



# New Student Application for Admission

2024-2025



# Duluth Adventist Christian School

## CONDITIONS AND TERMS OF AGREEMENT

1. Admission to Duluth Adventist Christian School is based on a student's ability to succeed academically and to contribute to our school. In making an application to Duluth Adventist Christian School, parents/guardians should understand that the decision of the Admission Committee is made with the best interests of the student as the primary concern.
2. This application will not be considered until (a) this application has been filled out in full, (b) complete school records have been received, (c) reference forms have been received, (d) the student has taken a placement test, and (e) the student and his/her family has had a personal interview with the Principal.
3. Duluth Adventist Christian School's acceptance of a student for the next school year is contingent upon successful completion of the student's current grade.
4. All students must receive an acceptance notice before being considered officially enrolled.
5. Parents/Guardians are responsible for any additional charges/fees such as Before/After School Care and Hot Lunch.
6. A vital part of Duluth Adventist Christian School's mission is the development of character and social responsibility; therefore each student's conduct, both at school and in the community, concerns the school. Conduct or attitudes which the faculty and administration consider seriously detrimental to other students or to the school may be considered grounds for dismissal.
7. A student's success and happiness in the school environment depends greatly upon positive parental/guardian support of school policies. Our teachers, administrators, and programs all work together to provide a safe and pleasant environment. Your cooperation, support, and involvement in Christian education is an investment in your child's future.

To the best of our knowledge, the information contained in this application is true and accurate. If any of this information is found to be false or misleading, the student is subject to dismissal. We have received and read through the Duluth Adventist Christian School Handbook and will support Duluth Adventist Christian School in all areas of school life

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

*Duluth Adventist Christian School welcomes applications, regardless of race, color, or national origin, from young people who are willing to uphold the values and traditions of the Seventh-day Adventist Church. Membership in the Seventh-day Adventist church is not required. Duluth Adventist Christian School supports inclusion in the classroom, but presently is not equipped, nor does it have the resources to meet the needs of special students who have physical, scholastic, psychological, or social limitations.*

**Duluth Adventist Christian School**  
**APPLICATION FOR ADMISSION**  
2024 - 2025

**STUDENT INFORMATION - Please Print**

Name of Student \_\_\_\_\_  
Last First Middle Name used

Home Address \_\_\_\_\_  
Street City State Zip

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Applying for grade \_\_\_\_\_

Is the Student a Baptized SDA Member? Yes / No If Yes, what church? \_\_\_\_\_ Date Baptized? \_\_\_\_\_

Is the Student a U.S. Citizen? Yes / No  I-20 If Not, Please Indicate Country of Origin \_\_\_\_\_

Does the Student speak English? - Beginning \_\_\_\_\_ Intermediate \_\_\_\_\_ Fluent \_\_\_\_\_

How did you hear about our school? \_\_\_\_\_

**FAMILY DATA**

**Mother / Legal Guardian**

Full name \_\_\_\_\_ Home phone \_\_\_\_\_

Home address \_\_\_\_\_ Cell phone \_\_\_\_\_

Profession \_\_\_\_\_ Business phone \_\_\_\_\_

Name of business \_\_\_\_\_ E-mail Address \_\_\_\_\_

Baptized Member of an SDA Church? Yes / No \_\_\_\_\_ If Yes, what church? \_\_\_\_\_

Primary Language Spoken \_\_\_\_\_ Country of Origin \_\_\_\_\_

**Father / Legal Guardian**

Full name \_\_\_\_\_ Home phone \_\_\_\_\_

Home address \_\_\_\_\_ Cell phone \_\_\_\_\_

Profession \_\_\_\_\_ Business phone \_\_\_\_\_

Name of business \_\_\_\_\_ E-mail Address \_\_\_\_\_

Baptized Member of an SDA Church? Yes / No \_\_\_\_\_ If Yes, what church? \_\_\_\_\_

Primary Language Spoken \_\_\_\_\_ Country of Origin \_\_\_\_\_

**Brothers and sisters** Name Date of Birth School Grade

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

**Additional People Authorized to pick up student from school – Emergency Contact**

Name \_\_\_\_\_ Contact Number \_\_\_\_\_

Name \_\_\_\_\_ Contact Number \_\_\_\_\_

Name \_\_\_\_\_ Contact Number \_\_\_\_\_



**Duluth Adventist Christian School**  
**CONSENT FOR MEDICAL TREATMENT & FIELD TRIP PERMISSION**

Parent/Guardian \_\_\_\_\_ Daytime phone no. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student's physician \_\_\_\_\_ Phone \_\_\_\_\_

Health insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Is this student currently taking any medications? No \_\_\_ Yes \_\_\_ Explain \_\_\_\_\_

Does this student have any allergies? No \_\_\_ Yes \_\_\_ Explain \_\_\_\_\_

In the event that the student, \_\_\_\_\_, becomes ill or is injured while under school supervision, I approve the school authorities taking the following steps in the following order:

1. Contact a parent or legal guardian of the student and follow his or her instructions.
2. In the event of an emergency, when neither parent nor legal guardian can be reached immediately, the school authorities are hereby authorized to use their best judgment in contacting a properly licensed physician, or in transporting the student to the nearest hospital for consultation and/or treatment. It is understood that reasonable effort will be made to contact the doctor listed above before any other physician is called by the school or other organization. Transportation is to be done either by school-provided transportation, or if school officials deem it wise, by ambulance.

If, in the opinion of a properly licensed and practicing physician, the student needs medical or surgical services which require my consent before being supplied, and I cannot be reached, I hereby authorize, appoint, or empower the Principal or his designated representative, to furnish on my behalf such written or oral authorization as may be so required.

Furthermore, I release the Principal, or his designated representative, and Duluth Adventist Christian School from any liability which might arise from the giving of such authorization, it being my desire that the student be furnished with such medical or surgical services as soon as possible after the need arises.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**FIELD TRIP PERMISSION**

This permission slip will allow the child to participate in all school sponsored field trips. Additional information will be provided prior to each field trip regarding location, cost and any other pertinent facts. **Parents/Guardians who do not wish their student to participate in a particular trip may notify the teacher in writing or by phone.**

I give permission for \_\_\_\_\_ to go on field trips sponsored by Duluth Adventist Christian School during the 2024 - 2025 school year.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



**SEVENTH-DAY ADVENTIST CHURCH**  
**Georgia-Cumberland Conference**

**IMAGE RELEASE FORM**

For value received, I hereby consent and authorize the Georgia-Cumberland Conference of Seventh-day Adventists ("Georgia-Cumberland Conference"), or its assigns, to use my name and/or the names of my family members who are minors, as listed below, as well as my likeness, photos, videos and other information (or that of family members who are minors) for the purpose of news releases, advertising, publicity, publication or distribution in any manner whatsoever. I further consent to such use in their present form and to any changes, alterations, or additions thereto. I hereby release the Georgia-Cumberland Conference of Seventh-day Adventists from all liability in connection with all such uses.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Please **print** parent name)

\_\_\_\_\_  
(Please **sign** parent name)

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Witness:  
(person handing out form can sign)

Additional Minor Family Members to Whom  
this Release Applies:

\_\_\_\_\_  
(Please **print** name)

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

\_\_\_\_\_  
(Please **sign** name)

\_\_\_\_\_

Georgia-Cumberland Conference of Seventh-day Adventists  
P.O. Box 12000 • Calhoun, GA 30703. Phone: 800-567-1844  
Email: info@gccsda.com. • Website: www.gccsda.com

# **Duluth Adventist Christian School**

## **TECHNOLOGY & ACCEPTABLE USE POLICY**

Duluth Adventist Christian School (DACS) makes technology resources available to students to enhance their educational work at school. While the range of computer and other technologies allow access to vast resources of information, it also places enormous responsibility on each student to use these systems in a considerate, ethical, and lawful manner. The use of these technologies are a privilege, not a right, and subject to terms and conditions.

Any user must adhere to the same code of ethics that governs all other aspects of life within the DACS community. Actions performed or initiated through the use of technology must reflect honesty, integrity, and compliance with the rules of conduct set forth in the DACS Handbook.

### **TERMS & CONDITIONS FOR TECHNOLOGY USE:**

- 1) Technology use must be for educational purposes only, in accordance with the principles of Adventist education. Personal use is permitted only with special permission. For example, students should not use the Internet for e-mailing or entering chat rooms unless it is part of an academic activity being used and monitored by an instructor.
- 2) The use of technology at DACS is a privilege, not a right. Inappropriate use will result in loss of the privilege.
- 3) Be polite. In all communication, use language appropriate for a positive school environment.
- 4) Users are responsible for reporting problems, abuses, or misuses of technology resources to a faculty member in a timely manner.

### **ACCEPTABLE INTERNET USE POLICY:**

- 1) Do not share anyone's personal information, such as home address or phone number.
- 2) Do not tamper with system security or interfere with another individual's account.
- 3) Do not disrupt network use for others. This includes sending chain letters or any other type of communication that might cause a congestion of the Internet.
- 4) Vandalism of any sort will result in loss of privileges. This includes, but is not limited to, uploading, downloading, or creating a virus.
- 5) All communications and information accessible via the network should be assumed to be private property. Copyrighted materials may not be used without the permission of the author. Do not plagiarize; when using ideas or words that are not your own, cite the source of the information appropriately.

**Warning:** When using the system, you may feel you can easily break a rule and not get caught. This is not true. Electronic footprints are imprinted on the system whenever an action is performed. Therefore, you are likely to be caught if you break the rules.

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**GENERAL INFORMATION REGARDING COMPUTER USE:**

- 1) The Internet is considered a limited forum, and therefore the school may restrict students' right to free speech for valid educational reasons.
- 2) Privacy is not guaranteed for the contents of personal files on the school computers or Internet system. Routine maintenance and monitoring of the system may lead to discovery that this policy, the school code, or the law has been violated. An individual search will be conducted if there is reasonable suspicion that such a violation has occurred. The investigation will be reasonable and related to the suspected violation. Furthermore, teachers and parents have the right at any time to see the contents of a student's computer-related files.
- 3) DACS will cooperate fully with local, state, or federal officials in any investigation related to illegal activities conducted through the system. In the event of a claim that a student has violated this policy, the school code, or the law in the use of the system, the student will be given written notice of suspected violations and an opportunity to present an explanation according to school code and/or state and federal law. Additional restrictions may be placed on computer and/or Internet use.
- 4) DACS makes no guarantee that the functions or the services provided by or through the system will be error-free or without defect. The school will not be responsible for any damage suffered including, but not limited to, loss of data or interruptions of service. The school is not responsible for the accuracy or quality of the information attained through or stored on the system. The school will not be responsible for financial obligations arising from unauthorized use of the system.

**AGREEMENTS:**

Failure to abide by this policy may result in the suspension or loss of computer privileges, school disciplinary action, and/or appropriate legal action.

I have read the DACS policy on technology usage and support the policy outlined. I understand the consequences of not upholding this policy and take full responsibility for the student's actions.

**Student Agreement:**

I have read the above policies and fully understand and agree to follow the principles and guidelines it contains.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian Agreement:**

I have read the above policies and fully understand them. I understand that employees of the school will make every reasonable effort to restrict access to all controversial material on the Internet, but I will not hold them responsible for materials the student acquires or sees as a result of the use of the Internet from school facilities. I give my permission to Duluth Adventist Christian School to allow the student above to use the Internet on computers at the school.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Duluth Adventist Christian School**  
**CONSENT TO RELEASE INFORMATION**

**TO THE PARENT**

Please print or type the authorization below and return this form to the school office with the completed application.

Name of student \_\_\_\_\_ Applying for grade \_\_\_\_\_

Previous school \_\_\_\_\_ Previous school's phone number \_\_\_\_\_

Previous school address \_\_\_\_\_  
Street City State Zip

In accordance with the federal regulations regarding the privacy rights of parents and students under the Family Educational and Privacy Act of 1974, the undersigned hereby consents to the release to Duluth Adventist Christian School of all the educational records (including statement of disciplinary action or disciplinary records) and other information as may be requested about the above-named individual.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**TO THE PRINCIPAL OR REGISTRAR**

This student is applying for admission to Duluth Adventist Christian School. We would appreciate your promptly sending the following documents:

- Transcript and latest grades
- Standardized test results
- Any special testing results or placement in special programs (i.e. WIDA, IEP)
- Certificate of immunization (Form 3231)
- Certificate of Vision, Hearing, Dental, and Nutrition Screening (Form 3300)
- Birth Certificate or other Government Issued ID (i.e. I-94, passport, etc.)
- All disciplinary records or official statement of disciplinary action

Please Send All Information To:

**Admissions**  
**Duluth Adventist Christian School**  
**2959 Duluth Highway 120**  
**Duluth, GA 30096**  
**Office (770) 497-8607**  
**Fax (770) 476-2133**