

APPLICATION FOR ADMISSION



Greater New York Academy of Seventh-day Adventist

Incoming _____

Returning _____

Send All documents And the
Appropriate Application fee to:
Office of the Registrar
Greater New York Academy
41-32 58th Street
Woodside, NY 11377

STUDENT INFORMATION

Last Name _____ First Name _____ Middle Initial _____
Date of Birth _____ Place of Birth _____ Sex _____
Mailing Address _____ City & State _____ Zip Code _____
Grade To Which Applying (Check One) FRESHMAN SOPHOMORE JUNIOR SENIOR
Race/Ethnicity Black Hispanic Asian American Indian White

BAPTIZED YES _____
 NO _____ If Yes, Date of Baptism _____ Religious Affiliation _____

Church Name _____ City & State _____ Conference (if Applicable) _____

Parent/Guardian 1 INFORMATION Email: _____

SEND: Grades Financial Statement

Last Name _____ First Name _____
Mailing Address _____ City/State _____ Zip Code _____
Telephone (Home) _____ Telephone (Work) _____ Cell Phone _____ Other _____
Religious Affiliation _____ Church Name _____ Conference (If Applicable) _____
Race/Ethnicity Black Hispanic Asian American Indian White

Parent/Guardian 2 INFORMATION Email: _____

SEND: Grades Financial Statement

Last Name _____ First Name _____
Mailing Address _____ City/State _____ Zip Code _____
Telephone (Home) _____ Telephone (Work) _____ Cell Phone _____ Other _____
Religious Affiliation _____ Church Name _____ Conference (If Applicable) _____
Race/Ethnicity Black Hispanic Asian American Indian White

Where did you complete the following grades? (Please include addresses)

Eighth Grade: _____ Tenth Grade _____

Address _____ Address _____

Ninth Grade: _____ Eleventh Grade _____

Address: _____ Address: _____

Have you ever been dismissed from a school? If Yes, explain why? _____

Do you have an unpaid balance in another school? YES, NO. If yes please state the name of the school and the amount owed.

FOR OFFICE USE ONLY

Application Received: _____

\$50.00 Application Fee (non-refundable): _____

APPLICATION FOR ADMISSION

Special Accommodations: IEP 504 Plan ELL AVID

Date of Last Tetanus Booster: _____ (five years or less)

Special Privilege Request Please indicate if your child has a Physician verified allergy to any of the following. **If yes, please provide official documentation by your child's physician at the beginning of the school year to the Registrar's Office.**

Bee Stings ____ Peanuts ____ Nuts ____ Other Food _____ Medication(s) _____

Describe your child's reaction _____

Emergency Care Plan _____

Other Allergies: Please list: _____

Does your child carry medication with him/her ____ No If Yes ____ Please list the medication(s)

Name of Medication	Reason	Home	School

Does your child need Special Bathroom Privilege ____ Yes ____ No. If yes, please explain _____

This request will be: Annual ____ Temporary ____ If temporary, when will privilege terminate _____
(Give Date)

Note: This request is valid for one school year only. All medical requests require a doctor's note for the request to be granted. In order to promote maximum exposure of our students to educational activities it is important that they be present for the entire class period. If circumstances develop throughout the school year, please inform the school in writing of your child's needs.

Insurance Information

Name of Insured: _____

Employed By: _____

Date of Birth: _____

Policy #: _____

Group #: _____

Insurance Co.: _____

IF THE STUDENT IS A FEMALE AND UNDER 18

____ I do grant permission for a pelvic examination without written consent, if a medical situation arises.

____ I do not grant permission for a pelvic examination, if a medical a situation arises.

Date

Parent/Guardian (please print)

Parent/Guardian (please sign)

APPLICATION FOR ADMISSION

Photograph/Name Release for School Publications

The following is a request for permission to use your child's name and/or photograph. Please check the appropriate blank(s) and sign.

Student's Name: _____
(No personal information such as home address or telephone numbers will be used in these publications)

NAME RELEASE:

- _____ I give permission for my first name ONLY to be featured in GNYA publications.
_____ I give permission for my full name ONLY to be featured in GNYA publications.
_____ I do not give permission for my name to be featured in GNYA publications.

PHOTO RELEASE:

- _____ I give permission for my photograph and/or other illustrating material to be featured on the school's website and other publications.
_____ No, I do not give permission for my photograph and/or other illustrating material to be featured on the school's website and other publications

Parent/Guardian (please sign)

Date

Physical Education and Extra Curricular Athletic Events Consent Form

We the undersigned guardian(s) of _____
Student's Name

Consent to let our child, participate during the present school year in Physical Education and other Extra Curricular Athletic Events. Our child is not currently being treated for any physical condition that may prohibit participation in such activities.

We understand that our child is expected to exercise caution while participating in physical activities in order to prevent injuries, and that if an injury should occur, We will be notified as soon as possible.

Parent/Guardian (please sign)

Date

STATEMENT OF AGREEMENT

Because of my dedication and commitment to the fundamental standards of student conduct at Greater New York Academy, and since I am aware that the Seventh-day Adventist philosophy of education would not knowingly admit students who offend in the following practices, I do hereby solemnly declare that I will not participate in any of the following acts which would be offensive to church standards, state laws, and the common ethical code of Christian living.

- | | |
|--|---|
| 1. The ostentatious display of oneself by wearing jewelry. | 7. Destruction of Academy property. |
| 2. Using drugs or drinking alcoholic beverages, handling, possessing, or furnishing them to others. | 8. Conducting oneself improperly with someone of the opposite sex. |
| 3. Using narcotics in any form, or having it in one's possession. | 9. Making, possessing or handling firearms, firecrackers, bows and arrows, or explosives of any type. |
| 4. Gambling, betting, or possessing playing cards | 10. Tampering with fire alarms or extinguishers |
| 5. Using profane language, indulging in lewd conduct or suggestion, possessing or displaying obscene literature or pictures. | 11. Conspiring to participate in any act that injures, degrades, or disgraces a fellow student. |
| 6. Being dishonest, including stealing, lying or willful deception regarding violation of school regulations: Cheating in examinations, classwork or in any other phase of school or business. | 12. Undermining the religious ideals of the Seventh-day Adventist Church. |

I am fully aware that if I am in violation of any of these practices the result will be serious discipline or immediate dismissal. In the breaking of any of the above regulations, automatic notifications will be made to my parents, and a decision will be made by the administrative committee as to whether or not I will be re-instated in the Academy for the duration of the school year on a probationary basis.

Student Signature

Parent/Guardian Signature

Date

APPLICATION: GENERAL RECOMMENDATION



Greater New York Academy of Seventh-day Adventist

"And all thy children shall be taught of the Lord." Isaiah 54: 13

Applicant: _____ / _____ / _____ / _____
Last Name First Name Middle Initial Date

Home Address: _____ / _____ / _____ / _____
Number & Street Name City State Zip Code

TO THE RESPONDENT: Your evaluation of the above mentioned individual to Greater New York Academy will be appreciated. Please mail to Greater New York Academy Admission Office at 41-32 58th Street, Woodside, NY 11377. Thank You.

ABOUT THE SCHOOL: Greater New York Academy is a Seventh-day Adventist institution of secondary education where highest priority is given to maintaining a campus environment favorable for the religious, intellectual, social and physical development of students, and to providing association for students with socially and religiously compatible young people who accept or are willing to abide by the moral and ethical standards of the Christian faith as understood by the Seventh-day Adventist Church.

Please rate the applicant in the following areas:

CHARACTERISTICS	UNDESIRABLE				ACCEPTABLE			DESIRABLE		
	0	1	2	3	4	5	6	7	8	9
Honesty										
Attitude Toward Religion										
Choice of Associates										
Influence on Associates										
Academic Motivation										
Emotional Stability										
Attitude to Authority										

- _____ I recommend acceptance without reservation.
- _____ I recommend acceptance with reservation (please comment).
- _____ I cannot recommend at this time (please comment)
- _____ I would prefer talking with you personally about this applicant. Tel. #: () _____

COMMENTS:

Date: _____ Signature: _____ Position: _____

Name of School or Business: _____

Address: _____

PLEASE RETURN TODAY

APPLICATION: GENERAL RECOMMENDATION



Greater New York Academy of Seventh-day Adventist

"And all thy children shall be taught of the Lord." Isaiah 54: 13

Applicant: _____ / _____ / _____ / _____
Last Name First Name Middle Initial Date

Home Address: _____ / _____ / _____ / _____
Number & Street Name City State Zip Code

TO THE RESPONDENT: Your evaluation of the above mentioned individual to Greater New York Academy will be appreciated. Please mail to Greater New York Academy Admission Office at 41-32 58th Street, Woodside, NY 11377. Thank You.

ABOUT THE SCHOOL: Greater New York Academy is a Seventh-day Adventist institution of secondary education where highest priority is given to maintaining a campus environment favorable for the religious, intellectual, social and physical development of students, and to providing association for students with socially and religiously compatible young people who accept or are willing to abide by the moral and ethical standards of the Christian faith as understood by the Seventh-day Adventist Church.

Please rate the applicant in the following areas:

CHARACTERISTICS	UNDESIRABLE				ACCEPTABLE			DESIRABLE		
	0	1	2	3	4	5	6	7	8	9
Honesty										
Attitude Toward Religion										
Choice of Associates										
Influence on Associates										
Academic Motivation										
Emotional Stability										
Attitude to Authority										

- _____ I recommend acceptance without reservation.
- _____ I recommend acceptance with reservation (please comment).
- _____ I cannot recommend at this time (please comment)
- _____ I would prefer talking with you personally about this applicant. Tel. #: () _____

COMMENTS:

Date: _____ Signature: _____ Position: _____

Name of School or Business: _____

Address: _____

PLEASE RETURN TODAY

APPLICATION: PASTOR'S VERIFICATION LETTER



Greater New York Academy of Seventh-day Adventist

"And all thy children shall be taught of the Lord." Isaiah 54: 13

Dear Parent/Guardian:

The Greater New York Academy is a Seventh-day Adventist educational institution, supported by the Seventh-day Adventist Church. Since our school is subsidized by Greater New York Conference, a special tuition rate is available to members of the Seventh-day Adventist Church.

To qualify for this rate, it is necessary to establish your church membership affiliation each year. Please have the form below completed and signed by the Pastor of your church.

Return this letter to Greater New York Academy by July 31st (late registrants who register in August must return this letter before the first day of school). If this form is not returned by the date specified, the non-discounted tuition amount will be billed to your account. However adjustments will be made on the first of the month following receipt of this letter. We are not able to make retroactive adjustments.

Thank you for your cooperation and assistance.

.....

This is to certify that _____
(Name of Parent)

Parent/Guardian of _____
(Name of Student)

Is a member of the _____
(Name of Church)

In the _____
(Name of Conference)

Pastor's Signature _____

Date ____/____/____

Comments:
