

MIAMI SPRINGS ADVENTIST SCHOOL

New Students Admissions Requirements

Grades K-8

In compliance with Florida State Statutes and the Florida Conference of Seventh Day Adventist, 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 Application for Enrollment / Student Information Verification form
- Letters of recommendation (2)
- Dismissal Pick-Up Form
- Dress Code Acknowledgement Form
- Universal Field Trip Form
- Computer Loan Agreement
- Video/Photo Release Form
- Transcript Request Form
- Current Photograph
- Current Grade Report
- Cumulative Grade Report
- Records from previous schools
- Special / Psychological Education Testing Report
- HRS 680 Immunization Form (updated from physician's office)
- DH 3040 Physical Examination (yellow form physician's office)
- Personal Health History
- Copy of Birth Certificate
- Copy of Social Security Card

Immunizations required:

Upon entering Kindergarten

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

Upon entering Seventh Grade:

- MMR
- Tetanus Booster
- Varicella (or confirmation that student has had history of Chicken Pox)
- Hepatitis B (series of 3 shots)

Student Application for Enrollment

School Year _____ Grade Entering _____ Date Submitted ___/___/___

Please PRINT

Legal Name: _____ Nickname _____

Home Address: _____
Last, Full First Full Middle
Street City State Zip

(If different from home address)

Mailing Address: _____
Street City State Zip

Home Phone Number (____) _____ Cell Phone Number (____) _____

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 the student ever received exceptional / educational services? Yes: ___ No: ___

Is the student currently receiving exceptional / educational services? Yes: ___ No: ___

If yes, which services? Comprehensive Education (Small Group Remediation): ___ Gifted: ___ Hearing Disabilities: ___

Speech Therapy: ___ ESL (English as a Second Language): ___ Other: _____

Has the student ever repeated a grade? No: ___ Yes: ___ Explain: _____

Has the student ever repeated a grade? No: ___ Yes: ___ Explain: _____

Has the student ever been suspended, expelled or asked to withdraw from school, arrested or on probation?

No: ___ Yes: ___ Explain: _____

Has the student experienced any limitations? No: ___ Yes: ___

In which areas? Academic: _____ Behavioral: _____ Physical: _____ Social: _____

Explain: _____

OFFICIAL USE ONLY

Admissions Committee Action:

___ 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 __ Stepmother __ 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
Physician: _____		Phone: _____

Parent/Guardian Signature

Date

PARENT AND STUDENTS' HANDBOOK POLICIES ACKNOWLEDGEMENT FORM

The Miami Springs Adventist Handbook 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 regarding the appropriate dress standards, behaviors and. After reading and discussing all the policies outlined in the Student Handbook with your child, please sign below. Your signature indicate and parent/guardian have read the policies and agree to uphold them.

I have read the Student Handbook and agree to abide with the rules and regulations therein.

_____ Parent/Guardian Signature	_____ Printed Name	_____ Date
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_____ Parent/Guardian Signature	_____ Printed Name	_____ Date
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_____ Student Signature	_____ Printed Name	_____ 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: _____

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 #

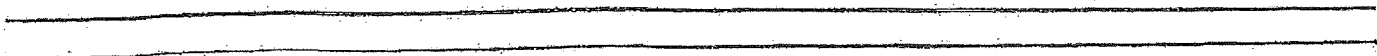
After School Care

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: _____





Christ-Centered Education

Miami Springs Adventist School

Video/Photo Release Form

Date: _____ Grade: _____

I give my child, _____, permission to be
Please Print Child's Name
videotaped or photographed for teacher training and/or public relations purposes.

Name of Parent _____
Please Print

Signature of Parent _____

MIAMI SPRINGS ADVENTIST SCHOOL

701 Curtiss Parkway, Miami Springs, FL 33166

Computer School Loan Agreement

Pupil Name: _____

Parent/Guardian Name & Address: _____

Parent/Guardian Address: _____

Computer Serial Number: _____

Computer Name: _____

We are loaning you this computer for the benefit of your child in supporting and developing their education. With this computer your child will be able to build on and enhance their skills, knowledge, and understanding.

1. The loan agreement exists between the school and the student and parent/guardian who has signed this loan agreement.
2. The computer is loaned temporarily while the student is enrolled at the school. We will inform you of the dates by when or on which the computer must be returned. You will be financially responsible for computer not returned by that time. When the student is no longer enrolled at this school, you must return the computer.
3. You will be issued a laptop and power supply. These remain the property of the school.
4. You are not to install software/apps on your computer. At no point must you open the computer and make changes to the inner hardware.
5. The computer must not be used for any illegal and/or antisocial purposes. All use of the computer should be in accordance with the school's acceptable use policy. There is not an expectation of privacy for any data stored on this computer.
6. There may be occasions when we need you to return the computer to school for upgrades and maintenance. Please note that because of these upgrades, it may be necessary to completely remove all information contained on the computer. The school cannot be held responsible for the loss or damage of any data on the computer during this process. It is your responsibility to return the computer to school. During this process, technical members of staff may view data or programs on the computer.
7. All technical support and maintenance must go through the school.
8. If your computer is stolen, you must immediately report it to the police and get a police report. Immediately report this to us; we will make every effort to replace the computer when we are able.
9. If your computer is damaged in any way, please contact us immediately.
10. You are financially responsible for any damage to or loss of the device.
11. You have a responsibility to take reasonable care to ensure the security of the computer.
12. You must not decorate or change the external face of the equipment provided in any way, including affixing stickers.
13. Reasonable health and safety precautions should be taken when using a computer. The school is not responsible for any damage to person or property resulting from the computer or equipment loaned.
14. The school is not responsible for any costs resulting from the use of the computer, including electricity, printer cartridges, paper, or any cost occurring from an internet service not provided by the school.

I, the parent/carer, have read or had explained and understand the terms and conditions in the home loan agreement. I understand that by breaching the conditions, the loan of the computer may be withdrawn by the school and disciplinary action may be taken.

Signed _____ Date _____

Printed Name _____



Miami Springs Adventist School

National Council of Private School Accreditation
Christ Centered Education • Pre-K through 8th grade

PARENT'S FIELD TRIP APPROVAL

701 Curtiss Parkway
Miami Springs, FL 33166

Phone: 305-888-2244
Fax: 305-888-5149

The _____ class is planning a field trip to:
Place: _____
Date: _____ Cost: _____
Reason: _____

We will leave MSAS at _____ am/pm. We plan to return to MSAS at _____ am/pm

Your permission must be sent back by: _____
Permission form and fee **must** be in at least 24 hours before the Field Trip or your child will **not** be permitted to go.

Teacher's Signature

Date

tear here

PERMISSION FORM

My child _____ HAS/HAS NOT (circle one) my permission
To go with the class to All Fieldtrips from 08/01/2023 to 05/31/2024 If in the course of
the trip, it becomes necessary for my child to receive medical attention, The staff has my
permission to seek the following: **(ONE MUST BE MARKED)**

- _____ **FIRST AID ONLY**
- _____ **EMERGENCY SURGERY**
- _____ **ALL OF THE ABOVE**
- _____ **NONE OF THE ABOVE**

Please keep in mind my child's special medical condition/medication of:

In case of emergency, please notify:

Mr./Mrs/Ms. _____ Relationship _____
Home phone _____ Work phone _____

Signature Parent/Guardian

Date