

Hanson Place SDA Elementary

School Registration Information Packet

2020-2021

Mendes Mitchell



Excellence is not an option; it is a necessity.



**38 Lafayette Ave
Brooklyn, N.Y. 11217
Phone: 718-625-3030
Fax: 718-625-1727**



Hanson Place SDA School

38 Lafayette Avenue Brooklyn, NY 11217

718.625.3030 718.625.1727 hpsdaschool.org

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Name _____ DOB ____/____/____
Last First Middle Initial

Address _____
Street/Ave City State Zip

Place of birth _____ Citizenship _____

.....
Mother's/Guardian's Name _____ SS# _____

Address _____
Street/Ave City State Zip

Email Address: _____

Home# _____ Work# _____ Cell# _____

Employer _____ Position held _____

.....
Father's Name _____ SS # _____

Address _____
Street/Ave City State Zip

Email Address: _____

Home# _____ Work# _____ Cell # _____

Employer _____ Position held _____

Applying for: Pre-K _____ Kindergarten _____ Grade school _____

Number of Siblings: ____ Sisters ____ Brothers ____ Older ____ Younger ____

Last School Attended: _____

Address of School: _____

Grade Level Achieved: _____

Church Affiliation (circle one):

SDA Protestant Catholic other _____

If your church affiliation is SDA, please indicate where membership is held

Name of Church: _____

Pastor's Name: _____

Address of Church: _____
Street/Ave City State Zip

Has Applicant ever been suspended/expelled from school Y/N?

If yes, explain below.

Important

NB: In order to best meet the needs of your child, please answer the following questions honestly.

Does Applicant have any problems that may affect performance in class Y/N?

If yes, explain below.

Has your child ever been evaluated by the C.S.E (Committee on Special Education) Y/N?

If yes, please provided the office with a copy of child's IEP.

Referral:

Referred by: _____ Date: _____

Signature: _____

Emergency Contact

Name _____
Last First MI

Tel#1 _____ **Tel.#2** _____

Relation to parent _____

I _____ have completed the above and it is true and accurate. I further pledge and promise that upon acceptance of my child to the Hanson Place S.D.A. School, which I will cooperate with, and abide by the policies of the school and to pay all fees, dues, tuition and applicable fees charged to the above applicant's account as stipulated. In understanding of above, I now affix my signature.

Signature _____ **Date** _____

Signature of person other than person responsible for student finances

Return completed form with appropriate registration fees

Do not write below- for official use only

Tuition Category/ option _____

Book Fee Paid Y / N

Admission Personnel

____/____/____
Date



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RECOMMENDATION FORM

The student named below is applying to attend the Hanson Place S.D.A. School and in order for us to understand the capabilities and level of each child we are requesting that you fill out the following questionnaire.

Child's Name: _____ School: _____

Address: _____ Grade: _____ D.O.B: _____

How long in present school? _____

Attendance

a. The child attends school regularly? Yes ☐ No ☐

If not, what is the reason given for the absences?

b. The child arrives at school punctually? Yes ☐ No ☐

If not, is there a reason given for the lateness?

Problems of Learning (check yes or no)

	Yes	No
a. Does the child seem to have good comprehension?	_____	_____
b. Does the child have difficulty following instructions?	_____	_____
c. Does the child have any visual problems?	_____	_____
d. Does the child seem to have difficulty with organization?	_____	_____
e. Does the child ever speak or behave in a way that is unrelated to what is going on?	_____	_____

Person completing this form:

Name: _____

Date: _____

Title: _____



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TRANSCRIPT REQUEST FORM

This form will be sent to your child's school requiring all previous academic records, medical records and behavioral information. Please complete this form in its entirety to enable us to be furnished with needed documents. (Important: Please remember to fill in the building number and street name and zip code.)

Name of School

Number

Street

City

State

Zip Code

STUDENT NAME: _____

The student name above has applied for admission to our school. Please have all academic, medical and other records forwarded directly to us at the above address. If there are any concerns, please feel free to contact us here at the school.

We thank you for your prompt attention to this matter.

PARENT'S PRINTED NAME: _____

PARENTS SIGNATURE: _____

DATE: _____

SIGNATURE OF PRINCIPAL / SCHOOL OFFICIAL

FINANCIAL INFORMATION

APPLICATION FEE:

All new students are required to pay a non-refundable application fee of \$45.00

REGISTRATION FEE:

A non-refundable registration fee of \$500 (Pre-k - 1) or \$590 (2-8) is charged to each student and is due at the time of registration. There is no discount on the registration fee. The registration fee includes the book fees, orientation packet, student handbook, practice and skill materials, technology fee, art fee, standardized tests, library fees and insurance.

The registration fee must be paid before any tuition discounts apply.

TUITION/STUDENT:

SDA Students _____ \$450 per month for 10 months.

NON-SDA Students _____ \$495 per month for 10 months.

After School- Full Time _____ \$ Inquire at Office

TUITION PAYMENT:

All tuition payments are to be made to SmartTuition our Tuition Management Company (**see Attached Smart Tuition Enrollment Form**). Tuition charges are applicable throughout the school year as indicated above. Refunds will not be granted for vacation periods or absence from schools. Tuition accounts will be delinquent 10 days after the scheduled payment and student suspension will occur 5 days after the account becomes delinquent. **All accounts must be cleared by your schedule payment due date in May; no testing, final grades or transcript release will transpire until the account is paid in full.** A late fee of \$25.00 will be applied to each account for each month the tuition is paid after the 15th.

TUITION PAYMENT SCHEDULE:

See Parent Responsibility Statement of the registration form.

TUITION DISCOUNT PLANS:

Discount for parents with two or more children in the school:

1. The first child will pay full tuition.
2. The second child will receive a 10% discount on tuition.
3. The third child will receive a 20% discount on tuition.
4. The fourth and thereafter will attend free of charge.

DISCOUNT FOR EARLY PAYMENT OF TUITION

1. **10% discount** will be offered for full payment of the annual tuition, ten (10) months, at the time of registration.
2. **5% discount** will be offered for full payment of a semester's tuition, five (5) months, at the time of registration for the first semester (August-December) and January 10, for the second semester (January-May).

PAYMENT RESPONSIBILITY STATEMENT

The undersigned, does hereby accept the responsibility for full and timely payment of tuition amounts incurred during the 2020 to 2021 school year for

(Student's Name)

It is understood by the undersigned, that monthly payments of \$385 (HP), \$450 (OSDA), \$495 (NON-SDA) are due on the **FIRST OF EACH MONTH.**

Please choose your method of payment for this coming school year.

____ Monthly

____ Semi-Annual Payments due
August 1st and January 1st

____ Annual Payments due on
August 1st

Payment Description

August 1 st	Registration fee
August 1 st	1 st Tuition Payment
September 1 st	2 nd Tuition Payment
October 1 st	3 rd Tuition Payment
November 1 st	4 th Tuition Payment
December 1 st	5 th Tuition Payment
January 1 st	6 th Tuition Payment
February 1 st	7 th Tuition Payment
March 1 st	8 th Tuition Payment
April 1 st	9 th Tuition Payment
May 1 st	10 th Tuition Payment

Payments must be made on time as per schedule for the above semi-annual and annual discounts to apply. Your signature below validates your choice above. Thank you.

If you are unable to make payments according to this schedule YOU MUST contact and inform the Business office.

Please read and initial the following:

____ If your monthly Tuition is not received within 10 days after the due date of any given month, the account will be considered delinquent and a late fee of \$25 will be imposed 15 days after due date.

____ If Late payments of 30 days or more will result in the withdrawal of your child from class.

____ If All seriously delinquent accounts will be referred to a collection agency.

Date

Parent or Guardian's Signature

Contact number

Address

Hanson Place SDA School

2020-2021 Tuition Summary

Nursery

TUITION: 650 per month

Pre K

REGISTRATION: 500 – Due August 1st

TUITION: 400 per month

K – 1

REGISTRATION: 500 – Due August 1st

MONTHLY (Aug- May) TUITION: SDA -450 (Yearly- 4,500)
Non-SDA -495 (Yearly- 4,950)

2-8

REGISTRATION: 590 – Due August 1st

MONTHLY (Aug- May) TUITION: SDA -450 (Yearly- 4,500)
Non-SDA -495 (Yearly- 4,950)

Note: Hanson Place Church members 385 per month K-8 (Yearly – 3,850)

Additional Information

1. Monthly tuition is due on the 1st of each month.
2. Monthly Billing will be done by SmartTuition.
3. Tuition Discount- 10% off if full tuition is paid by Aug 1. 5% off if ½ tuition paid Aug 1 and Jan 1.
4. Family Discount- 10%- 2nd child, 20% - 3rd Child, etc.,
5. If interested in Afterschool, See Registration Packet or Office for more details.
6. **First, Last Month, and Registration is due before the first day of school.**



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MEMBERSHIP DECLARATION FORM

If you are a Seventh - day Adventist please sign this form, have it filled out by your current pastor and return it to us no later that two weeks after your registrations date.

This is to certify that (Parent/Guardian) _____

Of (Student Name) _____ who is a student at the Hanson Place Elementary School, is a member of _____

Seventh-Day Adventist Church in

_____ *Northeastern Conference of S.D.A.*

_____ *Greater New York Conference of S.D.A.*

_____ *Conference of S.D.A*

Signature of Pastor: _____

Church Address: _____

Church Phone # : (_____) _____

Date: _____



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Dear Parent:

Hanson Place S.D.A. School is dedicated to developing young minds in a caring Christian environment where character development and academic excellence are strongly emphasized. It is our goal to help and challenge students to reach their fullest potential, spiritually, mentally, physically, socially, and morally. This will prepare them to meet the upcoming challenges in their lives. To achieve this, the staff at Hanson Place S.D.A. School places high value of the infinite worth of every individual. We seek to provide a climate in which a positive self-image may be developed.

The CODE OF CONDUCT is for you to review with your child. It contains important information pertaining to school policy and procedures regarding student's behavior, expurgation, discipline and dress code. If you have questions that remain unanswered after reading the CODE OF CONDUCT, please feel free to call the school office. We believe that open communication between the school and home is important to the success of educational programs.

I _____ (Parent/ Guardian's Name) have reviewed the CODE OF CONDUCT with my child _____ (Child's Name), and I understand that my child must abide by these rules in order to contribute to the academic achievement as well as the success of his/her classmates. I agree to the school's CODE OF CONDUCT, and I understand if they choose to disobey the rules I will face the necessary consequences.

Please sign, date and return to the school.

Student's Signature

____/____/____
Date

Parent's Signature

____/____/____
Date

HANSON PLACE S.D.A ELEMENTARY SCHOOL'S CODE OF CONDUCT

BEHAVIOR

In general, all students are entitled to enjoy the basic rights of citizenship recognized by law for persons of age and maturity. The Hanson Place S.D.A. School will foster a climate of mutual respect for the rights of others. Each student is expected to respect the rights and privileges of other students, teachers and staff.

All members of the Hanson Place S.D.A. School share in the responsibility for the supervision of student behavior. Parents and guardians must also assume the responsibility for the conduct of their children.

The student's responsibility for achieving a positive learning environment at school and/or school-related activities shall include but not limited to the following:

1. Attend all classes daily and be on time.
2. Prepare for each class with appropriate materials and completed assignments.
3. Dress according to the school's dress code.
4. Know that the use and possession of illegal or unauthorized drugs, alcohol and weapons are unlawful and prohibited.
5. Show respect toward others.
6. Conduct oneself in a responsible manner.
7. Know and obey all school and classroom rules.
8. Cooperate with school staff should there be a need for an investigation of disciplinary matters.
9. If cell phones are taken to school they are to remain in the office during classes unless instructed otherwise by administration.
10. Non-instructional items such as: gaming devices, video cameras, cameras, ipods, are not to be brought to school.
11. Keep your desk area clean.
12. Homework is to be done daily. There is homework detention.
13. Enter the classroom quietly, take your assigned seat and follow your teacher's instruction.

DISMISSAL

Some practices are not permitted in Christian schools. Since the Hanson Place S.D.A. School would not knowingly accept students who offend in these practices, the first offense in any of the following makes a student subject to disciplinary action: ***immediate suspension, expulsion or dismissal*** from Hanson Place S.D.A. School.

Students attending the Hanson Place S.D.A. School are prohibited from the following offenses:

These are Non-negotiable and may lead to expulsion.

1. Using narcotics, tobacco, abusing drugs or having possession of such drugs.
2. Drinking, handling or possessing alcoholic beverages, or furnishing alcohol beverages to others.
3. Betting or gambling
4. Using profane language or displaying lewd or suggestive conducts.
5. Possession on school grounds of weapons/articles whose express use is to harm or incapacitate.
6. Dishonesty, including theft.
7. Possession of non-instructional items such as but not limited to: cell phones, cameras, video cameras, iPod's, laser pointers, gaming devices.
8. Willful destruction of any school property (this includes text books) or vandalism.
9. Cheating on examinations.
10. Willful deception regarding violation of rules.
11. Improper sexual conduct, i.e. sexual harassment or implications of sexual nature, including the use of words, gestures, or possession of obscene literature/pictures.
12. Leaving school grounds without proper permission.
13. Insubordination by constant violations of school and classroom rules.
14. Consistent failure to complete assignments.
15. Displaying any unacceptable physical acts such as hitting, kicking and punching etc.
16. Harassing other students.
17. Engaging in any other conduct that disrupts the school environment or education process.
18. Disruption or unsafe behaviors on school trips.



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Fundraising Contract

Fund-raising is a very important activity here at Hanson Place Elementary School. It helps to defray the cost of the educational supplies needed for the school. Fund-raising projects are conducted at least twice per year. Parents are required to take part in this activity.

I, the parents/guardian of: _____ do hereby state that I will participate in the fund-raising program of the school twice per year, and will make sales in the amount of two hundred dollars (\$200.00) or more on the products used for the project.

I further agree that if I do not make sales in the amount stated, I would contribute the same or make up the difference.

Parent/Guardian's Signature

Date



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ACTIVITIES AND TRANSPORTATION CONSENT

I consent that my child _____ shall engage in all activities forming a part of the Hanson Place School including, but not limited to, trips or activities at places selected by the principal or a member of the staff.

I consent also to the transportation of my child by such means of transportation as are deemed necessary by the school or duly authorized member of the staff.

Signed: _____

Date: _____

EMERGENCY MEDICAL TREATMENT CONSENT

I hereby agree to have my child _____ taken to the hospital in case of extreme illness or accident, and to receive the necessary treatment until I arrive.

Signed: _____

Date: _____



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PERMISSION TO USE PHOTOGRAPHS AND VIDEOS

Student Name: _____

Home Address: _____

Telephone: _____

Email: _____

Hanson Place SDA School is asking permission to take photographs and videos of your child/ren.

These photographs or videos may be used by HPSDAS on the internet or in print for fundraising, informational or communication purposes. Photographs and videos will be the property of Hanson Place SDA School. You will not be paid if photographs or videos are used.

Your child/family's name may also be used with the photographs or videos. Giving permission is voluntary.

If you give permission, you can change your decision in the future and cancel it. To cancel your permission, you need to notify the school office and/or principal.

_____ YES, I give permission to HPSDA School to take and use photos or videos of my child/ or family

_____ NO, I do not give permission to HPSDA School take photos or video of my child/or family

Parent/ Guardian Signature

Date



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ENROLLMENT CHECKLIST 2020-2021

- ☐ **Application Fee**
 - \$30 – Preschool & k \$45 – Grades 1-8
- ☐ **Completed Application**
- ☐ **Birth Certificate**
- ☐ **Social Security Card**
- ☐ **Transcript/Current School Records**
- ☐ **Medical Records**
- ☐ **Completed Health Forms**
- ☐ **Copy of Immunization Record**
- ☐ **Recommendation Forms (3)**
- ☐ **Church Membership Verification Form**
- ☐ **Parent/Guardian Demographic Information**
- ☐ **Emergency Consent**
- ☐ **Photo Release Form**
- ☐ **Fundraising Contract**
- ☐ **Financial Responsibility Statement**
- ☐ **Lunch Application**
- ☐ **Registration Fee**
 - \$500 (Pre-K – Grade 1)
 - \$590 (Grades 2-8)
- ☐ **Physical Education Uniforms**