

# BEREA S.D.A. ACADEMY



## APPLICATION FOR ADMISSIONS Returning Students

*The Admissions process begins: March 1<sup>st</sup>*

*Application deadline: June 30<sup>th</sup>*



**Adventist Education**



# BEREA S.D.A. ACADEMY

## APPLICATION INFORMATION SHEET

**MAILING ADDRESS:** Berea Seventh-day Adventist Academy  
Office of Admissions  
800 Morton Street  
Mattapan, MA 02126

### APPLICATION PROCEDURES – RETURNING STUDENT

Please have a school official initial each item from number 1-5.

1. \_\_\_\_\_ Complete Re-application Packet.
2. \_\_\_\_\_ Submit current Medical Records, including Immunization Records
3. \_\_\_\_\_ Pay Registration and Tuition
4. \_\_\_\_\_ Sign and return handbook agreement.
5. \_\_\_\_\_ Obtain a class Admittance Card.

### Mission Statement

The Berea Seventh-day Adventist Academy is a Christian Co-educational Institution established by Berea Seventh-day Adventist Church for the purpose of training children for their responsibilities in this world, and to prepare them for citizenship in the world to come. Our mission is to provide each student with a safe and nurturing environment, in which academic excellence, the development of self-esteem, and mutual respect are fostered through a challenging curriculum.



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Office of Admissions: 800 Morton Street, Mattapan MA 02126 Telephone: 617-436-8301

## EMERGENCY INFORMATION SHEET

School Year \_\_\_\_\_ to \_\_\_\_\_ Grade \_\_\_\_\_

### STUDENT'S INFORMATION (please print clearly)

Student's Name: Last \_\_\_\_\_ First \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### MOTHER'S INFORMATION (please print clearly)

Mother's Name: Last \_\_\_\_\_ First \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: Home \_\_\_\_\_ Work: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Email Address: \_\_\_\_\_

### FATHER'S INFORMATION (please print clearly)

Father's Name: Last \_\_\_\_\_ First \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_  
Mobile: \_\_\_\_\_ Email Address: \_\_\_\_\_

### TEMPORARY CARE:

List two individuals whom you would like to assume temporary care of your child if you cannot be reached.

Name: Last \_\_\_\_\_ First \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cellular \_\_\_\_\_  
\*\*\*\*\*

Name: Last \_\_\_\_\_ First \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cellular \_\_\_\_\_

**PHYSICIAN'S INFORMATION:** In case of an accident or serious illness, I request that the school contact me. If the school is unable to reach me, I authorize Berea S.D.A. Academy to call the physician indicated below and to follow his/her instructions and/or I agree that my child may be taken to the hospital or place of medical treatment, to receive emergency treatment.

Signature of Parent or Guardian: \_\_\_\_\_

Allergies & Conditions: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_



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## CHILD PICK-UP FORM

School year \_\_\_\_\_ to \_\_\_\_\_ Grade \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_

GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_ CONTACT NUMBER \_\_\_\_\_

**I hereby, give Berea S.D.A. Academy permission for the following person (s) to pick up my child named above for the school year.**

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

NAME: \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ CONTACT NUMBER \_\_\_\_\_

NAME: \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ CONTACT NUMBER \_\_\_\_\_

NAME: \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ CONTACT NUMBER \_\_\_\_\_

NAME: \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ CONTACT NUMBER \_\_\_\_\_

NAME: \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ CONTACT NUMBER \_\_\_\_\_



**SCHOOL HEALTH PROGRAM  
 HEALTH HISTORY FOR APPLICANTS**

**APPLICANT'S INFORMATION (please print clearly)**

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_ Entering Grade \_\_\_\_\_  
 Phone \_\_\_\_\_ Previous School \_\_\_\_\_  
 Legal Guardian (please check): Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_  
 Name of Guardian \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Name of Doctor/Health Center \_\_\_\_\_ Phone \_\_\_\_\_  
 Name of Health Insurance \_\_\_\_\_ Insurance # \_\_\_\_\_

1. Does any family/household members have any major health problem? No Yes  
 If yes, please describe.

\_\_\_\_\_

2. Has this student had any of the following illnesses or conditions?

Accidents	No	Yes	Bowel Problems	No	Yes
Allergy	No	Yes	Anemia	No	Yes
Asthma	No	Yes	Sickle Cell	No	Yes
Diabetes	No	Yes	Seizures	No	Yes
TB	No	Yes	Headaches	No	Yes
G6PD	No	Yes	Skill Problem	No	Yes
Lead Poisoning	No	Yes	Behavior Problem	No	Yes
Menstrual Problem	No	Yes	Heart Problem	No	Yes
Learning Problem	No	Yes	Weight Problem	No	Yes
Urinary Problem	No	Yes	Rheumatic Fever	No	Yes
Kidney Problem	No	Yes	Birth Defect	No	Yes

3. Please describe any of the above problems checked **YES** in more detail

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. HEARING/VISION/SPEECH

Does this student experience frequent ear infections?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Has this student received a hearing test?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is this student receiving treatment for a hearing impairment?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Does this student have a vision impairment?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Has this student received a vision test?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Does this student wear glasses?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Does this student require preferential seating due to vision/hearing impairment?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Does this student have a speech impediment?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is this student receiving speech therapy?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

5. Does this student have any special needs that the School Health Program should be aware of?  
 No  Yes  please specify \_\_\_\_\_

6. Is this student taking any medication daily?  
 No  Yes  please specify \_\_\_\_\_

7. Has your child ever been diagnosed with the CHICKEN POX?  
 No  Yes  Date: \_\_\_\_\_

If your child has had the chicken pox, a physician certified reliable history **must be on file** at the school for your child.

\_\_\_\_\_  
 Parent's Signature

\_\_\_\_\_  
 Date



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## *Dress Code Policy*

### **Appearance**

Boys and girls must dress appropriately for school and school activities. Girl's dress must be worn below the knees. Skirts that are above the knees are prohibited. Shirts for boys and girls must not be tight fitting. Girl's hair style must be simple and free of beads or other hair pieces that provide enhancement. Boy's hair must be trimmed, without patters, and neat. Boys are not allowed to wear braided hairstyle, ponytail or shave eyebrows. **Modesty in dress is required at all times.** Failure to wear the proper uniform will result in parents being called to pick up student. In case of non-compliance due to an emergency, a written explanation from the parent/guardian must be sent to the school office.

### **Jewelry**

Jewelry in its various forms is not allowed, i.e. rings, bracelets, necklaces, earrings, etc.

### **Make-up**

Make-up such as lipstick, nail coloring, rouge, eyebrow pencil or mascara, shall not be worn on the school premises or during field trips.

### **Uniform (Pre-school to Grade 8)**

The school uniform is to be worn to school at all times unless special activities are planned and students are advised differently. **Gym uniform can be purchased at the school.**

### **Boys will wear:**

Pants	Navy blue (No jeans allowed)
Shirt	White
Tie	Plaid (Khaki/navy/red)
Vest	Navy blue (Include school crest)
Sweater	Navy blue (include school crest)
Shoes	Black shoes (No sneakers or sports shoes)
Sock	Black or Navy blue
Blazer (Grades 5– 8 only)	Navy blue

### **Girls will wear:**

Blouse (Pre-school - Grade 4)	White (Peter pan)
Jumper (Pre-school - Grade 4)	Plaid (Khaki/navy/red)
Tie (Pre-school - Grade 4)	Plaid Cross (Khaki/navy/red)
Blouse (Grades 5 – 8)	White (Pointed)
Skirt (Grades 5 – 8)	Plaid (Khaki/navy/red)
Tie (Grades 5 – 8)	Plaid (Khaki/navy/red) <b>Same as the boys' tie</b>
Blazer (Grades 5– 8 only)	Navy blue (Include school crest)
Vest (Grades 5 – 8)	Navy blue (Include school crest)
Shoes	Black shoes (No sneakers or sports shoes)
Socks or tights	Black or navy (No sheer patterns or fishnet)



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## *Dress Code Policy Agreement*

*It is compulsory that every parent and student read the Dress Code Policy and sign this Agreement before enrollment acceptance is given.*

### *The Agreement*

We the undersigned, do hereby declare that we have read the dress policy in its entirety and forthrightly pledge our full support of the Academy's dress policy, rules and regulations herein outlined. We further promise to be in total compliance to any other rules announced by the principal during the school year.

We now set our signature this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Month

Child's Name: \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_





## *Media Release Form*

I understand that during the course of the school year, photographs, video or audio recordings may be taken on my child, by agents, employees or representatives of Berea Seventh-day Adventist Academy, and shall be used for the purpose of promoting school services and academic programs.

I give permission to Berea Seventh-day Adventist Academy to use my child's images or recordings, for the purpose of promoting its services and academic programs. I also waive my rights to inspect, or approve the finished product.

I do not give permission to Berea Seventh-day Adventist Academy to use my child's images or recordings, for the purpose of promoting its services and academic programs.

Child's Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parents Legal Name \_\_\_\_\_

Parents' Signature \_\_\_\_\_ Date signed \_\_\_\_\_

During the course of the academic year, if you would like to change your child's status regarding publicity, please request a new media release form.