# BELLA VISTA
## ADVENTIST ACADEMY

# RE-ADMISSION APPLICATION

back to school

INSTRUCTIONS: Complete this application with an ink pen. Give all the information requested with accuracy. This application should be complete with the applicant and the parents or legal guardians.

www.bvaapr.org



Decision:

☐ Accepted
☐ Rejected
☐ Probation

PRINCIPAL'S SIGNATURE

# BELLA VISTA ADVENTIST ACADEMY

Elementary Level _____
High School Level _____

School Year _____

# RE-ADMISSION

Attach a 2 x 2 Picture

**INSTRUCTIONS:** This application should be accompanied by the total amount of registration and fees. If the student withdraws from BVAA within the first month of class, the school retains 50% of the total amount paid. After the first month, registration and fees will not be refunded. A position may not be guaranteed for student's whose application forms are submitted after the given re-admission date. Seventh Day Adventist student should bring a current certificate of membership. In order to be re-admitted, all financial accounts should be up to date. The Admissions Committee will decide all re-admission applications for students with less than 70 merits.

Application Date _____ / _____ / _____
MONTH DAY YEAR

Applying for Grade _____

Sex: ☐M ☐F Age: _____

Social Security Number ☐

## STUDENT'S PERSONAL DATA

FIRST LAST NAME | SECOND LAST NAME | FIRST NAME | SECOND NAME

RESIDENTIAL ADDRESS | CITY | STATE | ZIP CODE

MAILING ADDRESS | CITY | STATE | ZIP CODE

Citizenship: _____ Date of Birth _____ / _____ / _____ Religion: _____
MONTH DAY YEAR

Current Church: _____ Baptized: ☐ Yes ☐ No Who does the student reside with primarily? _____

## FAMILY DATA

Parent Name: _____
Residential Address: _____
Telephone: _____ Occupation: _____
Work Address: _____
Work Phone: _____ Religion: _____

Parent Name: _____
Residential Address: _____
Telephone: _____ Occupation: _____
Work Address: _____
Work Phone: _____ Religion: _____

## LEGAL AGREEMENT OF STUDENT AND PARENTAL GUARDIAN

The student and parental guardian will receive a copy of the **STUDENT MANUAL**. Both the student and their parental guardian commit to strictly observe and follow each rule herein stated. Both the student and their parental guardian certify that we understand that any violation to the **STUDENT MANUAL** by the student may produce a sanction, suspension, or expulsion.

- We agree to pay the designated fees on time. Students with overdue accounts will be suspended from class.
- I fully understand that grades, transcripts, and diplomas will be given only if the account is paid in full.
- I will give a 30-day notice if I intend to withdraw my child.
- In the case my child have an accident during school, I will be notified. In the case of an emergency where I cannot be located by the school, I hereby give permission to provide any immediate medical assistance needed by my child.
- I will attend the BVAA's parent meetings and will support as needed the activities hosted by the school.

We have read the statements above listed and agree to comply with the conditions established. We are in complete harmony with the norms with the institution, as stipulated in the Student Manual and as announced by the Principal during the school year. By signing this document we commit to following the rules and regulations established by BVAA.

_____ PARENTAL GUARDIAN SIGNATURE

_____ STUDENT SIGNATURE

Date: _____ / _____ / _____
MONTH DAY YEAR

# BELLA VISTA ADVENTIST ACADEMY

"Educating Mind, Body, and Character"

## STUDENT EMERGENCY INFORMATION

STUDENT NAME | GRADE | SOCIAL SECURITY NUMBER

MAILING ADDRESS

PARENT NAME | WORK PHONE | CELPHONE

PARENT NAME | WORK PHONE | CELPHONE

IN CASE OF EMERGENCY AND PARENTS CANNOT BE REACHED, LIST RELATIVE OR PERSON TO CALL:

NAME | RELATION TO STUDENT | PHONE

STUDENT PRIMARY PHYSICIAN | PHONE

PRIOR ILLNESS OR SURGERY:

ILNESS | MONTH/YEAR

SURGERY | MONTH/YEAR

CURRENT MEDICAL TREATMENTS

CURRENT MEDICATIONS | PHYSICAL IMPAIRMENTS

ALLERGIES (PLEASE SPECIFY)

OTHER MEDICAL CONDITIONS

# BELLA VISTA ADVENTIST ACADEMY

"Educating Mind, Body, and Character"

## POLICIES FOR ACCESSING INTERNET AND COMPUTERS ON CAMPUS

Internet use policies:

1. Internet service on campus is subject to the SDA Church philosophy.
2. You should inform your teachers specifically what you will be searching for and you only search for those queries.
3. You will record your log in and log out hours.
4. Computer and Internet use on campus is strictly education. Under no circumstances will you use such for personal matters or to access your personal email account.
5. Your teachers will determine how long you will be allowed to use the internet and/or computer and whether this should exceed 3 minutes.
6. Using any online chat system is prohibited.
7. It is strictly prohibited to change or add any program, password, wallpaper, screensaver or other settings to the computer or damage any of the hardware components including the keyboard, mouse, and speakers.

**NOTA**: Any violation of the above states policies, which may include access to nudity, pornography, terrorist content, music, or subversive materials, will result in a meeting with your parents or legal guardians and immediate replacement of the damaged equipment. You will also be subject to review by the Academy's Disciplinary Committee where you may be recommended for withdrawal from BVAA.

**Bella Vista Adventist Academy** reserves the right to contact local, state, or federal authorities in the case of any laws being broken through the use of technology on campus.

This form must be signed by both the parent and the student.

_____ _____

PARENT SIGNATURE PARENT SIGNATURE

_____ _____

STUDENT SIGNATURE DATE

# BELLA VISTA ADVENTIST ACADEMY

"Educating Mind, Body, and Character"

## PHOTO/RECORDING MEDIA RELEASE FOR MINORS

I _____ parent or legal guardian of, _____, hereby grant and authorize Bella Vista Adventist Academy, the right to record and/or take the voice, image, skills, acting, talents, and actions of the aforementioned minor, and to use, edit, alter, exhibit, publish, reproduce and/or distribute such recordings, videos and/or pictures for the different activities held during or after the current academic year. Additionally, I accept and authorize the reproduction and distribution of said materials through any existing media, including promotional and/or social media, or any latter discovered media in accordance with the laws of the Commonwealth of Puerto Rico.

I understand and agree that the participation of the minor in these recordings is completely voluntary, and that he or she will not receive any fee, royalty, or monetary compensation for such use, from Bella Vista Adventist Academy, its employees, or any other related or non-related entity. I waive my right to inspect and/or approve any finished product in which the minor's likeness appears, including written or electronic copy. Additionally, I waive and release said entities from any claim, demand, and/or any type of legal action, including but not limited to, privacy rights, infringement of rights of publicity, defamation, civil rights, and any other personal and/or property rights, related to the use of such images and/or sound recordings of the aforementioned minor.

I hereby accept, certify, and declare that I am of legal age, parent, and/or legal guardian of the afore mentioned minor, and that I have read and fully understand the significance and legal effects of this document.

Student's Name: _____ Grade: _____

Name: _____ Telephone: _____
(PARENT OR LEGAL GUARDIAN IN TYPED LETTERS)

Signature: _____ Date: _____

Email: _____

# BELLA VISTA ADVENTIST ACADEMY

"Educating Mind, Body, and Character"

## PEOPLE AUTHORIZED TO PICKUP STUDENT FROM BELLA VISTA ADVENTIST ACADEMY (BVAA)

The following people are authorized to pickup my child from BVAA. I have included their name and pictures.
I will orient these people to present a picture ID when requested by the school's office. I understand that should my child need to picked up by a person not on this list, they will not be authorized to remove the student from school premises.

Should any changes to this list occur, I will inform BVAA administration.

STUDENT NAME: _____ GRADE: _____

_____ _____

PARENT OR LEGAL GUARDIAN SIGNATURE DATE

| | | | |
|---|---|---|---|
| **ATTACH PICTURE HERE** | **ATTACH PICTURE HERE** | **ATTACH PICTURE HERE** | **ATTACH PICTURE HERE** |
| **PARENT:**<br>NAME: _____ | **PARENT:**<br>NAME: _____ | **GRANDPARENT:**<br>NAME: _____ | **GRANDPARENT:**<br>NAME: _____ |
| **ATTACH PICTURE HERE** | **ATTACH PICTURE HERE** | **ATTACH PICTURE HERE** | **ATTACH PICTURE HERE** |
| **GRANDPARENT:**<br>NAME: _____ | **GRANDPARENT:**<br>NAME: _____ | **RELATIONSHIP:**_____<br>NAME: _____ | **RELATIONSHIP:**_____<br>NAME: _____ |
| **ATTACH PICTURE HERE** | **ATTACH PICTURE HERE** | **ATTACH PICTURE HERE** | **ATTACH PICTURE HERE** |
| **RELATIONSHIP:**_____<br>NAME: _____ | **RELATIONSHIP:**_____<br>NAME: _____ | **RELATIONSHIP:**_____<br>NAME: _____ | **RELATIONSHIP:**_____<br>NAME: _____ |

# BELLA VISTA ADVENTIST ACADEMY

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## SOCIOECONOMIC STATUS STUDY 2020-2021

### INFORMATION BY STUDENT

Dear parent or guardians:

In order for our school to participate in Title VII, the Department of Education, in line with Elementary and High School Law of 1965, is conducting survey among our student population. In the 2020-2021 survey, it is required to provide information relating to each student's socioeconomic status among other details.

The information will be compiled for exclusive use of the Department of Education, such that they can determine the corresponding resource allocation for BVAA. We believe having these federal programs on our campus strengthens our educational services and the student experience. We encourage you to complete the information requested below for each student in your household enrolled at BVAA.

This document should be returned completed to each student's homeroom teacher by _____.

REQUIRED INFORMATION

Student Name: _____ Age: _____ Grade: _____

Sex: _____ Female _____ Male

1. How many people live in the same household as the student (including the student)? _____

2. Mark **X** on the income bracket corresponding with the combined anual income of the people residing in the same household of the students:

_____ $0 - $12,760

_____ $12,761 - $17,240

_____ $17,241 - $21,720

_____ $21,721 - $26,200

_____ $26,201 - $30,680

_____ $30,681 - $35,160

_____ $35,161 - $39,640

_____ $39,641 - $44,120

_____ $44,121 - más

Optional: _____ _____ _____

PARENT OR LEGAL GUARDIAN NAME SIGNATURE DATE

# BELLA VISTA ADVENTIST ACADEMY

**"Educating Mind, Body, and Character"**

## DATE UPDATE

In line with the new technologys, Bella Vista Adventist Academy is updating all student records:

Please update the following information:

Parent Email: _____

Parent Mobile Phone: _____

Parent Email: _____

Parent Mobile Phone: _____

Email address of person in charge of receiving or sending student related information if not the parents:

Name: _____

Email: _____

Mobile Phone: _____

Relationship to Student: _____

Mailing Address:

_____

_____

_____

****This information will remain strictly confidential between the parents and BVAA Administration.**

EDUCATION OFFICE

PUERTO RICO ADVENTIST ACADEMIES SYSTEM

Bella Vista Adventist Academy
Mayagüez, PR

**CONTRACT**

Comparecen _____ parent in charge of _____, student of **Bella Vista Adventist Academy**.

Hereby we accept and commit to following the rules and regulations established by the General Student Handbook of the Education Office of the Seventh Day Adventist Church in Puerto Rico.

Signed in _____, Puerto Rico on _____.

| _____ | _____ | _____ |
|---|---|---|
| PARENT OR LEGAL GUARDIAN SIGNATURE | PRINCIPAL SIGNATURE | STUDENT SIGNATURE |