

APPLICATION FORM



Student Name: _____

Last Name

First Name

Middle Name

Grade _____

Office Use Only

Application received by _____ Date _____

Admissions Committee Action:

- Accepted Conditional Acceptance Not Accepted

Application Form

Print clearly in blue ink

A non-refundable fee of \$100.00 must accompany this application form.

Immunization records

Birth Certificate

Social Security Card

School Year: _____ / _____

Entering Grade: _____

Student I.D. # _____

Name: _____
Last First Middle

Gender: F / M

Home Address _____
Street City State Zip

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

Date of Birth: ____/____/____ Place of Birth: _____

Email Address: _____

Seventh-day Adventist: Yes No

Date Baptized : Yes No

Church Name: _____ Other Denomination: _____

US Citizenship: Yes No Country of Citizenship: _____

Primary Language Spoken in Home _____

Previous School Name: _____

School Address: _____ City: _____ State: _____ 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

Occupational Therapy

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

Academic Behavioral Physical Social

If Yes, in which areas and explain: _____

Legal custody restraint documents: Yes No

If yes, please make available all legal documents for school office records.

Custody: Father Mother Both Other _____

	Mother Information/Guardian	Father Information/Guardian
Full Legal Name		
Home Address		
Home Phone#		
Work Phone#		
Email Address		
Occupation		
Employer		
Birth date		
Citizenship	<input type="checkbox"/> US <input type="checkbox"/> Other	<input type="checkbox"/> US <input type="checkbox"/> Other
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"/> Separated	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated

Security- Emergency and Pick-Up Contacts (if Parents/Guardians cannot be reached)

Full Name	Relationship to Student	Cell Phone	Emergency <input checked="" type="checkbox"/>	Pick Up <input checked="" type="checkbox"/>

MEDIA INFORMATION RELEASE:

I hereby give permission to the Beryl Wisdom Adventist School to use photos of my child for school promotions on printed material and /or the Internet. Yes No

Parent's Signature/Legal Guardian

Date:

I understand that I am responsible financially for the annual tuition and miscellaneous charges. Payments are due monthly and must be kept current. I understand that the School Board has voted that any child whose account is not kept current will not be permitted to attend classes. I also understand that if I have an outstanding balance with the Beryl Wisdom Adventist School or any other Seventh-day Adventist educational institution that arrangement must be made with the finance office before a student is permitted to enroll.

 Parent/Financial Sponsor Signature

 Date

 Print Name

MEDICAL CONSENT

Student name and Grade

***NOTE:** FAILURE TO SIGN THIS ACKNOWLEDGEMENT WILL NOT RELEASE STUDENT OR THE PARENT(S) FROM COMPLIANCE WITH THESE CODES

In a life-threatening situation where all efforts to contact me have failed, I hereby authorize an adult representative from Beryl Wisdom Adventist School to consent to emergency medical and /or hospital care as deemed necessary for my child. I understand that the Beryl Wisdom Adventist School insurance will cover medical expenses up to \$500. I am aware that my insurance will then be responsible for any remaining costs.

Yes _____ **No** _____ **Parental Consent:** _____

I hereby give permission to the staff at the Beryl Wisdom Adventist School to give my child Motrin and/or Tylenol.

Yes _____ **No** _____ **Parental Consent:** _____

It is imperative that the staff at the Beryl Wisdom Adventist School be aware of any potential Life-threatening illness that your child may have. Please complete the following:

*Asthma Y <input type="checkbox"/> N <input type="checkbox"/>	Diabetes Y <input type="checkbox"/> N <input type="checkbox"/>	Allergies Y <input type="checkbox"/> N <input type="checkbox"/>	Other: _____
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*(If yes, we must have an inhaler in the office for your child)

All medications (nonprescription or prescription) must be in the original container.

Name of physician: _____ **Phone number:** _____

----- *This Section to be signed before a Notary Public* -----

I state that I have responded personally to the information on this form and it is correct.

Parent/Guardian Signature

Date

Print Name

Daytime phone number

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____
By _____ (name of person), who is personally known to me or who has produced _____ (type of identification) as identification.

Notary Signature

Notary (Print Name)

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Expiration Date

Notary 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

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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 assistance.

How long have you know 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

Phone (407) 291-3073 –Fax (407) 291-6149

www.berylwisdom.org

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

SUCCESS FOR ALL





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Financial Information 2018 –2019

Application Fee		
New Student	\$150.00	The application fee is non-refundable and is due upon student's application. New students will also do a Test
Returning student	\$20.00	There will be a \$50 discount for those who register by March 31, 2018
		And \$25.00 discount for anyone who register by June 30, 2018

General Tuition and Fees August 2018 – June 2019

DESCRIPTION	AMOUNT Constituent	AMOUNT General or Step Up	AMOUNT Middle School
Tuition/ Everyone	\$5,500	\$5,500	
Application & Testing	\$150.00	\$150.00	
Technology Fee	\$200.00	\$200.00	
Books	\$300.00	\$300.00	
Registration (K-8)	\$375.00	\$375	
Agenda & T-shirt, Year Book, H/S (Home & School) & Field Trip	\$300.00	\$300.00	

Registration and Tuition Fee			
	Annual Fee	Monthly Fee	
VPK Voluntary Prekindergarten	Free	-----	8:00 am – 11:00 am
VPK Wrap-Around	\$2,000.00	\$200.00	11:00 am – 3:00pm
VPK Wrap-Around	\$3,000.00	\$300.00	11:00 am – 6:00pm
General Registration	\$375.00	-----	Due by July 30*
General Tuition	\$5,500.00	\$550.00	Due by the 1 st of each month

Other Fees			
Other discounts			
Constituency	Solid Rock SDA		
Advance Tuition	Annually – 10%	Semester – 5%	

Family	\$50.00 per additional child per year.		
Graduation			
Kindergarten	\$75.00		
Eight Grade	\$100.00		
PreK	\$75.00		
Before Care	Time	Monthly Fee	Flat rate per day
	6:30 – 7:30	\$140.00	\$8:00
After Care	3:30 – 6:00 M- Thursday 2:00pm – 5:00 pm Friday	Monthly Fee	Flat rate per day
		\$180	\$10.00
(There is a charge of \$1.00 per minute after the scheduled after hours)			

ROBOTICS	\$ 150.00
CLUBS	\$100.00

Tuition fees are subjected to only **ONE** of the following where applicable:

- a) Scholarship
- b) Constituent Discount

Exemptions: Advance Tuition & Sibling Discount

TUITION IS DUE ON THE 1ST OF EACH MONTH. A LATE FEE OF \$15.00 WILL BE CHARGED AFTER THE 10TH OF THE MONTH.

