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www.myneabc.com

**SOUTH BROOKLYN ACADEMY**  
**OF BUSINESS AND TECHNOLOGY**

**2016 – 2017**  
**APPLICATION**

# ***STOP!***

## ***Please Read Before You Proceed***

We are pleased to have you as partners with South Brooklyn Academy in this educational year. A new school year presents opportunities for various beginnings- new classes, new faces, new courses, and, often new materials. However, newness alone cannot produce transformation. We ourselves must be willing to be caught up in the rebirth that is possible with each New Year. During this year, as in the past, we must concentrate on the processes that spur continuing advancement; we must evaluate what we have, determine what we can do to improve, and identify what we need to make those improvements.

We will like you to be aware of the following before you proceed with registration.

**Students are not allowed to:**

1. Bring or eat meat on the premises.
2. Bring or wear jewelry – visible or invisible
3. Wear du-rags while in school uniform
4. Use or bring glass bottles, box cutters, fire arms or other weapons on the premises.

**Students must:**

1. Attend **two special school events** – Rally Day and South Brooklyn Academy Day
2. Have a minimum G.P.A. of 2.5

With your cooperation, we look forward to an enjoyable and productive school year.

# South Brooklyn Academy

## SPONSORED EVENTS CONTRACT

Applicant's Name: \_\_\_\_\_

At South Brooklyn Academy our aim is to develop the student as a whole: mentally, physically, socially, spiritually, and emotionally. As a result students are required to attend the following functions sponsored by the campus and the Northeastern Conference of SDA:

1. South Brooklyn Academy Day.
2. Northeastern Conference Rally Day.

I \_\_\_\_\_ promise that I \_\_\_\_\_  
Student's Name Student's Name

will attend the functions listed above as a part of the school's requirement.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**South Brooklyn Academy**

418 East 45<sup>th</sup> Street

Brooklyn, NY 11203

Phone: 718-693-5502; Fax: 718-940-4168

Please enclose the \$25.00 application fee with this form.

STUDENT MUST FILL OUT APPLICANT INFORMATION. PLEASE PRINT

Grade Being Applied For: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_ FIRST \_\_\_\_\_ M.I. \_\_\_\_\_

S.S.NUMBER: \_\_\_\_\_ BIRTHDATE: \_\_/\_\_/\_\_/ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

SEX: \_\_\_\_\_ BIRTHPLACE: \_\_\_\_\_ COUNTRY OF CITIZENSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CHURCH AFFILIATION: SDA [ ] YES [ ] NO NAME OF CHURCH: \_\_\_\_\_

ARE YOU A BAPTIZED MEMBER? [ ] YES [ ] NO NAME OF CONFERENCE: \_\_\_\_\_

LAST SCHOOL ATTENDED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ LAST GRADE ATTENDED: \_\_\_\_\_

HAVE YOU BEEN EVALUATED FOR SPECIAL EDUCATION [ ] YES [ ] NO

If your answer is yes, do you have an IEP (Individualized Education Plan)? [ ] YES [ ] NO

ACADEMIC STATUS: WERE YOU TOLD TO ATTEND SUMMER SCHOOL? [ ] YES [ ] NO

If your answer is yes please answer the next question.

DO YOU HAVE A COPY OF YOUR SUMMER SCHOOL REPORT? [ ] YES [ ] NO

WERE YOU EVER SUSPENDED FROM YOUR LAST SCHOOL? [ ] YES [ ] NO

If yes, please explain \_\_\_\_\_

HAVE YOU USED ANY OF THE FOLLOWING RECENTLY?

1. Tobacco [ ] YES [ ] NO 2. Liquor [ ] YES [ ] NO 3. Illegal Drugs [ ] YES [ ] NO

If you answered yes to any, please tell us how recently and explain. \_\_\_\_\_

Are you allergic to any food or medication? \_\_\_\_\_ Please list: \_\_\_\_\_

The teacher who influenced me the most taught me to: \_\_\_\_\_

Do you desire to live a Christian life? [ ] YES [ ] NO

Student's Commitment: I am willing to obey the rules and regulations stipulated by this institution.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Parent Information –To Be Filled Out By Parent – Please Print**

Student lives with (check all that apply)

Father       Mother       Step-father       Step-mother       Other\_\_\_\_\_

Father is deceased       Mother is deceased       Parents are separated

**Mother's Information**

Name: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Church/Denomination: \_\_\_\_\_

**Father's Information**

Name: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Church/Denomination: \_\_\_\_\_

Please give names and birth dates of other children:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

Has this student ever had a major illness, serious injury or disability?  Yes  No

If yes, please explain \_\_\_\_\_ Age at the time \_\_\_\_\_

Has this student ever had psychological evaluation or treatment?  Yes  No

If yes, please explain and provide documentation. \_\_\_\_\_

Has any member of the immediate family been seriously ill or disabled?  Yes  No

If yes, please explain. \_\_\_\_\_

Does this student have an unpaid school bill?  Yes  No Where? \_\_\_\_\_ How Much? \_\_\_\_\_

How did you first learn of South Brooklyn Academy? \_\_\_\_\_

- List all schools since Kindergarten: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

Parent Commitment: I agree to the conditions, regulations and policies of South Brooklyn Academy as published in the school bulletin. I have studied the financial information in the current school bulletin and agree to assume the financial responsibility for the applicant. I understand that in addition to the down payment which is due on registration day, there will be eight more installments charged to the account from October through May. The balance due each month will be paid promptly. I understand that this student's account with South Brooklyn Academy must be paid in full before a diploma or transcripts can be made available.

Parent/Guardian's Signature; \_\_\_\_\_

Date: \_\_\_\_\_

**South Brooklyn Academy  
BUS PASS INFORMATION**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cross Streets: \_\_\_\_\_

Number of buses used for transportation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Student's Signature: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**FUND RAISING CONTRACT**

Fund-raising is a very important activity here at South Brooklyn Academy. It helps to defray the cost of the educational supplies needed for the school. Fund-raising projects are conducted at least twice per year. Parents are required to take part in this activity.

I, the parent/guardian of: \_\_\_\_\_ do hereby state that I will participate in the fund-raising program of the school twice per year, and will make sales in the minimum amount of two hundred dollars (\$200.00) or more on the products used for the project.

I further agree that if I do not make sales in the amount stated, I would contribute the same or make up the difference.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**South Brooklyn Academy**  
**ACTIVITIES AND TRANSPORTATION CONSENT**

I consent that my child/ren \_\_\_\_\_ shall engage in all activities forming a part of the South Brooklyn Academy including, but not limited to, trips or activities at places selected by the Principal or member of the staff.

I consent also to the transportation of my child by such means of transportation as are deemed necessary by the school or duly authorized member of staff.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**EMERGENCY MEDICAL TREATMENT CONSENT**

I hereby agree to have my child/ren \_\_\_\_\_ taken to the hospital in case of an extreme illness or accident, and to receive the necessary emergency treatment until I arrive.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

## South Brooklyn Academy CONTRACT

### South Brooklyn Academy is committed to:

1. Provide educational opportunities consistent with good contemporary educational practice.
2. Provide appropriate moral values, and religious education using the Christian Bible as the basis of study and the Seventh-day Adventist philosophy of life.
3. Provide timely, accurate and comprehensive reports on each student's academic progress.
4. Provide accurate and timely reports on students' citizenship and behavior.
5. Maintain a safe and efficient school environment that is conducive to learning.
6. Provide timely information about school functions.

You, the Parent/Guardian of \_\_\_\_\_ are responsible for:

1. Make sure that your boys and girls are in school by 8:00 a.m. daily.
2. Make sure that your boys and girls attend school regularly and provide written excuses on the day immediately following an absence.
3. Monitor and sign your child/ren's home work folder.
4. Monitor and manage your child's behavior/citizenship. Inappropriate behavior on the part of your child, that is not attended to immediately upon your being notified will result in your being asked to keep the child at home until you come in and rectify the matter with the teacher and/or Principal. Continued misbehavior after three (3) consultations will result in this contract being voided and permanent dismissal of the child. For further clarification please see South Brooklyn Academy's bulletin.
5. Pay tuition and other fees when due. Failure to remit tuition fees on time will result in your child/ren missing classes and other activities. See South Brooklyn Academy bulletin for further clarification.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# South Brooklyn Academy

## Photo Release Form

This photo release form provides South Brooklyn Academy permission for your child's photo/image and personally identifiable information to be published on the school's website and used in promotional materials.

As you are aware, there are potential dangers associated with the posting of personally identifiable information on a website. Global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we do want to celebrate your child and his/her work and success. The law requires that we ask for your permission to use information about your child.

Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian. Personally identifiable information includes student name, photo or image, grade level, and locations and times of class trips.

If you, as the parent or legal guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the principal and such rescission will take effect upon receipt by the school.

Check one of the following choices:

- I/We GRANT permission for my child's photo/image and all other personal identifiers listed above to be published on the school's website and used in any promotional materials.
- I/We DO NOT GRANT permission for photo/image and personal identifiers that includes my child to be published on the school's website and used in any promotional materials.

Student Name: (please print) \_\_\_\_\_ Students' Grade: \_\_\_\_\_

Print name of Parent/Legal Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date signed: \_\_\_\_\_

# South Brooklyn Academy

## Consent for Emergency Medical Treatment

I \_\_\_\_\_ authorize South Brooklyn Academy to obtain emergency dental or medical care for my child/ren

_____ Name	_____ D.O.B	_____ Sex
_____ Name	_____ D.O.B.	_____ Sex

This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependants(s). I further consent to any X-ray examination, anesthetic, medical surgical procedure, or treatment and hospital service that may be rendered to said minor(s) under the general or specific instructions of any physician the school may call, whether such diagnosis or treatment is rendered at the office of the physician or at a licensed/certified hospital.

It is understood that this consent is given in advance of any specific diagnosis or treatment which might be required, and is given to authorize South Brooklyn Academy or the physician to exercise their best judgment as to the requirements of such diagnosis or treatment.

I hereby authorize any hospital, physician or other person who has attended or examined the student to furnish to any appropriate insurance company, or its representatives, any and all information with respect to any illness, medical history, consultation, prescription or treatment, and copies of all hospital or medical records.

In case of no insurance, I agree to take full responsibility for all obligations incurred during treatment and/or hospitalization of the student.

The consent shall remain in continuous effect until revoked in writing and delivered to Northeastern Academy Brooklyn Campus.

There is insurance coverage in effect for the above named student(s) [  ] Yes [  ] No

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy# \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Other Emergency Numbers:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Telephone #: \_\_\_\_\_

### PERSON GIVING CONSENT

_____ PRINT NAME	_____ SIGNATURE	_____ DATE
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**South Brooklyn Academy**  
**MEMBERSHIP DECLARATION FORM**

If you are a Seventh-day Adventist please sign this form, have it filled out by your current Pastor and return it to us no later than two weeks after your registration date.

This is to certify that (Parent/Guardian) \_\_\_\_\_ of  
(student's name) \_\_\_\_\_ who is a student at the  
South Brooklyn Academy, is a member of the Seventh-day Church in the:

[     ] Northeastern Conference of SDA

[     ] Greater New York Conference of SDA

[     ] Conference of SDA

Name of Pastor \_\_\_\_\_

PLEASE PRINT

Signature of Pastor: \_\_\_\_\_

Name of Church: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

## South Brooklyn Academy Recommendation Form

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

**TO REFERENCE PERSON:**

Please give the applicant a rating from 1-3 on each of the characteristics listed below. Place the rating number in the extreme right column. If you are unable to make a judgment, place a question mark (?) in the rating column. This information will be kept confidential for use in the admission process; will not become a part of the permanent records, and it will not be available for student review.

CHARACTERISTICS	1	2	3	WRITE RATING HERE
Health	Weak, often incapacitated	Often Sick	Good, Average Health	
Personal Appearance	Careless	Neat, Clean		
Influence on Associates	Detrimental	Passive	Influence for Good	
Integrity	Frequently dishonest, Steals and/or cheats	Questionable at times	Consistently trustworthy, and honest	
Friendships	Careless in choice	Usually discriminates	Chooses friends with high standards	
Social Relationships	Disliked	Generally liked	Well-liked	
Judgment	Poor sense of values	Jumps to conclusions	Uses good common sense	
Reliability/Trustworthiness	Often irresponsible	Must be supervised	Dependable	
Industry	Lazy	"Gets by"	Works well	
Cooperation	Often rebels	Cooperative at times	Cooperative	
Emotional Stability	Tense, excitable, often loses control	Occasionally over-emotional	Well-balanced	
Spiritual Interest	Negative	Passive	Active	

How long have you known this applicant? \_\_\_\_\_ how recently? \_\_\_\_\_

To your knowledge, has the applicant during the past year used:

Alcoholic Beverages?  Yes  No  Not Sure      Illegal Drugs?  Yes  No  Not Sure

Tobacco?  Yes  No  Not Sure

Has this applicant been subject to any disciplinary action, censure, suspension, expulsion, etc? Please comment

\_\_\_\_\_

\_\_\_\_\_

Based on character alone this applicant is:

Highly Recommended    Recommended    Recommended with Reservation    Not Recommended

Please Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

## South Brooklyn Academy Recommendation Form

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

**TO REFERENCE PERSON:**

Please give the applicant a rating from 1-3 on each of the characteristics listed below. Place the rating number in the extreme right column. If you are unable to make a judgment, place a question mark (?) in the rating column. This information will be kept confidential for use in the admission process; will not become a part of the permanent records, and it will not be available for student review.

CHARACTERISTICS	1	2	3	WRITE RATING HERE
Health	Weak, often incapacitated	Often Sick	Good, Average Health	
Personal Appearance	Careless	Neat, Clean		
Influence on Associates	Detrimental	Passive	Influence for Good	
Integrity	Frequently dishonest, Steals and/or cheats	Questionable at times	Consistently trustworthy, and honest	
Friendships	Careless in choice	Usually discriminates	Chooses friends with high standards	
Social Relationships	Disliked	Generally liked	Well-liked	
Judgment	Poor sense of values	Jumps to conclusions	Uses good common sense	
Reliability/Trustworthiness	Often irresponsible	Must be supervised	Dependable	
Industry	Lazy	"Gets by"	Works well	
Cooperation	Often rebels	Cooperative at times	Cooperative	
Emotional Stability	Tense, excitable, often loses control	Occasionally over-emotional	Well-balanced	
Spiritual Interest	Negative	Passive	Active	

How long have you known this applicant? \_\_\_\_\_ how recently? \_\_\_\_\_

To your knowledge, has the applicant during the past year used:

Alcoholic Beverages? [ ] Yes [ ] No [ ] Not Sure      Illegal Drugs? [ ] Yes [ ] No [ ] Not Sure

Tobacco? [ ] Yes [ ] No [ ] Not Sure

Has this applicant been subject to any disciplinary action, censure, suspension, expulsion, etc? Please comment

\_\_\_\_\_

\_\_\_\_\_

Based on character alone this applicant is:

[ ] Highly Recommended [ ] Recommended [ ] Recommended with Reservation [ ] Not Recommended

Please Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

**South Brooklyn Academy**  
**ACCEPTANCE CHECK LIST**

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date: \_\_\_\_\_

- |   |     |
|---|-----|
| 1. Application Form                                 | [ ] |
| 2. Physical Examination Form                        | [ ] |
| 3. Immunization Records                             | [ ] |
| 4. Social Security Number                           | [ ] |
| 5. Birth Certificate                                | [ ] |
| 6. Recent Report Card                               | [ ] |
| 7. Treatment Authorization                          | [ ] |
| 8. Letters of Recommendation                        | [ ] |
| 9. Bus/Fundraising Contract                         | [ ] |
| 10. SDA Membership Certification (Where Applicable) | [ ] |
| 11. Results of State/IOWA Tests                     | [ ] |
| 12. Sponsored Event Contract                        | [ ] |
| 13. Application for Lunch/Breakfast                 | [ ] |
| 14. Other   | [ ] |

Date Completed: \_\_\_\_\_