



ADMISSION PROCEDURE

The following procedure must be followed by all students who wish to apply for admission into Beryl Wisdom Adventist School:

All sections **MUST** be filled out completely

NEW STUDENTS

- Complete an application of admission which should include 2 recommendations from most recent school/class teacher. For pre-kindergarten students and kindergarten students who are just entering school for the first time, a letter from a Sabbath-School or Sunday-School teacher may be acceptable.
- Complete the Medical/Emergency information.
- Present a copy of transcript of grades or report cards, for last grade completed, from last school attended, if student is transferring.
- Take an entrance examination in Reading, Language and Mathematics administered prior to admission.
- Present any and all psychological reports to the school along with the application of admission.
- Present an up-to-date, copy of immunization record.
- Present an original, recent (within current year of school start date) physical examination record (white).
- Present a copy of birth certificate.
- Present a copy of Social Security Card.
- Present payment of registration fee (1st month's tuition must be paid also, at registration in August).
- Photograph

RETURNING STUDENTS

- ITBS results or classroom assessment test administered by the teacher will be used for evaluation.
- Present payment of registration fee (1st month's tuition must be paid also, at registration in August).

ALL STUDENTS

ALL STUDENTS WHO ARE ACCEPTED WILL BE GRANTED ACCEPTANCE EXCLUSIVELY ON THE BASIS OF A THREE-MONTH PROBATIONARY PERIOD. *Kindly contact the Business Office for any required explanation, regarding the above information.*



4955 Rose Avenue – Orlando, FL 32808
Ph.: (407) 291-3073 – Fax (407) 291-6149
E-mail Contact@berylwisdom.org

New Student Application for Enrollment

School Year: _____ - _____ Date Submitted: _____ Entering Grade: _____

Student Full LEGAL NAME: _____ Sex: F ___ M ___
(PLEASE PRINT) Last First Middle Nickname

Home Address _____
Street City State Zip

Mailing Address _____
PO Box City State Zip

Home Phone () _____ Cell () _____ Social Security # _____

Male Date of Birth: ___/___/___ Place of Birth: _____
 Female City State Country

E-mail Address: _____

SDA: Yes () No () Church Membership _____ Date Baptized ___/___/___

Citizenship: US Other _____ Primary Language Spoken in Home _____

Previous School Name: _____

School Address: _____ City: _____ St. ___ Zip: _____

School Phone #: _____ Fax #: () _____

Has Student ever received exceptional/educational services? Yes No
If yes, which services? Comprehensive Education (small group remediation) Hearing Disabilities
 ESL (English as a Second Language) Speech Therapy
 Gifted 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? Yes No
If Yes explain _____

Has Student experienced any limitations? Yes No
If Yes, in which areas and explain: Academic _____
 Behavioral _____
 Physical _____
 Social _____

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

Custody: Father Mother Both Other _____

Office Use Only

Admissions Committee Action: Accepted _____ Conditional Acceptance _____ Not Accepted _____

FAMILY INFORMATION

	MOTHER/Guardian	FATHER/Guardian
Full Legal Name		
Home Address		
Home Phone#		
Work Phone#		
Cell Phone#		
Pager#		
Email Address		
Relationship to Student	<input type="checkbox"/> Natural <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian	<input type="checkbox"/> Natural <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian
Occupation		
Employer		
Social Security #		
Birth date		
Birthplace		
Citizenship	<input type="checkbox"/> US <input type="checkbox"/> Other _____	<input type="checkbox"/> US <input type="checkbox"/> Other _____
# Years of Edu. Completed		
Church Affiliation	<input type="checkbox"/> SDA <input type="checkbox"/> Other _____	<input type="checkbox"/> SDA <input type="checkbox"/> Other _____
Church Membership		
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed

Emergency Contact (Individual other than parents):

Home Phone _____

Name

Relationship

Work Phone _____

Physician: _____

Phone _____

Signed _____
Parent/Guardian

Student Date _____

Persons Authorized to Pick Up Student:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

My Child will go to and from school by:

Family Car ___ Car Pool ___ School/Daycare Bus ___ Bicycle ___ Walk ___ Public Transportation ___

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

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

BWAS Before and After School care

I understand the BWAS before School Program hours are Mon-Fri 6:30am – 8:00am, After School Program hours are Monday through Thursday from 3:30-6:00 p.m. and Friday 1:30 – 5:00 p.m. 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.

We understand the requirements and regulations of the school and pledge our full cooperation.

Parent's Signature _____

Date: _____

Please Print Name: _____

Medical/Emergency Release Form

Parent/Legal Guardian's Name: _____

Address: _____

Street City State Zip code

Phone Numbers: Home (____) _____ - _____ Work (____) _____ - _____ ext: _____

Cell (____) _____ - _____ Other (____) _____ - _____

Children's Name	List all Known Medical Conditions, Including Food Allergies and/or Drug Allergies. In Addition, Include Any and All Over-the-Counter and/or Prescription Drugs Taken Regularly

In An Emergency Please Contact

Name: _____

Relationship to child/children: _____

Phone Numbers: H: (____) _____ - _____ C: (____) _____ - _____
W: (____) _____ - _____ O: (____) _____ - _____

Name: _____

Relationship to child/children: _____

Phone Numbers: H: (____) _____ - _____ C: (____) _____ - _____
W: (____) _____ - _____ O: (____) _____ - _____

Physician's Name: _____

Address: _____

Phone Numbers: (____) _____ - _____ (____) _____ - _____

Dentist's Name: _____

Address: _____

Phone Numbers: (____) _____ - _____ (____) _____ - _____

Primary Insurance Company: _____

Phone Numbers: (____) _____ - _____ (____) _____ - _____

Billing Address: _____
Street City State Zip Code

Policy Holder's Name: _____

Address: _____
Street City State Zip Code

Relationship to child/children: _____

ID# _____ Group/Policy# _____

Secondary Insurance Company: _____

Phone Numbers: (____) _____ - _____ (____) _____ - _____

Billing Address: _____
Street City State Zip Code

Policy Holder's Name: _____

Address: _____
Street City State Zip Code

Relationship to child/children: _____

ID# _____ Group/Policy# _____

Statement of Consent: *(To be signed in the presence of a legalized notary public)*

In event of an emergency or non-emergency situation requiring medical treatment, I, _____, hereby grant permission for any and all medical and/or dental attention to be administered to my child/children, in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, and the use of an ambulance.

Signature: _____ Date: _____

Notarization:

On _____, _____, _____ personally
MONTH DAY YEAR NAME OF PARENT

Appeared before me in _____ County (in the state of _____) and, in my

Presence, signed this medical release form.

Name of Notary Official: _____

Signature: _____

Commission Expires: _____

Beryl Wisdom 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 Beryl Wisdom 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 Beryl Wisdom 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 Beryl Wisdom Adventist School or the physician to exercise their best judgment 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 Beryl Wisdom Adventist School.

Date: _____

Signed Name: _____

Printed Name: _____

Relationship to Student: _____

STATE OF FLORIDA
COUNTY OF ORANGE/SEMINOLE

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)

Request for Release of Student Records

The student listed below has applied for admission to the Beryl Wisdom Adventist School.

Please send us any cumulative records including immunizations, test data, grades and any other information that would aid us in completing the student's file. Your prompt response will be greatly appreciated.

Parental permission is no longer required when authorized school personnel request records. (Family Education Records, Federal register, June 17, 1976 Vol. 41 sec. 99.31 No. 118, page 24673)

Thank you for your cooperation,

Principal

.....

NAME OF STUDENT _____ GRADE _____ D.O.B _____

Name and Address of Last School Attended:

(Name)

(Street)

(City)

(County)

(State)

(Zip)

Phone Number (____) _____

Fax Number (____) _____

**Mail or Fax Records To: Admissions Office
Beryl Wisdom Adventist School
4955 Rose Avenue
Orlando, FL 32808
Fax 407-291-6149**

1st Request _____
2nd Request _____
3rd Request _____

Parents Signature _____



Student Recommendation Form

NOTE: Recommendation should NOT come from a family member or friend. This form should be returned to the office within 5 days.

The first recommendation should come from student's current teacher. The 2nd recommendation should come either from a pastor or a guidance counselor.

Student Name: _____ Grade Applying for: _____

The above named student is applying for admission to Beryl Wisdom Adventist School. Please fill out the following information and return to us as soon as possible. Thank you for your assistance.

How long have you known the applicant? 1-2 years 3-4 years 5 or more years
When was your last interaction with the applicant? current months ago 1 year or more

How could you rate the applicant in the following areas?

	Very Good	Average	Poor	Don't Know
Christian Influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kindness and Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude to Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Aptitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To your knowledge, has the applicant repeated a grade? _____

To your knowledge, has the applicant skipped a grade? _____

To your knowledge, has the applicant ever used: alcohol tobacco drugs none

To your knowledge, has the applicant been suspended, expelled or asked to withdraw from school, arrested or on probation? No Yes If so explain _____

CONTINUED ON OTHER SIDE

Do you recommend this applicant as a desirable student for Christian school?

- Yes, without reservation Yes, with reservation No, not at this time

General Comments: (please list strengths and weaknesses) _____

Name (please print)

Telephone Number

Date

Signature

Address

Position

City

State

Zip Code

Beryl Wisdom Adventist School

Internet Acceptable Use Policy and Agreement

Beryl Wisdom Seventh-Day Adventist Church School is now offering Internet access for student use. This document contains the **Acceptable Use Policy Agreement** for student use of this internet.

Educational Purpose

Use of the internet has been established for a limited purpose. The term educational purpose includes classroom activities and limited high quality self-discovery activities. This internet access under the auspices of the Beryl Wisdom Seventh-Day Adventist Church School has not been established as a public access service or public forum. This school has the right to place reasonable restrictions on the material you access or post through this system. You are also expected to follow the rules as set forth in this **Acceptable Use Policy Agreement**.

You may not use the Beryl Wisdom Seventh-Day Adventist Church internet connection for commercial purposes. This means you may not offer, provide, or purchase product or services through the Beryl Wisdom Seventh-Day Adventist Church school connection.

Student Internet Access

All students will have access to Internet World Wide Web information resources or any other information resources specific to the Internet Provider Service connection used by the Beryl Wisdom Seventh-Day Adventist Church School through the school account. However these information resources may only be accessed with the direct knowledge of the teacher or teacher's agent and when an adult is present in the room.

Students will have email access only under the direct supervision of the teacher or teacher's agent using a school account.

The student and the student's parents must sign this **Acceptable Use Policy Agreement** to be granted permission to use the Beryl Wisdom Seventh-Day Adventist Church School Internet connection. The parent or the school may withdraw this permission at any time.

Appropriate Uses

The following uses of the Beryl Wisdom Seventh-Day Adventist Church School Internet connection are considered acceptable:

Personal Safety

- You will not post personal contact information about yourself or other people. This includes the name, physical description, address, telephone number, school or work address of you or any other person.
- You will not agree to physically meet with anyone you have encountered online without your parent's approval. Your parent should accompany you to any such meeting.
- You will promptly disclose to your teacher or teacher's agent any message you receive that is inappropriate or makes you feel uncomfortable.

Illegal Activities

- You will not attempt to gain unauthorized access to the Beryl Wisdom Seventh-Day Adventist Church School Internet account or to any other computer system through your authorized access. This includes attempting to log-in through another person's account or accessing another person's files. These actions are illegal, even if only for the purpose of "browsing".
- You will not make deliberate attempts to disrupt the computer system or destroy data by any means including intentional creating or spreading of viruses. These actions are illegal.

**Beryl Wisdom Seventh-Day Adventist church School
Internet Acceptable Use Agreement and Policy
Page 2**

System Security

- Under no conditions should you attempt to change your password or provide it to another person.
- You will immediately notify the teacher or teacher's agent if you have identified a possible security problem.

Use of Inappropriate Language

- Restrictions against inappropriate language apply to public and private messages and material posted on web pages. You will not use obscene, profane, lewd, vulgar, rude, inflammatory, threatening, or disrespectful language in any such messages or material posted.
- You will not engage in personal attacks, including prejudicial or discriminatory attacks.
- You will not harass another person. Harassment is persistently acting in a manner that distresses another person. If you are told by a person to stop sending them messages, you must stop.
- You will not knowingly or recklessly post false or defamatory information about a person or organization

Respect for privacy

- You will not re-post (forward) to another person a message that was sent to you privately without permission of the person who sent you the message.
- You will not post private information about another person.

Plagiarism and copyright infringement

- You will not plagiarize works that you find on the internet. Plagiarism is taking the ideas or writings of others and presenting them as if they were yours.
- You will respect the rights of copyright owners. Copyright infringement occurs when you inappropriately reproduce a work that is protected by a copyright. If a work contains language that specifies appropriate use of that work, you should follow the expressed requirements. If you are unsure whether or not you can use a work, you should request permission from the copyright owner. Copyright law can be confusing. If you have questions, ask a teacher.

Inappropriate access to material

- You will not use the Beryl Wisdom Seventh-Day Adventist Church School Internet connection to access material that is profane, obscene, or that advocates illegal acts, violence or discrimination toward anyone regardless of whether or not any governmental prohibition exists against such material. Pornography and hate literature, so called, are examples of prohibited materials.
- If you mistakenly access inappropriate information you should immediately tell your teacher or teacher's agent. This may serve to protect you against a claim that you have intentionally violated this policy.

- You should follow the instructions of your parents regarding any additional material that they think would be appropriate for you to access. The school fully expects that you will follow your parent's instructions in this matter.

Beryl Wisdom Seventh-Day Adventist church School
Internet Acceptable Use Agreement and Policy
Page 3

Privacy

You should expect only limited privacy in the contents of your personal files on the school's computers. Routine maintenance of the school's computers including your personal files may lead to discovery that you have violated this policy. By signing this policy statement along with your parents, you and your parents consent to a routine examination of your files on any of the school's computers to determine compliance with this policy or the law. Your teacher or teacher's agent and your parents have the right to examine the contents of your e-mail or other computer files.

Personal responsibility

When you are using the Beryl Wisdom Seventh-Day Adventist Church School Internet connection you may feel like it is rather easy to break a rule and not get caught. This feeling is misleading because when you use a computer or computer network you leave little electronic footprints, so the odds of getting caught are really about the same in the real world. But for a person to choose to follow a rule or not based on the likelihood of getting caught reveals much about a person's character.

Signature to indicate compliance with this Acceptable Use Policy Agreement

Your signature below affirms your understanding of and agreement to abide by the Beryl Wisdom Seventh-Day Adventist Church School's **Acceptable Use Policy Agreement**. Any violation of the standards as set forth herein may result in the student's immediate termination of the school's Internet access privileges. Such violation may also activate other disciplinary procedures as noted in the school handbook or other established policies of the Beryl Wisdom Seventh-Day Adventist Church School

Student's signature

Date

Parent's signature

Date



Photograph & Video Release Form

I _____, hereby grant permission to Beryl Wisdom SDA School, the rights of my child _____, image, likeness and sound of his/her voice as recorded on audio or video tape without payment or any other consideration. I understand that his/her image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein his/her likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of his/her image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes:

- Conference presentations
- Educational presentations or courses
- Informational presentations
- On-line educational courses
- Educational videos

By signing this release I understand this permission signifies that photographic or video recordings of my child may be electronically displayed via the Internet or in the public educational setting.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Parent/Guardian's Full Name(Please print) _____

Street Address/P.O. Box _____ City _____ State _____ Zip _____

Phone _____ Fax _____

Email Address _____

Parent/Guardian's Signature _____ Date _____