

BEREA S.D.A. ACADEMY



APPLICATION FOR ADMISSIONS *Kindergarten*

The Admissions process begins: March 1st

Application deadline: June 30th



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 – Kindergarten

Please have a school official initial each item from number 1-9.

1. _____ Complete entrance exam.
2. _____ Parent complete application packet.
3. _____ Sign Transcript Release Form
4. _____ Return application with Medical Records, Recommendations, Birth Certificate, Recent Photograph of Applicant, and the Processing Fee of \$50.
5. _____ Received acceptance letter.
6. _____ Sign and return handbook agreement.
7. _____ Meet with Principal.
8. _____ Pay registration and tuition.
9. _____ 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.



BEREA S.D.A. ACADEMY

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

APPLICATION FOR PLACEMENT TEST

All applicants must meet with the Principal before acceptance. A placement test is administered by a school personnel prior to admission.

DIRECTIONS: Complete this form before requesting a placement test.

STUDENT'S NAME _____ AGE: _____ SEX _____
last first middle

HOME ADDRESS: _____
ZIP CODE _____

BIRTH DATE: _____ SOCIAL SECURITY # _____
month day year

CURRENT GRADE: _____ GRADE APPLYING FOR _____

SCHOOL ATTENDED: _____

ADDRESS OF SCHOOL: _____ ZIP CODE: _____

TELEPHONE: _____ EMAIL ADDRESS _____

FAMILY INFORMATION

FATHER'S NAME: _____ MOTHER'S NAME: _____

ADDRESS: _____ ADDRESS: _____

zip code zip code

TEL. NO. _____ TEL. NO. _____

TO BE COMPLETED BY SCHOOL OFFICIAL ONLY

TEST DATE _____ TIME _____ A.M. / P.M.

TEST LEVEL _____ SCORE _____

COMMENTS _____

APPROVED FOR ACCEPTANCE YES NO DEFERRED _____

If NO -is the student recommended for PRE-SCHOOL PRE-KINDERGARTEN

APPROVED BY PRINCIPAL _____ DATE _____

Return Application for Placement Test form to: admin_assistant@bereasdaacademy.org or Please mail to:
Berea SDA Academy, Office of Admissions: 800 Morton Street, Mattapan, MA 02126 or fax to 617-436-8304



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APPLICATION FOR ADMISSION

Please
tape/staple
recent photo
here.

Berea Seventh-day Adventist Academy
Office of Admissions
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STUDENT INFORMATION (please print clearly)

Legal Last Name	Legal First Name	Middle Name		
Grade Entering	Date of Application			
U.S. Social Security Number	Date of Birth (mm/dd/yyyy)	Place of Birth (City/State)	Country of Citizenship	
Student's Street Address	City	State	Zip Code	
Religious Affiliation	Baptized:	Yes	No	If yes, year of baptism
Church Name	Conference (if applicable)			

CUSTODIAL PARENT/GUARDIAN INFORMATION

Check one: ☐ Mother ☐ Father ☐ Guardian Send: ☐ Grades ☐ Financial Statement

Last Name	First Name	U.S. Social Security Number	
Physical Address / Mailing Address	City	State	Zip Code
Home Phone	Work Phone	Fax Number	
Cell Phone Number	E-mail Address		
Employer	Occupation		
Religious Affiliation	Church	Conference (if applicable)	

CUSTODIAL PARENT/GUARDIAN INFORMATION - CONTINUED

Check one: Mother Father Guardian Send: Grades Financial Statement

Last Name First Name U.S. Social Security Number

Physical Address / Mailing Address City State Zip Code

Home Phone Work Phone Fax Number

Cell Phone Number E-mail Address

Employer Occupation

Religious Affiliation Church Conference (if applicable)

Please list the name(s) of the student's siblings:

(1) _____ (4) _____

(2) _____ (5) _____

(3) _____ (6) _____

Has the student received psychological treatment or evaluation? Yes No

If yes, please explain. Give age at the time of evaluation.

SINCE 1928

How did you learn about Berea S.D.A. Academy? _____



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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 _____



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TRANSCRIPT RELEASE FORM

I hereby authorize the release of an official transcript and all other records to the Berea Seventh-day Adventist Academy where I have registered my child.

Signature of Parent/Guardian

Date

STUDENT'S INFORMATION (please print clearly)

Student's Name: _____

Date of Birth: _____ Telephone: _____

School Name: _____

School Address: _____

School Telephone Number: _____

Mother's Name: _____

Father's Name: _____

**Please send all pertinent records to: Berea Seventh-day Adventist Academy
Office of Admissions
800 Morton Street
Mattapan, MA 02126**

**Or email to
admin_assistant@bereasdaacademy.org**



RECOMMENDATION

STUDENT'S NAME _____ **DATE** _____

Teacher Recommendation Form For Kindergarten

Please complete this form, keep a photocopy for your records and send the original to the address given above. Your comments will be held in confidence. Thank you very much for your assistance.

1. How do you rate this applicant as a citizen?

Outstanding Very Good Average Fair Weak

2. Behavior in Small Group Situations

Co-operative and considerate Usually recognizes rights of others Shows concern for others

3. Behavior in large Group Situations

Participate with confidence Usually follow others Is hesitant about joining group

4. Response to Rules

Adjusts quickly and easily Accepts new situations with reasonable ease Becomes upset

5. Speaking Situations

Expresses ideas well Is growing in use of sentences and vocabulary Seldom takes part in conversation

6. Listening Situations

Listens attentively Listens when encouraged Is easily distracted

7. Work Habits

Works independently Needs help with following through

8. Growth in Independence

Developing responsibility Needs help and assurance

9. Fine Motor Skills

Handles materials easily Is learning to handle materials Is having difficulty

10. Following Directions

Follows directions easily Is learning to follow directions Needs considerable help

11. Response During Quiet Periods

Appears comfortable and relaxed Shows increased ability to relax Is restless

12. Outdoor Play

Participates readily with others Is gaining confidence in joining group play Prefers to play alone

13. Large Motor Skills

Shows sufficient strength and agility Has difficulty in certain areas

Teacher's Name: _____ Name of School : _____ 9



BEREA S.D.A. ACADEMY HEALTH PROGRAM

BOSTON PUBLIC HEALTH COMMISSION REQUIREMENTS

HEALTH REQUIREMENTS FOR ALL NEW AND RETURNING STUDENTS
ENTERING GRADES: PRE-SCHOOL/PRE-KINDERGARTEN/KINDERGARTEN

IMMUNIZATIONS

	DOSES
DTaP/DTP	5
IPV/OPV	4
MMR	2
HIB: Haemophilus Influenzae	3
HEPATITIS B	3
CHICKEN POX VACCINE	2
OR DISEASE (Note required from doctor if had disease)	

OTHER MEDICAL INFORMATION REQUIRED FOR NEW STUDENTS ONLY

- **PHYSICAL EXAM DONE WITHIN ONE YEAR OF STARTING SCHOOL**
- **VISION EXAM WITH STEREOPSIS FOR GRADES 1-3**
- **TB RISK ASSESSMENT**
- **HEALTH HISTORY**



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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	Yes
Has this student received a hearing test?	<input type="checkbox"/>	No	Yes
Is this student receiving treatment for a hearing impairment?	<input type="checkbox"/>	No	Yes
Does this student have a vision impairment?	<input type="checkbox"/>	No	Yes
Has this student received a vision test?	<input type="checkbox"/>	No	Yes
Does this student wear glasses?	<input type="checkbox"/>	No	Yes
Does this student require preferential seating due to vision/hearing impairment?	<input type="checkbox"/>	No	Yes
Does this student have a speech impediment?	<input type="checkbox"/>	No	Yes
Is this student receiving speech therapy?	<input type="checkbox"/>	No	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) Same as the boys' tie
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 code policy in its entirety and forthright 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.