



Instructions for pdf application download

1. Download the pdf application by clicking on the link on admissions page
2. Fill out the pdf application by clicking in the boxes to type your information
3. Print filled out application
4. Sign areas that require signatures
5. Scan signed pages back to your computer
6. Take the scanned file and attach it to an email addressed to deltona@flcoe.org



ENROLLMENT APPLICATION FORM

Student Information

Child's Full Name: _____
Home Address _____
City _____ State _____ Zip Code _____
Age _____ Grade Entering _____ Birth Date _____ Birthplace _____
Gender: ___M ___F SS# _____ Church Affiliation _____

Parent / Legal Guardian Information

MOTHER/GUARDIAN

Full Name _____ Married Divorced Single Separated Widowed
Address _____
City _____ State _____ Zip Code _____
Cell Phone _____ Email Address _____
SS# _____ Are you the legal guardian? Yes No
US Citizen Yes No Date of Birth _____ Place of Birth _____
Seventh-day Adventist Yes No Church Membership _____
Occupation _____ Name of Employer _____

FATHER/GUARDIAN

Full Name _____ Married Divorced Single Separated Widowed
Address _____
City _____ State _____ Zip Code _____
Cell Phone _____ Email Address _____
SS# _____ Are you the legal guardian? Yes No
US Citizen Yes No Date of Birth _____ Place of Birth _____
Seventh-day Adventist Yes No Church Membership _____
Occupation _____ Name of Employer _____

New Students – Please Complete This Section

Previous School _____ Prev. School Ph: _____ Fax: _____
Address of Previous School _____
Withdrawal Date: _____ Withdrawal Reason: _____

PARENT/STUDENT AGREEMENT FORM

PARENT/GUARDIAN AGREEMENT

Because it is my desire to make Christian education effective in the life of my child/children, I pledge to support DAS in all areas—spiritual, academic, social, and physical.

- I will pray earnestly for the school program and personnel.
- I will cooperate fully in the educational functions of DAS.
- I will pay all of my financial obligations to the school on or before the due date. If I am ever unable to pay on time, I will notify the treasurer in advance and: a. Give a reasonable explanation for the delay b. State when the payment can be made.
- I will support DAS as the Lord enables by gifts (volunteer time, equipment, supplies, funding) in addition to my tuition payments and fees.
- I will attend meetings and DAS parent functions on a regular basis.
- I will recommend DAS to other Christian families as the opportunity arises.
- I will commit myself to sharing only good reports about the school. When I have concerns, I will seek to resolve the matter with the person or persons involved rather than discussing it with others or holding a negative attitude in my heart. I will thus uphold the Matthew 18:15-17 principle.
- I have read the DAS handbook and understand the guidelines stated there. I accept my responsibility as a parent/guardian to maintain a Christian atmosphere in the school.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Student Agreement for Grades K - 8th

Because it is my desire to receive a Christian education at Deltona Adventist School, I want to support my school in all areas – spiritual, academic, social, and physical.

- I will do my best and with God's help, follow the guidelines and standards given in the School Handbook.
- I pledge to be a cooperative and teachable student showing respect and obedience. I acknowledge Jesus as my model for obedience as He submitted Himself to His Heavenly Father and His earthly parents.
- As a responsible student of DAS, I will conduct myself in a way that will show Christian character in my actions and the language used to my friends, other students, teachers, parents, and the community.
- When faced with problems, criticism, or negative attitudes, I will respond in a way which will help to produce peace and harmony.
- I will apply the principles of Matthew 18:15-17 to go directly to the person to resolve a disagreement rather than harbor bitterness and give a bad report about others.
- I will come to school on time, ready to learn, and with assignments completed.
- I accept responsibility to be a positive influence and help maintain a Christian atmosphere in my school.

Student Name: _____

Student's Signature: _____ Date: _____



SCHOOL HOURS & TARDY POLICY

STUDENT NAME: _____

School Hours:

Monday - Thursday: 8:00 AM – 3:20 PM

Friday: 8:00 AM – 2:00 PM

VPK Hours:

Monday – Friday: 8:00 AM – 11:20 AM

Wrap-Around: 11:30 AM – 3:20 PM (Mon-Thurs) 2:00 PM (Fri)

Students may be dropped off as early 6:45 a.m. and should be picked up within 10 minutes of the close of the school day. If a student has not been picked up within 10 minutes of dismissal, they will be put into Aftercare for a fee. VPK students should be picked up within 10 minutes of the 11:20 a.m. dismissal, or they will be placed into Wrap-Around and charged a fee.

Early Release - Dismissal at 12:00 P.M. (Noon): Due to Professional Development scheduling, teachers will have a study group with other Adventist schools. On these days we will have a 12:00 p.m. dismissal. Please consult the school calendar for these dates.

Tardy Policy:

At DAS we desire to develop habits of punctuality in all our students. Therefore, we encourage consistent punctuality and attendance. DAS is a school bound by the laws of Florida to maintain attendance records. Punctuality is important. Tardiness is a bad habit that not only lowers grades but will also cause work problems in adult life. Students should develop the life skill of arriving at school and being seated at their desks ready for school to begin at 8:00 a.m. Late arrivals are disrespectful, disruptive to worship, and other class activities, thus wasting valuable time. Students and parents are held strictly accountable for prompt attendance to class.

- If a student is tardy to class, he/she must sign-in at the office and submit an excuse to the school.
- If a student receives five tardies, the parent will be notified.
- If a student receives more than 5 tardies (a total of ten or less) a fee will be assessed of \$5.00 charged to your account.
- After acquiring more than 5 tardies per quarter additional fees will be assessed to equal total tardies.
- All fines must be paid before the student can return to class.
- Teachers will receive a list of students who may not be allowed in class unless they have a note/receipt from the school office.
- There is no limit to the fines you can receive in one quarter or semester.
- However, if a pattern is developed for being tardy, a student/parent will now be treated with insubordination and/or lack of cooperation.
- Attendance will be reset every quarter.
- Tardies due to pre-arranged medical appointments or teacher-initiated will be excused only if a note is presented upon returning.
- Students who have unexcused tardy may not be allowed to make up work, such as bell work, which may have been completed in class before they arrived.
- Continual violation of this policy may result in School Board Action.

Absence Policy:

- Three (3) tardies equal to one (1) absence
- A total number of absences equaling fifteen percent (15%) of the school days in a semester (14 days) may result in failing grade for the student for that semester.
- Step Up students if you are absent 4 or more consecutive days, your step-up scholarship may be revoked or lessened by the Step Up for Students Scholarship.

Parent Name: _____

Parent Signature: _____



SECURITY FORM

Student Name: _____

Grade: _____

Age: _____

Emergency Contacts (If Parents/Guardians cannot be reached)

Full Name	Relationship	Home Phone	Cell Phone	Work Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Child Pick-Up Permission

Please fill out this form, listing all people who will be picking up your child this school year. If a person is **not** on this list to pick up your child, please call 386-532-9333 to notify the school office. Picture ID is required for office records. Anyone picking up students before dismissal must go into the office to sign-out student.

Name	Phone #:	Relationship to Student:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Transportation

My Child will go to and from school by: Family Car Carpool Bicycle Walk Public Transportation

Legal Custody

Parent Joint Custody? Yes No

Custodial parent name: _____ Non-Custodial Parent Name: _____

Any restrictions? Please explain: _____

Legal custody restraining documents Yes No (If Yes, please provide legal documentation for student records)

Media Information Release:

I hereby give permission to the Deltona Adventist School to use photos of my child for school promotions on printed material and/or the Internet. Yes No

Signature of Parent/Legal Guardian _____ Date _____

COMPUTER ACCEPTABLE USE & POLICY CONTRACT

All students and teachers are encouraged to use DAS' computers to enhance learning. Access to objectionable sites on the internet is blocked, which eliminates a vast majority of potential problem situations. Students are expected to abide by all the rules established for computer use.

The terms and conditions for use of DAS' computers are as follows:

- Students may not be on the computers unsupervised.
- Any student using the computer must have a signed CAUPC on file.
- Transmission of any material in violation of any U.S or State regulation is prohibited. This includes, but not limited to: copyrighted material, threatening or obscene material, or material protected by trade secret.
- Privileges – The use of DAS' computers is a privilege, not a right. Inappropriate use will result in a loss of those privileges.
- Netiquette – You are expected to abide by the generally accepted rules of network etiquette. These include but not limited to the following:
 - Be polite. Use appropriate language.
 - Do not reveal personal address and/or phone numbers of yourself, other students or staff at DAS.
 - Note that electronic mail (email) is not guaranteed to be private.
- Vandalism will result in cancelation of privileges. For this policy, vandalism is defined as any malicious attempt to harm, disrupt, or destroy data, DAS' computers or its network.
- All work must be saved to a flash drive – not the hard drive.
- Computers should not be shut down or rebooted without permission from the teacher.
- Students must not install personal software; software is to be installed by school staff only.
- Any software used on the computers, other than currently installed software, is to be approved by the teacher prior to use.
- Food, drink, candies, or gum are not allowed while using the computers.
- Students are not to change settings, screen savers, or icons on computers without permission from teacher.
- Re-naming, moving, or removing files that exist on the computer is prohibited without permission of the teacher.

Student:

I have read Deltona Adventist School's Acceptable Use Policy (AUP). I understand and will abide by the stated terms and conditions for using Deltona Adventist School's computers as outlined in this policy. I further understand that violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action and/or appropriate legal action may be taken.

Student Name (Please Print): _____

Student Signature: _____ Date: _____

Parent/Guardian:

As the parent/guardian of this student I have read the terms and conditions for Deltona Adventist School's AUP. I understand that this access is designed for educational purposes and the Deltona Adventist School has taken available precautions to eliminate controversial material. However, I also recognize it is impossible for Deltona Adventist School to remove all controversial materials and I will not hold DAS responsible for materials acquired on the network. I hereby give my permission to issue an account for my child and certify that the information contained on this form is correct.

Parent/Guardian's Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____



MEDICAL CONSENT FORM

Student Name: _____
Home Address: _____ Home Phone: _____
Parent/Guardian Name: _____ Work Phone _____ Cell Phone: _____
Local Relative/Neighbor _____ Phone _____

MEDICAL INFORMATION

List known allergies (food, medications, etc.) If none, so state _____

List special medical problems. If none, so state _____

List any medication(s) the student is presently taking and the purpose. If none, so state _____

MEDICAL INSURANCE INFORMATION

Medical Insurance Company _____ Policy # _____
Student Social Security # _____ Group/Plan # _____
Current Physician Name _____ Phone #: _____ Ins Co. Phone # _____

Please attach a copy of your medical insurance identification card.

CONSENT FOR MEDICAL TREATMENT

I, the undersigned, being the parent or the legal guardian of _____ do hereby authorize the Deltona Adventist School to consent to medical and/or surgical treatment and procedures from a physician or hospital emergency room physician on behalf of the above-named minor. I also grant permission for the supervisor(s) and chaperone(s) to administer medication as indicated by the physician. I am aware that my insurance will be responsible for the costs.

Signature of Parent/Guardian _____ Date _____

Relationship to Student _____

This Form MUST Be Notarized

State of Florida • County of Volusia

On _____, 20____, _____ personally appeared before me,
_____ whose identity I proved on the basis of _____ whose identity I
proved on the oath/affirmation of _____ to be the signer of the above document, and he/she
acknowledged that he/she signed it.

_____ Notary Public



SCHOOL UNIFORM POLICY & ORDER INFORMATION FORM

PANTS: twill fabric/uniform style (no cargo/no side pockets) – Color: Navy Blue or Khaki

WALKING SHORTS: twill/uniform style (no cargo pants/no side pockets) – Color: Navy Blue or Khaki

SKORT / SKIRT / JUMPER: – Color: Navy Blue or Khaki

POLO SHIRTS: Must have school logo – Color: Navy Blue or Gray

PE SHIRTS: Must have school logo, **must be worn on PE days** (Tuesdays & Thursdays) – Color: Grey with navy blue Mustangs

PE SHORTS: **BLACK** basketball shorts no shorter than 2” above the knees

FIELD TRIP SHIRTS: Must have school logo – Color: Navy blue with grey Mustangs

BELTS: Must be worn at all times, must be solid, plain, or braided without ornaments of any kind – Color: Black

SHOES / SNEAKERS: Must be **ALL BLACK** including soles (may not blink or roll) No sandals or open toed shoes allowed

SOCKS / TIGHTS: Color: navy blue, white or grey (boys and girls)

5-8th GRADERS ONLY: White, long/short sleeve button down dress shirt. School officiated tie silver and navy blue striped ties (girls and boys). Please note shirts **MUST** have school logo

SWEATERS / JACKETS: Solid Navy blue (no patterns allowed or written words). Jackets and sweaters can also be purchased with the school logo.

ORDER SHIRTS DIRECTLY FROM

Kimi Embroidery
840 Deltona Blvd STE. O
Deltona, FL 32725
386-753-0740 Kimiembroidery.com



STUDENT RECOMMENDATION FORM

Instructions: Registrar must receive two recommendation forms for new students in grades K – 8 before the application process is complete. One recommendation must come from the student’s current teacher.

Student Name: _____ Applying for Grade: _____
Previous School: _____ Prev. School Ph: _____ Fax: _____
Address of Previous School: _____ Withdrawal Date: _____

The above-named student is applying for admission to Deltona Adventist School. Please complete this form as soon as possible and return it to: Deltona Adventist School, Attn: Registrar, 1725 Catalina Blvd., Deltona, FL 32738, or fax: 386-532-9633

How long have you known the applicant? _____

In what capacity have you known the applicant? (Teacher, Principal, Guidance Counselor, Pastor, etc.)

How would you rate the applicant in the following areas?

Academic Ability	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know
Christian Influence	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know
Cooperation with Authority	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know
Dependability	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know
Kindness & Courtesy	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know

To your knowledge, has the applicant been suspended or expelled for behavioral or academic reasons?

Yes No (If yes, please explain.) _____

To your knowledge, has the applicant ever been evaluated and/or placed on an Individual Educational Plan (IEP)?

Yes No (If yes, please explain.) _____

Do you recommend this student? Yes, without reservation Yes, with reservation No

General comments: (Please list strengths/weaknesses)

Name (Print) _____ Date _____
Telephone _____ Email _____

How do you know the applicant? _____



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Christian Influence	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know
Cooperation with Authority	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know
Dependability	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know
Kindness & Courtesy	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know

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