



# DAUGHTER OF ZION

JUNIOR ACADEMY

## Student Enrollment Application for Admission

2022-2023 School Year

Parent(s) Signature: \_\_\_\_\_

**Section 1: STUDENT INFORMATION** (please print)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Grade applying for \_\_\_\_\_

Current School \_\_\_\_\_ Grade \_\_\_\_\_

**Section 2: PARENT/GUARDIAN CONTACT INFORMATION**

**Mother's Name** \_\_\_\_\_

Profession \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_ Fax # \_\_\_\_\_

**Father's Name** \_\_\_\_\_

Profession \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_ Fax # \_\_\_\_\_

Sibling Name attending DOZJA \_\_\_\_\_ Grade \_\_\_\_\_

Sibling Name attending DOZJA \_\_\_\_\_ Grade \_\_\_\_\_

Sibling Name attending DOZJA \_\_\_\_\_ Grade \_\_\_\_\_

**Section 3: CHURCH AFFILIATION:**

(Student) Baptized? Yes/No Church Name: \_\_\_\_\_

(Mother) Baptized? Yes/No Church Name: \_\_\_\_\_

(Father) Baptized? Yes/No Church Name: \_\_\_\_\_

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

Language(s) commonly spoken at home:

(1): \_\_\_\_\_ (2): \_\_\_\_\_

Has the student had any significant academic difficulties? ( ) Yes ( ) No If so, please explain.

---

---

---

Are there any special circumstances in your child's life of which you would like us to be aware of?

---

---

---

**Section 4: PERSONALITY AND HEALTH**

Please provide details of any special aspects of your child's personality.

---

---

---

**Section 5: PERSONALITY AND HEALTH**

Please provide information if your child has any **HEALTH** problem requiring attention.

---

---

---

**Section 6: DECLARATION**

*I confirm that, to the best of my knowledge, the information provided in this form is correct. I understand and agree to abide by all school rules including school discipline, respect the school's reputation, and tuition fee payment and refunds. I also acknowledge that while the school does its best to endure the safety of each child's life, health and property, the school cannot be held responsible for any damage to these.*

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

\_\_\_\_\_  
Date

Daughter of Zion Junior Academy

**STUDENT EMERGENCY CONTACT / PICK-UP RELEASE FORM**

**Child's Name:** \_\_\_\_\_ **Gr.** \_\_\_\_\_

**Emergency contact and pick up person(s):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

I, \_\_\_\_\_ give the following persons listed above permission to pick up my child(ren).

Parent's Signature: \_\_\_\_\_

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

# Daughter of Zion Junior Academy **EMERGENCY CONTACTS**

**Child's Name:** \_\_\_\_\_ **Gr.** \_\_\_\_\_

**Authorized person(s) to pick up your child:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

I, \_\_\_\_\_ give the following  
persons listed above permission to pick up my child(ren).

Parent's Signature: \_\_\_\_\_

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

**Daughter of Zion Junior Academy**  
**CONSENT TO TREAT MINOR CHILDREN**

I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_, born \_\_\_\_\_, do hereby consent to any medical care and the administration of anesthesia determined by a physician to be necessary for the welfare of my child while said child is under the care of \_\_\_\_\_ and I am not reasonably available by telephone to give consent.

This authorization is effective from **August 2022 to May 2023.**

Signature of Parent or Legal Guardian

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Name (please print)

This consent form should be taken with the child to the hospital or physician's office when the child is taken for treatment. This additional information will assist in treatment if it can be furnished with the consent but is not required.

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

**Telephone:** Mother/ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Father/ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Child's Birthday \_\_\_\_\_ Last Tetanus \_\_\_\_\_

Allergies to drugs or foods \_\_\_\_\_

Special Medications, Blood Type or Pertinent Information

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

# Daughter of Zion Junior Academy

## Release and Consent for Student Information Publication

Parents (including legal guardians) are required to provide written permission to their child's school if they wish to:

- 1) Allow their child(ren) to participate in school activities and the Southeastern Conference to publish the student's name, school name, grade level, photograph, video, image, art work, writing, etc. in annual yearbook, graduation programs, web sites, school newspaper, approved news gatherings, releases and articles, etc.
- 2) Allow publication to the public of certain specified information (such as honors received) related to their child.

**Directions:** If this is a blanket consent for all students publications throughout the school year, the parent will check the appreciate box and provide the school year. If a one-time release and consent for a special project is required, the parent will check the special release box and list below the the name of the special project publication. The parent will sign and return to the student's school.

Student Name (last, first, middle initial) \_\_\_\_\_

Student Number \_\_\_\_\_ Parent/Legal Guardian \_\_\_\_\_

School Name \_\_\_\_\_ Grade level \_\_\_\_\_

School Contact \_\_\_\_\_ Contact Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Type of Consent (check one only)

blanket release and consent for all student information publications for school year \_\_\_\_\_

I hereby give permission for the school of Southeastern Conference to use my child photograph, video image, writing, voice recording, name, grade level, school name, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, diplomas and awards received, date and place of birth, and most recent previous school attended, in annual yearbooks, graduation programs, playbills, school productions, web sites, etc. and/or similar school or Conference sponsored publications or in school or Conference approved news mrdia interviews, releases, articles and photographs.

I understand without my signature my child's name and photograph cannot and will not ne included in any publications or presentations I also provid permission for the release by the school or Conference to the media and governmental entities of my child's name, grade, school name and honors my child has received for public announcement of recognition of my student's accomplishments.

Special release and consent for the student information publication listed below.

I hereby give permission for the school or Conference to use my child's photograph, video image, writing, voice recording, mane, grade level, school name etc. in the special production named above.

I also understand the production, publication, presentation or materials may be submitted for classwork, for open broadcast by instructional Television (TV). The Education Network (TEN), a film festival or contest or any other display according to the broad-cast/publication rules of the appropriate trade.

The Southeastern Conference of Seventh-day Adventist shall have the right to sell, duplicate, reproduce or make other use of such rights transferred as the Southeastern Conference of Seventh-day Adventist so desires. This agreement is given with fee knowledge of the rights transferred to the Southeastern Conference of Seventh-day Adventist. This agreement is made without restrictions or time limits.

I give permission for the consent request indicated above.

I do give permission for the consent request indicated above.

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

\_\_\_\_\_  
Date

# Daughter of Zion Junior Academy Media and Technology Agreement

Please read each selection carefully and put a check to those opportunities with which you are comfortable.

- You may post my student's image on the private school website gallery.
- You may post my student's image on printed promotional material.
- You may post my student's image on teacher's individual blog or websites.
- You may post my student's image in local newsprint and on local television stations, DOZJA's video advertisements or local newspapers and newsletter publications.
- I hereby consent and authorize Daughter of Zion Junior Academy, or its assigns, to use my child's likeness photos, videos and other information as indicated above. I hereby release Daughter of Zion Junior Academy from all liability in connection with all such uses.

By signing, I understand and agree to the use and terms of material as outlined above.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

## Acceptable Use Policy for Technology: Use Agreement

I have read, understand, and will abide by the DOZJA Acceptable Use Policy when using computers and other electronic resources owned, leased or operated by DOZJA. I further understand that any violation of the regulations above is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary actions may be taken, and/or appropriate legal action may be initiated.

\_\_\_\_\_  
User's PRINTED Name

\_\_\_\_\_  
User's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
User's PRINTED Name

\_\_\_\_\_  
User's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
User's PRINTED Name

\_\_\_\_\_  
User's Signature

\_\_\_\_\_  
Date

I, the parent or guardian of \_\_\_\_\_, I have reviewed and I understand that this access is designed for educational purposes. I agree that I will not hold DOZJA responsible for materials acquired on the network. Further, I will accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give permission for my child to use network resources, including the internet that are available through DOZJA.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
PRINTED Name

\_\_\_\_\_  
Date

# FOR OFFICE USE ONLY



## Daughter of Zion Junior Academy Registration Check List



Form Checked By: \_\_\_\_\_

**STUDENT'S NAME:** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Date:** \_\_\_\_\_

- |                          |   |                          |     |                          |    |
|--------------------------|---|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Birth Certificate Provided                            | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | School Uniforms Ordered                               | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | Updated Physical and Immunization Health Record       | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | Records from last school attended (New students only) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | Interview with principal (New families only)          | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

### TUITION METHOD OF PAYMENTS:

Cash Paying    Check    Scholarship    Other \_\_\_\_\_

**Scholarship Award Letter**   **ID#** \_\_\_\_\_

- 2022-2023 outstanding balance to be paid in the amount of \$ \_\_\_\_\_
- Registration Fee                      Amt. Paid \$ \_\_\_\_\_                      Date Paid \_\_\_\_\_
- Application Fee                              Amt. Paid \$ \_\_\_\_\_                      Date Paid \_\_\_\_\_
- August Tuition                                      Amt. Paid \$ \_\_\_\_\_                      Date Paid \_\_\_\_\_

**Amount Paid:** \$ \_\_\_\_\_

### **Office Use Only:**

\_\_\_\_\_ Admit student to class

\_\_\_\_\_ See Principal

