



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

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: Male
 Female

Home Address _____ City _____ State _____ Zip _____ Home Phone _____

Date of Birth _____ Birthplace _____ Country of Citizenship _____ Social Security # _____

Church Student Attends _____
Denomination _____
Baptized: Yes No
If Yes, Date of Baptism _____

Racial/Ethnic Group:
(for statistical purposes only)

Asian / Pacific Islander
 African American / Black
 Caucasian
 Hispanic
 Other _____

Primary Language

English
 Spanish
 French
 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			
E-mail Address – <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

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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 15th of each month on a ten-month payment schedule, August – May. *Payments made after the 15th 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
Monthly Tuition Rates:					
Monthly Tuition Charges	\$ 525	\$ 525	\$ 500	\$ 485	\$ 450
Annual Tuition Charges	\$ 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 8th 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 _____

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 15th of each month on a ten month payment schedule (August– May) Payments made after the 15th 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.

Person responsible for the school bill

Date

Name of Employer

Business Telephone Number

Social Security Number

Address of Employer

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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: _____

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 15th of each month on a ten-month payment schedule (August-May). Payments made after the 15th 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: _____