheightsdaschool.org

## Financial Statement

Parent's Name \_\_\_\_\_

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

Billing Address \_\_\_\_\_

Grade \_\_\_\_\_ Acct# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

JHC  GNYC  NEC  Community

Telephone \_\_\_\_\_

Tuition \_\_\_\_\_ Less Discount \_\_\_\_\_

Church Membership \_\_\_\_\_

Net Monthly Charges \_\_\_\_\_

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I, the undersigned, promise to be faithful and prompt in all and any payments owed to the Jackson Heights Seventh-day Adventist Church School, with the understanding that if my account is not up to date, my child will not be permitted to take exams, participate in school activities, and receive Progress reports or Marking period reports. No information will be released from the school until the account is paid in full.

Please note that tuition payments are due on the 15<sup>th</sup> of each month on a ten month payment schedule (August– May) Payments made after the 15<sup>th</sup> of the month will be subject to a late fee of \$15.00. Please note that the school cannot accept postdated checks.

Each family is responsible to participate in the annual fund raising drives. Fundraisers allow the school to acquire needed resources for the school as well as for the classrooms. By each family participating in these functions, it allows the school to maintain tuition rates affordable.

- Read-a-Thon (Fall)
- Holiday Concert ticket sales (Winter)
- Sports Day—School Walk-a-Thon (Spring)

Those who do not sell or participate will be charged \$200.00 per event on their tuition statement.

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Person responsible for the school bill

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Date

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Name of Employer

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Business Telephone Number

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Social Security Number

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Address of Employer

*Jackson Heights Seventh-day Adventist Church School*

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Woodside, NY 11377  
(718) 426-5729 Fax (718) 426-0079  
www.jacksonheightssdaschool.org

**CONTINUING CONSENT TO TREATMENT AND HEALTH INSURANCE INFORMATION**

We, the undersigned parents or guardian of \_\_\_\_\_  
Name of student

a minor, do hereby consent to 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 instruction of

\_\_\_\_\_  
Name of Physician /Telephone Number

M.D., or any physician the school or organization may call, whether such diagnosis or treatment is rendered at the office of a 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 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:

**Jackson Heights Seventh-day Adventist Church School**  
**(Name of Physician or Organization into Whose Custody Minor is entrusted)**

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.

**The above name student:** \_\_\_\_\_ is \_\_\_\_\_ is not **covered by Health Insurance**

Present Health Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

If your child becomes ill during the school day, or is injured, the office will contact you at the numbers presented on your registration forms. If a situation is deemed to need immediate attention, the principal or authorized person will bring your child to an emergency care. Parents will be notified and will be expected to meet your child within a half hour of the call. The school is not permitted to dispense any medication according to the State regulations and Insurance Regulations.

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

Father: \_\_\_\_\_

Witness: \_\_\_\_\_

Mother: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_

# Jackson Heights Seventh-day Adventist Church School

## Discipline Code for Grades K—8

In order to create a safe Christian environment in which each child can reach his/her potential the following Code of Conduct has been established. The ultimate goal of this code is that students develop self-discipline. Rules have been established and will be enforced. Good behavior will be reinforced and inappropriate behavior will have its consequences.

**A Jackson Heights Seventh-day Adventist School student is expected to:**

- Behave in a proper Christian, courteous and cooperative manner
- Exhibit Gospel values and meanings
- Respect self and others
- Work cooperatively with others
- Resolve conflicts peacefully, respectfully and ethically
- Be courteous and responsive to faculty, staff members, and all adult supervisors
- Listen to and follow direction of teachers, staff and supervisors
- Respect school property
- Fulfill all academic requirements of their grade
- Follow the school dress code at all times (Must be in full uniform at all times)
- Comply with all classroom rules

**General rules of discipline prohibit the following:**

- Fighting and any other type of improper physical contact
- Marring or defacing school property
- Possession of drugs, alcohol or weapons of any kind
- Language or action that show disrespect for authority or that are demeaning, prejudicial or insulting
- Using cell phones, iPods or any other electronic devices during school hours (if a cell phone is brought to school, it must be turned off and kept in a backpack before entering the building, or turned into the office in the morning and picked up at dismissal) Phone will be confiscated and returned only to a parent or guardian. (\$50.00 fee will be charged)
- Please note the Jackson Heights School is not responsible for lost or stolen property.
- Leaving the school property during school hours (this means anytime after a student's arrival)
- Personal display of affection

Unacceptable behavior will have consequences that are age appropriate.

### Grades K-8

#### Consequences

Verbal warning

Notification of parents

Teacher directed detention—Community Service

Loss of privileges - including exclusion from field trips and other special events

Parent/Teacher/Administration Conference

Meeting with School Discipline Committee / Suspension

Repayment of school property destroyed

Order of consequence depends on the severity of misbehavior and will be determined by the Teacher/Administrator for lesser offenses and by the Discipline Committee/ School Board for more sever offenses.

We have read and understand the following Jackson Heights School discipline code and pledge, by God's grace, to uphold the standards that have been stated.

\_\_\_\_\_  
Print student's full name

\_\_\_\_\_  
Print parent's name

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

\*Yearly signed copy to student's file.

**Greater New York Conference of Seventh-day Adventists  
Office of Education  
K-12 System of Education**

**POLICY OF ZERO TOLERANCE  
FOR STUDENTS**

**Preamble**

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It is the desire of each principal and teacher who is part of the Greater New York Conference K-12 System of Education to maintain the highest standards of excellence and to instill in each student the importance of maintaining appropriate Christian standards of deportment at all times. As part of a student's educational experiences, it is necessary to develop an appreciation and understanding of the following principles and to integrate them into daily life:

- A. **Christian Virtues:** Do what is true and honorable and right. Do things that are pure and lovely and admirable. Do things that are excellent and worthy of praise. **Philippians 4:8**, paraphrased.
- B. **Goal to be reached:** Higher than the highest human thought can reach is God's ideal for His children. Godliness – Godlikeness – is the goal to be reached. **Education**, p. 18.

Why are these principles so important? Because these are Christian principles that apply to all types of behavior. The application of both principles will assist each student in becoming a more responsible person, differentiating between right and wrong behavior, and assist in making appropriate choices. Students who abide by these principles will demonstrate a high level of respect as well as value the rights of others. It should be understood that a school rule may not exist to guide behavior in every instance; therefore, all students should be guided by the unwritten rules of *reason, common sense, decency, and courtesy*.

**Establishment of the Policy of Zero Tolerance**

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The GNY Conference K-12 Board of Education has established a uniform **Policy of Zero Tolerance** based on seven fundamental standards of student behavior. These seven standards represent a commitment by the student to maintain appropriate Christian standards of behavior—24 hours a day, 7 days a week, 365 days a year, *both on and off the school grounds*.

## **The Seven Fundamental Standards of Student Conduct**

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The GNY Conference K-12 Board of Education has identified seven **Fundamental Standards of Student Conduct**. It is felt that students participating in any of these acts will cause or create disruption in the daily activities at school or will interfere with the health, safety, well being, or rights of other students to learn in a Christian environment. Violation in **any** of these areas (*the first act*) will lead to **automatic disciplinary action** ranging from a warning to suspension and even expulsion (expulsion is at the school board's discretion). Each area is to be taken **seriously**.

1. Being part of a gang, possessing gang-related paraphernalia, profiling oneself inappropriately in cyberspace or demonstrating any behavior inconsistent with Christian standards of deportment.
2. *Stealing* or causing intentional *damage* to school property or personal items that belong to **any** person.
3. Use of *profanity* including obscene language or gestures, as well as racial or ethnic slurs.
4. Possessing, using, or buying *alcoholic beverages, drugs, or tobacco*, or having a *weapon* or facsimile thereof in one's possession.
5. Inappropriate public display of behavior such as: fighting, threatening or bullying another student or **any** person, as well as inappropriate public display of affection, including sexual harassment and sexual misconduct. Sexual misconduct includes all forms of inappropriate sexual behavior and violates the principle found in 1 Corinthians 3:17, "...for the temple of God is holy..."
6. *Lying, cheating or any dishonest act*, including unauthorized use of computer software, or visiting a "questionable" Web site.
7. Any acts of defiance or disrespect toward educational staff (e.g. principal, teacher, administrative assistant, custodian, etc.) and/or student.

### **Due Process**

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Each student is entitled to due process in accordance with the established guidelines at each local school. Such guidelines are typically found in the *School Bulletin* or *Student Handbook*.

### **Model of Redemptive Discipline**

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In the implementation of any disciplinary action, the principal/teacher is encouraged to adopt principles identified in the pamphlet **A Redemptive Model of Christian Discipline** that is available through the Office of Education.

# Statement of Agreement

Between student and Greater New York Conference K-12 system of education  
Regarding Policy of Zero Tolerance

As a student, which is part of a Christian educational community, it is my commitment to uphold the standards of behavior identified in the **Policy of Zero Tolerance for Students**. As part of the Greater New York Conference K-12 system of education, I am aware of the following regulations:

1. Enrollment at this school indicates acceptance of the **Seven Fundamental Standards of Student Conduct**, and that the consequence for violating any one of them will result in automatic disciplinary action.
2. The **Seven Fundamental Standards of Student Conduct** apply to standards that must be followed **during school hours, as well as off campus**, 24 hours a day, 7 days a week, 365 days per year.

Therefore, I understand that as a student, I may be disciplined for inappropriate behavior at any time—during and after school hours. My signature below, along with my parent/guardian signature, is written declaration that we agree to all of the above contents mentioned in this policy.

\_\_\_\_\_  
Print Student's Name

\_\_\_\_\_  
Print Parent/Guardian's Name

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## ACCEPTABLE USE POLICY FOR THE INTERNET, COMPUTER, AND OTHER TECHNOLOGY MEDIA

### 1. Purpose

We are pleased to provide network services for:

- Student access to educational resources, to present information, and to work collaboratively with peers and experts.
- Administration, faculty, and staff access to professional development and research opportunities, educational standards and practices, collaborative opportunities, and successful teaching methods.

Use of these resources is a privilege, not a right, and permission to use may be taken away at any time. Use of these resources is available to authorized users only.

### 2. Acceptable Use Policy (AUP)

These services are provided as a privilege to the user. This *Acceptable User Policy* provides an opportunity to educate the user on the school's expectations and the responsibilities of the user.

### 3. Access

There are networked computers (networked meaning the computers that are connected to the Internet, e-mail, personal and shared files) accessible to students in classrooms, computer labs, and libraries.

### 4. User Responsibilities

- Do use the network in accordance with the school's code of conduct.
- Do cite the sources of information properly (avoid plagiarism)
- Do use the network only for legal activity
- Do be courteous and respectful in your messages to others
- Do use appropriate language. Do not swear, use vulgarities, or any other inappropriate language
- Do not degrade or disrupt environment or system performance. No one is allowed to put their own software on any networked or individual computer or make modification to any operating system, network configuration, individual computer configuration or setup, display, or programs that reside on any network or individual computer. This includes adding and/or removing icons from the desktop.
- Do not intentionally waste consumable resources or use them carelessly (e.g. paper, toner, etc.)
- Do not change the data or trespass in the account of another user. No one may destroy, alter, dismantle, distort or disfigure any data, information technology, hardware, software and/or locations of technology equipment.
- Do not gain unauthorized access to resources or entities. All users are expected to respect the privacy of other users. For example, users shall not intentionally seek information on, obtain copies of; or modify files, other data, or passwords belonging to the other users.

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*"Educating for Eternity"*

- Use of these resources must comply with Christian standards of the school as set forth in the student and teacher handbooks. This includes, but is not limited to, receiving or sending of pornographic, violent, or obscene text, graphics, video, or audio materials, or access to these types of Internet sites. MP3s, streaming video, and online chats require an extreme amount of bandwidth and affect the network's speed and performance. Access to these resources is prohibited.
- All users are expected to respect the integrity of the computer system. No user shall intentionally develop or utilize programs that harass other users (including, but not limited to "spyware"), breach the security of any computer or computing system, nor damage or alter the software components of a computer or a network, or impact on the normal operations of a computer or network.
- All users are prohibited from accessing personal e-mail, except from the account that is assigned to them by the school.
- The following are specifically prohibited:
  - a. Chat rooms/Instant Messenger Services (IM)
  - b. MP3s
  - c. Videos
  - d. Internet games

#### **5. Personal Safety**

- Use only your account and password and keep your password private (if applicable).
- Report to the principal or computer science teacher of any unsolicited e-mail, security problems, or information that makes you uncomfortable. Should you accidentally visit or be directed to a "questionable" site (does not comply with Christian standards or otherwise makes you feel uncomfortable), it is your responsibility to notify the teacher.
- Never reveal your home address, image, or phone numbers, or those of other students or teachers. Use school addresses and phone numbers only.
- Understand that e-mail is not guaranteed to be private.

#### **6. Inappropriate Use**

The network account holder is held responsible for all actions and activity within their account. Unacceptable uses of the network will result in the suspension or cancellation of these privileges. Students and faculty who do not comply will be referred to the principal and/or school board for appropriate disciplinary action.

#### **7. Consent**

By signing this document, you indicate your consent to the above terms for acceptable use to the network:

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

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*"Educating for Eternity"*

**PARENT CONSENT**

As the parent or legal guardian of the minor student signing above, I grant permission for my son or daughter to use school-networked computers. I have read the above stated rules and accept responsibility for conveying these standards to my child to use the Internet computer, and other technology media.

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

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

Name of Student: \_\_\_\_\_

Grade: \_\_\_\_\_



TO BE COMPLETED BY THE PARENT OR GUARDIAN

Child's Last Name, First Name, Middle Name, Sex, Date of Birth, Child's Address, City/Borough, State, Zip Code, School/Center/Camp Name, District Number, Phone Numbers, Health insurance, Parent/Guardian Last Name, First Name, Email

TO BE COMPLETED BY THE HEALTH CARE PRACTITIONER

Birth history, Allergies, Attach MAF if in-school medications needed, Does the child/adolescent have a past or present medical history of the following?, Medications

PHYSICAL EXAM, Date of Exam, General Appearance, Describe abnormalities

DEVELOPMENTAL, Nutrition, Hearing, Vision, Acuity

SCREENING TESTS, Blood Lead Level (BLL), Lead Risk Assessment, Hemoglobin or Hematocrit, Dental

Child Receives EI/CPSE/CSE services, CIR Number, Physician Confirmed History of Varicella Infection, Please attach lab reports

IMMUNIZATIONS - DATES, DTP/DTaP, Tdap, Polio, Hep B, Hib, PCV, Influenza, HPV, MMR, Varicella, Mening ACWY, Hep A, Rotavirus, Mening B, Other

ASSESSMENT, Well Child (Z00.129), Diagnoses/Problems, ICD-10 Code, RECOMMENDATIONS, Full physical activity, Restrictions, Follow-up Needed, Referral(s)

Health Care Practitioner Signature, Date Form Completed, Health Care Practitioner Name and Degree, Practitioner License No. and State, Facility Name, National Provider Identifier (NPI), Address, City, State, Zip, Telephone, Fax, Email, DOHMH ONLY PRACTITIONER I.D., TYPE OF EXAM, Date Reviewed, REVIEWER, FORM ID#



**GREATER NEW YORK CONFERENCE OF SDA - OFFICE OF EDUCATION**

7 Shelter Rock Rd, Manhasset, NY 11030

**MEDIA CONSENT AND RELEASE FORM  
Jackson Heights SDA School**

**Student Information:**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

**Consent and Release:**

I, the undersigned parent or legal guardian of the student named above, hereby grant permission to Jackson Heights SDA School to photograph, videotape, or otherwise capture the likeness and/or voice of my child for educational, promotional, and informational purposes. I understand that these images and recordings may be used in printed materials, school websites, social media, newsletters, flyers, and other school-related promotional materials.

I understand that these images may be used without further notification and that neither my child nor I will receive compensation for their use. I also acknowledge that the school will not use my child's personal information (such as full name or contact details) in connection with these images without additional explicit consent.

I release Jackson Heights SDA School, its employees, representatives, and affiliates from any and all claims, demands, and liabilities in connection with the use of these images and recordings.

**Opt-Out Option:**

If I do not consent to the use of my child's image for the purposes stated above, I will notify the school in writing by submitting an opt-out request.

**Acknowledgment and Signature:**

I have read and understand this Media Consent and Release Form. By signing below, I grant permission as stated above.

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

**For Students 18 and Older:**

If the student is 18 years of age or older, they may sign on their own behalf.

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

**School Office Use Only:**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

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**TRANSPORTATION FORM**

Please check one:

- I would like my child to receive a NYCTAP (New York City Transit Pass)
- My child has other means of transportation

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

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

\_\_\_\_\_

\_\_\_\_\_

Home Borough: \_\_\_\_\_

Sex:  Male  Female

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

Grade: \_\_\_\_\_

Student's Age: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Other Transportation:

Please indicate transportation method using:

Parents will bring student to school

Private Transportation

If using Private Transportation please provide the following:

\_\_\_\_\_  
Company's Name

\_\_\_\_\_  
Telephone

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**CHURCH MEMBERSHIP**

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

Parents/Guardian Name: \_\_\_\_\_

Please check correct response:

- Student is a baptized member of the Seventh-day Adventist Church
- Parent (s) / Guardian is a baptized member of the Seventh-day Adventist Church



To be filled out by your church pastor

This is to certify that \_\_\_\_\_  
Name of parent/guardian /student

Is a regular and active member of the \_\_\_\_\_  
Name of church

In the \_\_\_\_\_  
Name of Conference

\_\_\_\_\_  
Pastor's signature

Pastor's Name \_\_\_\_\_

Church address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

## School Year Registration 2026-2027

**Policy of Zero Tolerance:**

Enrollment at this school indicates acceptance of the **Seven Fundamental Standards of Student Conduct** as outlined in the Policy of Zero Tolerance for Students, and that the consequence for violating any one of them will result in automatic disciplinary action. These standards must be followed **during school hours, as well as off campus**, 24 hours a day, 7 days a week, 365 days per year.

**Discipline Code:**

I have read and understand the Jackson Heights School Discipline Code. I understand that the order of consequence depends on the severity of misbehavior and will be determined by the Teacher/Administrator for lesser offenses and by the Discipline Committee/School Board for more severe offenses.

**Acceptable Use Policy for Internet, Computer, and Other Technology Media:**

I grant permission for my child to use school-networked computers. I understand the stated rules and accept responsibility for conveying these standards to my child.

**Returning Students: Continuing Consent to Treatment and Health Insurance Information:**

The office has health insurance information on file for returning students. I have updated any health insurance changes by completing the Continuing Consent to Treatment and Health Insurance Information Form.

**New Students: Continuing Consent to Treatment and Health Insurance Information:**

My child is a new student, and I have submitted the Continuing Consent to Treatment and Health Insurance Information Form.

**Financial Statement:**

I promise to be faithful and prompt in all and any payments owed to the Jackson Heights Seventh-day Adventist Church School, with the understanding that if my account is not up to date, my child will not be permitted to take exams, participate in school activities, and receive Progress Reports or Marking Period Reports. No information will be released from the school until the account is paid in full. I understand that tuition payments are due on the 15<sup>th</sup> of each month on a ten-month payment schedule (August-May). Payments made after the 15<sup>th</sup> of the month will be subject to a late fee of \$15.00. The registration fee is non-refundable and non-transferable. Please note that the school cannot accept postdated checks. Each family is responsible for participating in the annual fundraising drives. Fundraisers allow the school to acquire the necessary resources for the school as well as the classrooms. By each family participating in these functions, it allows the school to maintain affordable tuition rates. Those who do not sell or participate will be charged \$200.00 per event on their tuition statement.

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

Print Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

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