Print Form

Sligo ADVENTIST SCHOOL

STUDENT APPLICATION
8300 CARROLL AVENUE, TAKOMA PARK MD 20912
TEL: 301-434-1417 FAX: 301-434-4680
RICH.LARRY@GMAIL.COM

STUDENT INFORMATION

_____ Sex _____ **Grade Applied for:**_____
Last First Middle M, F

_____
Address City State Zip

Current Age_____ Birth date_____ Baptized?_____ If yes, _____
Yes, No Year

SS#_____-_____-_____ **Testing Fee $50.00** **Date Paid** _____

CHURCH MEMBERSHIP
Denomination:_____

Name of Church:_____

FATHER OR GUARDIAN: MR DR PASTOR (✓ If SDA ☐) (✓ If residing with child ☐)

_____ Home Phone _____
Last Father's First Name Initial

_____
Address City State Zip

_____ Business Phone _____
Place of Employment

_____ _____ _____
E-mail Address Cell Phone Number Beeper Number

MOTHER OR GUARDIAN: MRS MS MISS DR PASTOR (✓ If SDA ☐) (✓ If residing with child ☐)

_____ Home Phone _____
Last Mother's First Name Initial

_____
Address City State Zip

_____ Business Phone _____
Place of Employment

_____ _____ _____
E-mail Address Cell Phone Number Beeper Number

I HEREBY AGREE TO SUPPORT SCHOOL REGULATIONS AND TO HELP MY CHILD OBSERVE THEM AND TO ACCEPT ALL FINANCIAL EDUCATIONAL OBLIGATIONS FOR THIS STUDENT.

_____ _____
Signature of parent / Guardian Date

I accept financial responsibility for all charges on my student/s account and agree to comply with all financial policies as outlined in the family handbook for all the period that my child is enrolled at Sligo Adventist School. I understand that my account must be current in order for my child to receive official transcripts and diploma. I also understand that my child is subject to dismissal if I fail to fulfill this agreement.

_____ _____
Parent / Guardian Signature Date

Emergency
Information: _____ Relationship _____ Phone _____

Medical Consent
"I 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 the attending physicians or any health care provider the school may call. I also do hereby consent to reasonable and prudent first aid to be administered by school personnel to the said minor as circumstances merit."

Family Physician:_____ Phone:_____ Tetanus Shot:_____

My child suffers from Allergies _____ Asthma _____ Seizures_____ Other_____

Routine prescription medication:_____

Medical Concerns: _____

_____ _____
Parent / Guardian Signature Date

Field Trip
During the school year, teachers will schedule field trips away from the school. Notes will be sent home informing parents of any field trip. School personnel will take all normal precautions to insure safety. "I do hereby grant permission for my child to attend such school sponsored field trips."

_____ _____
Parent / Guardian Signature Date

Textbook Agreement
Sligo Adventist School loans your child the textbooks and workbooks he/she use throughout the school year. These books are loaned for a fee that covers only the use of books during the year. Should any of the books be lost or damaged, the parents are to replace them at the current replacement cost. At the end of the year, the books are to be returned to the teacher in good condition and with NO MARKS in them. "I have read this agreement and agree to abide by its terms."

_____ _____
Parent / Guardian Signature Date

Pictures
My signature below gives permission for my child's picture to be taken for yearly school pictures, yearbook, school website and to display classroom work and to participate in Sligo Adventist School programs.

_____ _____
Parent / Guardian Signature Date

After School Care
In consideration of my participation in the After School Care Program (ASC)

1. I agree to pick my child up from ASC no later than 6:00 p.m. Monday-Thursday and 5:00 p.m. (DST) or 4:00 p.m. (EST) on Friday. I will make alternative arrangements for picking up my child if I am unavailable. In the event that my child is not collected by closing of ASC, a late fee of $10.00 per 15 minutes will be charged.
2. I agree to personally pick up my child from the ASC room and sign him/her out for the day except when I have pre-authorized, in writing, alternative arrangements.
3. I understand that ALL children not picked up 15 minutes after school ends MUST go to ASC.
4. In the event of an emergency in ASC, Sligo School uses the medical consent completed above.
5. I understand that in the events of a continued late payment or tuition, late pick-up, behavioral problems with my child, the Sligo School After School Care reserves the right to remove my child from the program.

_____ _____
Parent / Guardian Signature Date

Sligo ADVENTIST SCHOOL

CHARACTER RECOMMENDATION FORM

Name of Student: _____ Applicant to Grade: _____

The items below ask for your sense of this student's emotional and social growth, intellectual development, and relationships with others. We understand the difficulty in making such an evaluation. **All information that you furnish will be kept confidential. This document will be destroyed after the completion of the Admissions process**. This recommendation should not be filled out by a family member. On behalf of this student we thank you for your cooperation.

Please return to: Admissions Committee, Sligo Adventist School, 8300 Carroll Avenue, Takoma Park, MD 20912 or fax: 301-434-4680.

Name: _____

What is your relationship to the applicant? _____

How long have you known the applicant? _____

The words circled may help describe this applicant:

Aggressive	Anxious	Articulate	Cheerful	Disobedient	Easily Discouraged
Follower	Honest	Influential	Irritable	Manipulative	Organized
Helpful	Confident	Over-Protected	Passive-Resistant	Perfectionist	Responsible
Self-Centered	Self-Disciplined	Motivated	Shy	Social	Vivacious
Well-Liked	Positive Leader	Negative Leader	Conscientious	Respectful	Dishonest

Personal Qualities					**No basis for Judgment**
1. ***Consideration Of Others***	Unusually thoughtful	Usually considerate	Rarely considerate	Selfish	
2. ***Social adjustment With Peers***	Healthy relationships	Occasional minor problems	Frequent minor problems	Relates poorly	
3. ***Stability***	Stable	Somewhat tense	Seeks much attention	Easily frustrated	
4. ***Sense Of Humor***	Delightful	Good	Normal	Rarely laughs or smiles	
5. ***Self-Confidence***	Healthy Self-image	Needs some support	Appears overly confident	Needs much reassurance	
6. ***Integrity***	Very honest	Usually trustworthy	Some reservations	Untrustworthy	
7. ***Conduct***	Well-behaved	Usually obeys rules	Occasional misconduct	Frequent disruptions	
8. ***Attitude Of Parents***	Cooperative	Indifferent	Overly Protective	Antagonistic	
9. ***Health Of Applicant***	Excellent	Occasionally sick	Seldom sick	Frequently sick	

STUDENT RECOMMENDATION FORM

Name of Student: _____ Applicant to Grade: _____

The items below ask for your sense of this student's emotional and social growth, intellectual development, and relationships with the school community. We understand the difficulty in making such an evaluation. **All information that you furnish will be kept confidential. This document will be destroyed after the completion of the Admissions process.** On behalf of this student we thank you for your cooperation.

Please return to: Admissions Committee, Sligo Adventist School, 8300 Carroll Avenue, Takoma Park, MD 20912 or fax: 301-434-4680.

I am this student's current / previous teacher for grade / subject (s): _____

_____

A. Academic Qualities

						No basis for Judgment
1. ***Academic Abilities***	☐ Outstanding	☐ Good	☐ Average	☐ Limited		☐
2. ***Academic Achievement***	☐ Far above expectations	☐ Better than tests	☐ As expected	☐ Below expectation		☐
3. ***Self-Motivation***	☐ Well-motivated	☐ Some desire to learn	☐ Only that required	☐ Does very little		☐
4. ***Effort / Drive***	☐ Maximum	☐ Usually good	☐ Sporadic	☐ Occasional		☐
5. ***Study Habits***	☐ Well-organized	☐ Usually gets work done	☐ Easily distracted	☐ Poor habits		☐
6. ***Intellectual Curiosity***	☐ Strong & varied	☐ In one area only	☐ An occasional spark	☐ Limited		☐
7. ***Ability To Work***	☐ Always works well	☐ Usually effective	☐ Sometimes unable to cope	☐ Has great difficulty in a group		☐
8. ***Ability To Work Alone***	☐ Always works well	☐ Needs help occasionally	☐ Needs help frequently	☐ Needs much supervision		☐
9. ***Participation In Discussions***	☐ Joins in readily	☐ Participates occasionally	☐ Contributes when called on	☐ Wants to dominate	☐ Rarely contributes	☐
10. ***Reads For Pleasure***	☐ Constantly	☐ Frequently	☐ Occasionally	☐ When prodded	☐ Rarely	☐
11. ***Ability To Write***	☐ Ideas and mechanics excellent	☐ Ideas good, mechanics good	☐ Ideas fair mechanics fair	☐ Ideas and mechanics limited		☐
12. ***Ability To Express Ideas Orally***	☐ Exceptional	☐ Good	☐ Has some difficulty	☐ Limited		☐
13. ***Follows Directions***	☐ Quickly and correctly	☐ Occasionally needs help	☐ Needs much explanation	☐ Needs reminding		☐

14. ***Uses Suggestions Or Corrections***	Always	Usually	Needs reminding	Rarely follows suggestions	
15. ***Seeks Help As Needed***	Always	Usually	Occasionally	Rarely	
16. ***Attention Span***	Exceptional	Usually good	Occasionally distracted	Easily distracted	

B. The words circled may help describe this applicant:

aggressive	anxious	articulate	cheerful	disobedient	easily discouraged
follower	honest	influential	irritable	manipulative	organized
helpful	confident	over-protected	passive-resistant	perfectionist	responsible
self-centered	self-disciplined	motivated	shy	social	vivacious
well-liked	positive leader	negative leader	conscientious	respectful	dishonest
careless	disrespectful	disruptive	immature		

C. Sligo Adventist School encourages a cooperative partnership between parents and the school for the benefit of each student.

1. How do you view the role of this student's parents in that partnership?
2. How would you describe their involvement in your school's program?

_____

_____

_____

D. (To be completed by an Administrator) Have all financial obligations to your school been fulfilled? Yes No

_____

Please enclose copies of the following:

a. Student's complete transcipt (including year to date)
b. An explanation of your school's marking system and sectioning
c. Standardized test scores

May we contact you for further information? Yes No Best time to reach you? _____ Telephone # _____

Name: _____

Signature: _____ Date: _____

School name and address: _____

_____

MEDICAL RECORDS

8300 Carroll Ave. Takoma Park, MD 20912

PH #301-434-1417 FAX # 301-434-4680

Sligo ADVENTIST SCHOOL

Name_____Date of Birth_____

Address_____ SS Number_____

_____ Grade_____

History– Past illnesses and allergies. Please check those he/she has had.

____ Measles ____Chicken Pox ____Ear Infections

____Whooping Cough ____Scarlet Fever ____Allergies, Hay Fever

____Rheumatic Fever ____Tuberculosis ____Asthma

Dose #	DTP Series 2,4,6 & 15 mths 4-6 Yrs	DTaP 15 mths & 4-6 Yrs	HBV Series Birth, 2 & 6 Mths	Polio Series 2,4,6 Mths 4-6 Yrs	Hib 2,4,6 & 15 mths	Hep B 3 shots	TB Skin Test	Dose #	MMR 12 Mths & before 12 Yrs
1								1	
2								2	
3								Dose #	Varicella*
4								1	
5								2	

To the best of my knowledge the vaccines listed above were administered as indicated.

Physicians Signature_____ Title_____ Date_____

TURN OVER

PHYSICAL EXAMINATION

Height_____ Weight_____ Blood Pressure_____

	Normal	Abnormal	Not Examined	Explain Abnormalities
Skin	_____	_____	_____	_____
Eyes, Vision, Glasses	_____	_____	_____	_____
Nose & Throat	_____	_____	_____	_____
Mouth, Teeth, Speech	_____	_____	_____	_____
Glands	_____	_____	_____	_____
Chest & Lungs	_____	_____	_____	_____
Cardiovascular, Heart	_____	_____	_____	_____
Abdomen: Enlargement	_____	_____	_____	_____
Tenderness	_____	_____	_____	_____
Hernia	_____	_____	_____	_____
Spine, Back	_____	_____	_____	_____
Extremities	_____	_____	_____	_____
Genitourinary	_____	_____	_____	_____
Nervous System, Reflexes	_____	_____	_____	_____
Nutritional Status and General Appearance	_____	_____	_____	_____

REQUEST FOR TRANSFER OF STUDENT RECORDS

I hereby authorize: _____

Name of School Last Attended

_____

Street

_____

City, State & Zip Code

_____

Phone Number Fax Number

To release ALL records and information concerning:

_____

Student Name

Authorized by: _____

Printed Name

_____

Signature

Relationship To Student (Check one) ☐ Parent ☐ Guardian

_____

Date

Sligo Adventist School
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Takoma Park, MD 20912
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rich.larry@gmail.com