

DELTONA

ADVENTIST SCHOOL

1717 Catalina Blvd, Building 200
Deltona, FL 32738
386.532.9333



ENROLLMENT

APPLICATION PACKET

ENROLLMENT CHECK LIST

Student Name _____ Grade _____ Date _____

Records Required

New & Returning Students

- ☐ Up to Date Immunization Record
- ☐ Physical Examination
- ☐ Florida Certificate of Immunization
- ☐ Medical Insurance Card

New Students Need These Additional Records

- ☐ Original Birth Certificate
- ☐ Original Social Security Card
- ☐ Report Card from Previous School
- ☐ Release of Records from Previous School
- ☐ Photo ID

Forms to Complete

- ☐ Enrollment Application
- ☐ Medical Consent
- ☐ Security
- ☐ Parent/Student Agreement
- ☐ Computer Acceptable Use Policy and Contract
- ☐ School Hours Policy
- ☐ Uniform Policy & Order Information
- ☐ Athletic Waiver & Release
- ☐ Financial Agreement
- ☐ Recommendations (2 Required – K-8 New Students Only)
- ☐ Volunteer Driver (Required for all field trip drivers)
- ☐ VPK Attendance Policy (VPK Only)
- ☐ VPK Medical Procedure Policy (VPK Only)
- ☐ VPK Student Questionnaire (VPK Only)

Financial Agreement

- ☐ Pay Treasurer the amount listed on your Financial Agreement.

Final Step

- ☐ Turn in all completed paperwork and this check list to the Secretary in the office

*All students who are accepted will be granted acceptance on the basis of a 90 day probation period.

Entry Date: _____ NAD #: _____



Deltona Adventist School

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: _____



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 _____

MEDICAL CONSENT FORM

Student Name: _____ Parent/Guardian Name: _____

Home Address: _____ Cell Phone: _____

Work Phone: _____

Local Relative/ Neighbor: _____ Phone: _____

MEDICAL INFORMATION

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

List 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# _____

Group/Plan # _____ Current Physician Name _____

Physician Number _____ Ins. Company # _____

CONSENT FOR MEDICAL TREATMENT

I, the undersigned, being the parent/legal guardian of _____ do hereby authorize the Deltona Adventist School to consent to medical treatment procedures from a physician or hospital emergency room on behalf of the above-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/Legal guardian _____ Date _____

Relationship to student _____

This form Must be notarized.

State of Florida County of Volusia

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence ☐ online notarization this _____ day of _____, 20____, by _____ (Name of Person Making Statement), who signed with a mark in the presence of these witnesses: _____ (Names of Witnesses).

Signature of Notary Public

Print, Type or Stamp Name of Notary

Personally Known: _____

OR Produced Identification: _____

Type of Identification Produced: _____

ATHLETIC WAIVER & RELEASE FORM

Student Name _____ Gender _____ Age _____ Birth Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

In case of an Emergency and parent/guardian cannot be reached:

Contact Name _____

Relationship _____ Phone _____

WAIVER AND RELEASES

I understand that there are risks involved with my child's participation in the DAS Athletic Events. I hereby authorize the directors of the DAS to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release the directors of DAS from all liability and agree to accept all medical expenses incurred. I know of no physical or mental problem that will affect my child's ability to safely participate in the DAS Athletic Events. I acknowledge and accept the conditions above with my signature below.

I certify that my child is in good health and may participate in strenuous physical activities at the DAS Athletics Events. I certify that there are no physical limitations to my child's participation in the Athletic Events. Permission is granted for my child to receive emergency medical treatment if needed. I hereby release and forever discharge DAS, and all their agents, employees, and affiliated entities from any and all liability, claims, demands, and cause of action for personal injury or death, property damage, and/or other loss suffered by my child in connection with his/her participation in the DAS Athletic Events. I acknowledge and accept that this Release and Waiver is intended to be binding on the family, estate, heirs, executors, administrators, and assigns of the minor named above. I further acknowledge and accept that this Release and Waiver is intended to be as broad and inclusive as permitted by the laws of the state in which the clinic is taking place and agree that if any portion of this Release and Waiver is invalid, the remainder will continue to be in full force and effect. I agree that this Release and Waiver binds the minor and me to all of its terms.

Parent Name _____

Parent Signature _____ Date _____

DELTONA ADVENTIST SCHOOL

School Hours, Tardy Policy, Absence Policy

STUDENT NAME: _____

HOURS OF OPERATION

CLASSES BEGIN: Monday - Friday, 8:00 AM

CLASSES END: Monday - Thursday, 3:00 PM (Wrap Around & Kindergarten - Eighth Grade); VPK, 11:20 AM

Friday - 2:00 PM (Wrap Around & Kindergarten - Eighth Grade); VPK, 11:20 AM

PROFESSIONAL DEVELOPMENT / EARLY RELEASE DAYS: Dismissal on these days will be at 12:00 PM. Please consult the school calendar for these dates.

DROP OFF: 7:45 AM - 8:00 AM. Any arrival later than 8:05 AM is considered tardy. Any student arriving BEFORE 7:45 AM will be placed in Before Care and will be charged the FULL Before Care fee.

PICK UP: MONDAY - THURSDAY; 3:00 PM (Wrap Around & Kindergarten - Eighth Grade); VPK, 11:20 AM
FRIDAY, 2:00 PM (Wrap Around / Kindergarten - Eighth Grade) VPK 11:20 AM
Any Student not picked up within 10 minutes of dismissal will be placed in AFTER CARE and will be charged the full After Care fee.

MORNING CARE: 7:00 AM - 7:45 AM. The cost is \$10.00 per day with a maximum of \$25.00 per week

AFTER CARE: MONDAY - THURSDAY, 3:10 PM - 6:00 PM; FRIDAY, 2:10 PM - 5:00 PM. The cost is \$15.00 per day with a maximum of \$50.00 per week.

TARDY POLICY

- All students arriving after 8:05 AM MUST BE SIGNED IN BY THE PARENT/LEGAL GUARDIAN in the school office.
- EVERY tardy after the THIRD (3rd) within any given quarterly grading period will incur a \$10.00 fine per student, per tardy.
- Fines will be added to the student's account and must be paid in full prior to the beginning of the new quarterly grading period for the student(s) to be allowed to resume class attendance.
- Any student tardy in excess of FIVE (5) times within any quarterly grading period will be reported to the school board for possible discipline or dismissal from the school.
- Both tardiness and absences will be reset every quarter.
- Students will be fully responsible for all work missed due to tardiness.
- **VPK ONLY:** Please see VPK ONLY note below under Absence Policy.

ABSENCE POLICY

- **KINDERGARTEN - EIGHTH GRADE ONLY:** 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:** - Students enrolled in Step-Up who are absent five or more consecutive days may have their Step-Up scholarship reduced. The parent(s) / Legal Guardian(s) are responsible for the full amount of Step-Up reductions.
- **VPK ONLY:** A maximum of 20 COMBINED absences and/or tardies of more than 20 minutes are allowed per semester. Any student exceeding this amount will be disenrolled from the VPK Program.

This policy shall supersede and replace any and all previous policies regarding attendance or tardy.

Parent Name: _____ Parent Signature: _____

DAS UNIFORM & DRESS CODE

STUDENT NAME: _____

We are a uniform school. Please send your child in uniform daily. If you find you are faced with a special circumstance or challenge, please contact the school office immediately.

Monday and Wednesday – School polo shirt, shorts/long pants, and skirts.

Tuesday and Thursday – School PE shirt and basketball shorts. No tights

Friday – Dress down for \$1.00 (except spirit days). Please follow the Friday dress code.

We are a uniform school. Please send your child in uniform on a daily basis. If you find you are faced with a special circumstance or challenge, please contact the school office immediately.

JEWELRY. Small, single stud earrings are the ONLY jewelry permitted. No bracelets (except medical alert or wrist watches), rings, necklaces, chains. Jewelry will be confiscated and returned at the school's discretion.

FINGERNAIL POLISH. Fingernail polish is allowed, but while attending school we ask that students refrain from wearing artificial nails.

HATS. No hats, caps, or hoods are to be worn while in the building.

MAKE-UP. Make-up must be natural shades and used modestly.

HAIR. Hair is to be clean, well groomed, in natural hair tones, and age appropriate

CLOTHING. All clothing must fit modestly. Attire that is tight fitting, faded, stained, dirty, torn, baggy, oversized, or dragging is unacceptable.

School uniform code applies to all functions and consists of the following items:

- Pants - (twill fabric/uniform style, no cargo pants) Navy Blue or Khaki
- Walking Shorts/Skort/Skirt/Jumper - Navy or Khaki, and of length to be below mid-thigh, at minimum, when sitting.
- Shirts - "Polo Shirt"- Blue or gray with DAS Logo
- Sweater or Jacket – No Graphics if worn inside the classroom.
- Shoes - (to be worn at all times) may be of any color, closed toe. Flip-flops or slides are not permitted.
- P.E. – Grey P.E. shirts with logo and dark blue or black shorts to the knee or sweatpants. No leggings.
- Field Trip – Navy Blue field trip shirts with logo
- Exception to Uniforms – Friday Dress Down and School Spirit Day. Students and parents will be notified of designated attire to be worn.
- Designated attire will be in keeping with the standards of modesty and good taste.
- Rules for Friday Dress Down
 - ◆ No cutoffs nor jeans nor pants with holes in them.
 - ◆ Leggings are permitted but only if a long top is worn with them -- the top must extend halfway down the thigh.
 - ◆ Tee shirts are permitted but the lettering and pictures on the shirts must be in accordance with our Christian policy. No swear words, symbols, pictures nor words that are in contrast with our Christian ethics.
 - ◆ No short skirts or short shorts. Shorts and skirts must extend halfway down the thigh.
 - ◆ Since Dress Down Day is a fundraiser, each child not in uniform must pay \$1.00 on that day. If the child forgets and has not brought the money before the next Friday, he/she must wear a uniform on Fridays until they pay.

Violation of uniform Code

The Dress Code and Uniform Policy will be strictly enforced. Parents will be notified by the school office if the student is in violation of the DAS dress code policy. Students in violation of the dress code will not be allowed in school activities and parents will be notified to bring a proper uniform immediately or students will be given clothes to change into that are kept at the school.

Parent Name

Date

Parent Signature

Updated 07/22/2024



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 Deltana 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: _____



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: _____



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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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

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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? _____

SCHOLARSHIP INFORMATION



Kindergarten through Grade 12 Student Scholarships

K 12 Private School is within reach. Learn more about scholarships here: www.stepupforstudents.org. The scholarships that we participate in are: Federal Tax Credit Scholarship, Family Empowerment Scholarship, McKay Scholarship and Family Empowerment Scholarship Unique Abilities (formerly known as Gardiner)

The documents needed will vary from one application to the next depending on each family's situation. However, the following documents are ones that are typically requested. Please keep in mind that you will likely be requested to submit additional documents depending on your particular situation.

- Paystubs (30 consecutive days closest to when you submit your application)
- Birth certificate if your child is entering kindergarten or first grade
- Proof of residency for all members in the household (I.E.- health insurance, Medicaid, income documentation, utility bills, court custody documents or residential lease listing household members)
- Any other sources of income (i.e. - unemployment benefits, social security benefits, child support benefits, etc.)
- Driver's license or passport for primary and secondary parents



Voluntary Pre Kindergarten (VPK)

How to Sign Up:

1. Go to <https://www.elcfv.org>. Click on **Apply Now** at the top of the page.
2. Click on **Apply for Voluntary Prekindergarten** at the bottom right of the page.
3. Follow the instructions to create an account or log on if you already have an account.
4. Once you have created an account, log on and follow the instructions to apply for VPK.

Early Learning Coalition of Flagler & Volusia

1205 S. Woodland Boulevard, Suite 1

Deland, Florida 32720

Phone: (386)323-2400

Website: <https://www.elcfv.org>

Hours: Monday - Thursday 7 am to 6 pm. Friday - CLOSED