

Lake Nelson Adventist Academy



Adventist Education

A JOURNEY TO EXCELLENCE

"Empowering Students through Christian Education"

555 South Randolphville Road
Piscataway, NJ 08854
(732) 981-0626
Fax: (732) 981-0770
Elisa Maragoto, Principal



Adventist Education

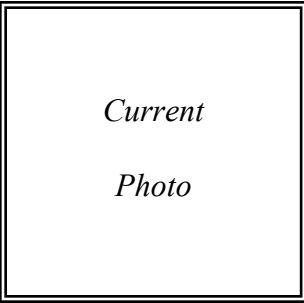
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STUDENT ID # _____



STUDENT ADMISSION APPLICATION

Student's First Name:	Middle Name:	Last Name:
Address:	City/State/Zip:	Home Phone:
Date of Birth:	Gender: ()Female () Male	Grade Entering:
Place of Birth (City/State/Country)	Is Student a Baptized Member of the SDA church? ()Yes () No Date: _____ Church: _____	
SS#:	Country of Citizenship:	Enrollment Date:

FAMILY INFORMATION

Marital Status of Natural Parents: Single Married Separated Divorced Widowed

MOTHER/GUARDIAN	FATHER/GUARDIAN
Name:	Name:
Home Address:	Home Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Day Time Phone# :	Day Time Phone # :
E-mail:	E-mail :
Occupation:	Occupation:
Work Phone:	Work Phone:
Church Membership:	Church Membership:

EMERGENCY/AUTHORIZED PICK UP CONTACT INFORMATION

Name	Relationship	Home Phone#	Cell#	Work Phone #

I hereby submit this application for admission of my child to Lake Nelson Adventist Academy and I will support school regulations and to help my child observe them.
(Please see LNAA Handbook) I understand my child is not enrolled or guaranteed placement, until accepted by the admissions committee.

Parent/Guardian Signature

Date

Consent to Treatment Form

We, the undersigned parents or guardian of _____
Name of Student or Member

A minor, 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 said physician listed below or any physician the school or Organization may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. It is understood that reasonable effort will be made to contact the Doctor listed below before any other physician is called by the school or other organization.

It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize Lake Nelson Adventist Academy,
Name of organization into whose Custody Minor is entrusted

or the physician to exercise their best judgment as to the requirements of such diagnosis or treatment. This consent shall remain in continuous effect until revoked in writing and delivered to the Physician named above or to the school or organization entrusted with the custody said minor.

The above named Student

is

is not

covered by Health Insurance _____

Policy # _____

Physician Name _____ **☎: Phone No.** _____

Special Medical Needs (Allergies, Medicines, etc) _____

Hospital preferred for Treatment: _____

DATE

FATHER: _____ - _____

MOTHER: _____

LEGAL GUARDIAN: _____



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Payment Responsibility Agreement 2017-2018

To be completed by the party accepting Financial Responsibility:

Student's Name: _____

Parent / Legal Guardian: _____

Current Address: _____

Home Phone: _____ Work Phone: _____

Fax: _____ Cell Phone: _____

SS# of Parent/Guardian: ____ -- ____ -- ____

I understand and agree to accept full financial responsibility for:

- The full and timely payment of tuition, to be collected in ten monthly installments.
- All associated charges incurred by my child while in attendance (i.e. registration fee, late fees and aftercare participation).
- Maintaining an account balance that will remain current with my billing statement. In the event that my child's account should become delinquent, consisting of open invoices items which exceed 45 days, I understand that my child will receive a financial suspension until the account balance is resolved.
- Obtaining outside financial assistance (i.e. church/agency/family assistance). I will be held responsible for all unpaid obligations, including late fees incurred due to delinquent payment from these sources.

Parent / Legal Guardian

Date



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Church Membership Declaration Form

This is to certify that the Parent/student named below are members:

Student's Name: _____

Parent / Legal Guardian: _____

Current Address: _____

Home Phone: _____ Cell Phone: _____

Signature of Pastor/Church Clerk/ and or Head Elder

Church of Membership: _____

Print Name: _____

Signature: _____

Please print and bring completed form to the front office or email form to the following address

mailto: mdrayton@lakenelsonsdaschool.org