

LAKE NELSON SDA SCHOOL APPLICATION 2012 - 2013



"Empowering Students through Christian Education"



ADMISSIONS

Dear Friend,

Thank you for inquiring about Lake Nelson SDA School.

The following forms and documents are needed for the admissions process:

- APPLICATION FOR ADMISSION
- ORIGINAL BIRTH CERTIFICATE
- COPY OF SOCIAL SECURITY CARD
- GREEN CARD OR STUDENT VISA (IF NOT US CITIZEN)
- PHYSICAL AND IMMUNIZATION RECORD
- NON-REFUNDABLE \$25 TESTING FEE
- COPIES OF REPORT CARDS FROM PREVIOUS SCHOOL
- RESULTS FROM ANY EDUCATIONAL, PSYCHOLOGICAL, MEDICAL, OR BEHAVIORAL TESTING
- LETTER FROM SDA PASTOR OR CHURCH CLERK –PROOF OF SDA MEMBERSHIP

All students applying to Lake Nelson SDA School will be assessed prior to enrollment. Testing dates will be scheduled *after* receipt of Application for Admission, Original Birth Certificate and Non-Refundable \$25 Testing Fee.

Upon receiving all materials, the student's file will be sent to the Admissions Committee for review.

Early application is recommended as we limit class sizes to enhance the learning experience.

KINDERGARTEN

To be admitted to Kindergarten, the student must be 5 years old on or before October 1st of the current school year.

Our Early Registrations starts in March until June 1st. Receive a discount of \$100 off the Registration Fee.

Our Open House will take place on Sunday, March 18, 2012 from 12:00 pm to 3:00 pm.

We will be happy to answer any questions you may have.

We look forward to welcoming you as part of our school family.

Empowering Students with Christian Education since 1959 "



LAKE NELSON SEVENTH-DAY ADVENTIST SCHOOL

555 South Randolphville Road ♦ Piscataway, NJ 08854

☎: (732) 981-0626 Fax: (732) 981-0770

OFFICE USE ONLY: STUDENT ID # _____

STUDENT ADMISSION APPLICATION

Student's First Name:	Middle Name:	Last Name:
Address:	City/State/Zip:	Home Phone:
Date of Birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Grade Entering:
Place of Birth (City/State/Country)	Is Student a Baptized Member of the SDA church? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date: _____ Membership _____	
SS#:	Country of Citizenship:	Enrollment Date:

FAMILY INFORMATION

Marital Status of Natural Parents: Single Married Separated Divorced Widowed

MOTHER/GUARDIAN	FATHER/GUARDIAN
Name:	Name:
Home Address:	Home Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Day Time Emergency Phone :	Day Time Emergency Phone:
E-mail:	E-mail :
Occupation:	Occupation:
Work Phone:	Work Phone:
Church membership:	Church Membership:

PHYSICIAN INFORMATION

Student's Name _____

Physician Name _____ ☎: Phone No. _____

Special Medical Needs (Allergies, Medicines, etc) _____

EMERGENCY/AUTHORIZED PICK UP CONTACT INFORMATION

Please list **ALL** persons to contact in case of an emergency and Authorized Pick Up:

Name	Relationship	Home Phone#	Cell#	Work Phone #

SIBLING INFORMATION

Name	Relationship	Grade
	<input type="checkbox"/> Brother <input type="checkbox"/> Sister	
	<input type="checkbox"/> Brother <input type="checkbox"/> Sister	
	<input type="checkbox"/> Brother <input type="checkbox"/> Sister	
	<input type="checkbox"/> Brother <input type="checkbox"/> Sister	

I hereby submit this application for admission of my child to Lake Nelson SDA School and I will support school regulations and to help my child observe them. (Please see LNS Handbook)

I understand my child is not enrolled or guaranteed placement, until accepted by the admissions committee.

Signature of Parent or Guardian

Date



LAKE NELSON SDA SCHOOL

CONSENT TO TREATMENT FORM

We, the undersigned parents or guardian of _____
Name of Student or Member

A 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 _____, M.D., or any physician the school or
Name of Physician

Organization 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 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 Lake Nelson Seventh-Day Adventist School,
Name of 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 named Student

- is
- is not

covered by Health Insurance _____

Policy # _____

DATE

FATHER: _____

MOTHER: _____

WITNESS

LEGAL GUARDIAN: _____