



SAIPAN SEVENTH-DAY ADVENTIST SCHOOL

P.O. Box 501063 Saipan, MP 96950

Phone: (670) 234-7326 • Fax: (670) 235-7326 • Email: office@saipansdaschool.org
www.saipansdaschool.org

Dear Prospective Student & Parent,

Welcome to the Saipan Seventh-day Adventist School. We offer a Child Development Center to eighth grade elementary education that features a creative, high quality academic program in a small school setting. We are excited to get to know you better and to serve your child's educational needs. Below are the requirements for student enrollment in our school.

Documents – Please turn the following into the Admission Office

- Student Application Packet
- Transcript (from previous school –kindergarten students do not need to submit a transcript)
- Copy of Birth Certificate
- Copy of Passport
- Copy of Valid Entry Permit Card (If non-US passport holder: student and parent)
- Copy of Guardianship Declaration (if student is living with a guardian)
- Valid Blue Health Card with Hospital Health # - “School Entrance Health Certificate” (get this from the Commonwealth Health Center – hospital – or a medical clinic on island).

Payment

- New Student Application Fee
- Registration/Books/Materials

If you have further questions, please give our office a call at 234-7326 or email us at office@saipansdaschool.org.

Sincerely,

Olympia Manibusan, Interim Principal
Saipan Seventh-day Adventist School

Live to Learn. Live to Love. Live to Give.

FINANCIAL INFORMATION

Non-refundable yearly fees

Application (New students only)	\$25.00
Registration (Per household)	\$150.00
Materials and Technology	\$350.00
Science Lab Fee (Grades 5-8)	\$25.00
Insurance	\$12.00 (Yearly for School Hours Coverage)
	\$18.00 (Yearly for 24 Hours Coverage)

TUITION:

	Yearly	10 Months
Kindergarten:	\$3,100.00	\$310.00
Grades 1-2:	\$3,250.00	\$325.00
Grades 3-4:	\$3,350.00	\$335.00
Grades 5-8:	\$3,400.00	\$340.00

* A 3% convenience fee will be assessed for credit card purchase.

* A \$30.00 fee will be assessed for all NSF checks.

*Registration & Materials Fee are non-refundable.

AFTER SCHOOL PROGRAM: \$50.00/Month (Additional fees for some classes)

UNIFORMS

Polo Shirts (with school name)	\$15.00 – All sizes & Dry Fit \$20
P.E. SHIRT	\$10.00 – All Sizes & Dry Fit \$15

<u>Graduation Fee:</u> Kindergarten	\$25.00
Eighth Grade	\$50.00

PUBLIC SCHOOL SYSTEM MEALS (Optional)

Breakfast:	\$.50 per meal
Lunch:	\$.75 per meal

Person Responsible for Financial Obligation of Attendance

_____ Mother _____ Father _____ Guardian
_____ Other Sponsor Legal Name _____
Address _____
Phone #s: _____
Email: _____

- _____ Please email my invoice and statement each month.
_____ Please email and print my invoice and statement each month.
_____ Please print my invoice and statement each month.

OBLIGATION CONTRACT

Full month payment is due the 6th of every month. Any student account that is not in full by the end of every month will be considered delinquent and put in the following 3-Step Financial Delinquency Status:

1. A letter of reminder will be sent to the parents/guardians and/or to the individual responsible for finances requiring payment to be made within 5 working days. A 3% late payment fee will be charged on unpaid balance each month.
2. Student will be suspended from attending class and any school activity until payment is made. A letter of suspension will be sent. Person responsible for finances must come in and see the accountant.
3. If account remains delinquent and financial arrangements are not made within 45 days, then the student is dis-enrolled and account is sent to a collection agency.

If account is delinquent, no school record may be released until payment is made in full.

I agree to be responsible for all tuition costs and fees with _____ (name of student) being enrolled at Saipan Seventh-day Adventist School. I agree to provide payment in the required time frame. I release, discharge, and hold harmless the Seventh-day Adventist School, its members, officers, agents, and employees from against any liability or any claim or demand arising from or connected with any financial issues.

(Signature of Person Responsible for Finances)

Date

SAIPAN SEVENTH-DAY ADVENTIST SCHOOL

Resident Student Application for Admission SY 2023-2024

Student's Info

Legal Name (First, Middle, Last) _____ Preferred Name _____
Date of Birth _____ Gender _____ Ethnicity _____
Country of Birth _____ Citizenship _____ Passport # _____
Address _____ P.O. Box _____
Street Name _____
Village _____ Saipan, MP 96950
Last Grade Completed _____ Date of Completion _____
Name of Last School Attended _____
Student is living with: ☐ Both Parents ☐ Mother Only ☐ Father Only ☐ Guardian
If parents are divorced, is there joint custody? ☐ Yes ☐ No

Parents' Info

Father's Legal Name (First, Middle, Last) _____
Home Phone _____ Cell Phone _____ Email _____
Employer _____ Position _____ Work Phone _____

Mother's Legal Name (First, Middle, Last) _____
Home Phone _____ Cell Phone _____ Email _____
Employer _____ Position _____ Work Phone _____

Guardian's Info

Male's Legal Name (First, Middle, Last) _____
Home Phone _____ Cell Phone _____ Email _____
Employer _____ Position _____ Work Phone _____

Female's Legal Name (First, Middle, Last) _____
Home Phone _____ Cell Phone _____ Email _____
Employer _____ Position _____ Work Phone _____

Additional Address (If applicable)

Address for _____ Relationship to Student _____
Address _____ P.O. Box _____
Street Name _____
Village _____ Saipan, MP 96950

Admission to the Saipan Seventh-day Adventist School is open to all students regardless of ethnic background/origin or religious beliefs.

MEDICAL AND HEALTH INFORMATION

1. Are there any physical activities in which your child can not participate? Please list specifics.
2. Is there any food your child is allergic to? Please list specifics.
3. Does your child have other allergies? Please list specifics.
4. Does your child have any chronic illness, disease, or medical condition? Please list specifics.
5. Is there anything else the school should be aware of regarding your child's health?

Student's Legal Name _____ Date of Birth _____

EMERGENCY INFORMATION

Contact Person _____ Phone _____
Student's Physician _____ Clinic _____ Phone _____
Student's Dentist _____ Clinic _____ Phone _____
Health Insurance # _____ Name of Insurance _____

Please list the information of two adults other than the parents that we may call in case of an emergency if you are not available.

Name _____ Relationship to Student _____
Home Phone _____ Work Phone _____ Cell Phone _____
Name _____ Relationship to Student _____
Home Phone _____ Work Phone _____ Cell Phone _____

As necessary, I grant permission to the Saipan Seventh-day Adventist School to arrange for emergency medical or other emergency services for the student _____ (name of student). This permission will cover the entire time he/she is enrolled at the SDA School. I agree to be responsible for any and all medical costs, expenses, and charges incurred by or for my child. I agree to release and discharge and hold harmless the Seventh-day Adventist School, its members, officers, agents, and employees, from and against any liability or any claim or demand arising from or connected with such treatment.

I HAVE READ AND AGREE TO THE STATEMENT AS IT IS WRITTEN.

Signature of Parent/Guardian

Date

PERMISSIONS FORM

Authorization to Leave School – *The following people are authorized to pick up my child.*

Name _____ Relationship _____ Contact # _____

Name _____ Relationship _____ Contact # _____

Name _____ Relationship _____ Contact # _____

Other Options:

☐ Student will walk home each day.

☐ Student will hire a taxi each day.

☐ I also grant permission for my child/children to be picked up by other adults through my verbal permission over the phone.

Signed _____ Date _____

General Field Trip – *The academic curriculum at the Saipan Seventh-day Adventist School included off-campus outings such as class field trips, picnics, walks, community service, sports activities, annual "Outdoor School Trip", fine arts performances, and other activities that occur throughout the school year.*

You will receive written information about these trips before they occur. Please indicate below your permission for your child's involvement in these activities.

☐ Yes, I grant permission for my child/children to participate in school activity trips off-campus.

☐ No, I do not grant permission for my child/children to participate in school activity trips off-campus.

Signed _____ Date _____

Permission to Publish Student Photos – *In an effort to continue promoting and advertising the school to the community and public on island & abroad, the Saipan Seventh-day Adventist School requests parent/guardian permission for the student's photos (still shot & video) to be published through newspapers, newsletters, social media, advertisements, brochures, videos, and other advertising avenues.*

Please indicate below your permission for your child's photo to be used and published in these activities.

☐ Yes, I grant permission for my child's photo to be used to promote the school.

☐ No, I do not grant permission for my child's photo to be used to promote the school.

Signed _____ Date _____

BEHAVIOR CONTRACT AGREEMENT

It is very important that all students and parents of the Saipan SDA School understand the expectations of their homeroom classrooms and of the school. Parent and students should read the classroom management plan of their homeroom teacher and the Student/Parent Handbook to clearly understand what is expected of each student.

After reading together, please sign below indicating that you are able and willing to follow these guidelines.

Student Name

Student's Signature

Date

Parent Name

Parent's Signature

Date



102 Julale Center, Hagåtña, Guam 96910 USA
Tel. No. (671) 477-8613 Fax No. (671) 477-0672

VOLUNTARY GROUP STUDENT PA APPLICATION FORM

1. Name of Student: _____ Date of Birth _____
2. Address : _____
3. Beneficiary Name: _____
4. Relationship to Student: _____ Tel _____ Fax _____ Email _____
5. Coverage Plan:
- ☐ **24-Hour Cover.** Provides accident insurance protection 24 hours a day for one full year from the date of effectivity, anywhere in the world, in or out of school, including while flying as a passenger on commercial flights and unprovoked murder and assault.
- ☐ **School-Time Only.** Provides accident insurance protection from the date of effectivity until the last day of the regular school year while traveling to and from school (maximum two hours either way), while attending classes on school premises, and while participating or attending as a spectator in any school-sponsored activity inside or outside school premises under the direct supervision of the proper school authority.

6. Benefit Schedule/Premium

PAYS FOR ACCIDENTAL LOSS OF	LIMITS
Life	\$10,000
Both Hands or Both Feet	\$10,000
Sight of Both Eyes	\$10,000
One Hand and One Foot	\$10,000
Speech	\$10,000
Hearing in Both Ears	\$10,000
One Hand or Foot	\$5,000
Sight of One Eye	\$5,000
Both Thumb and Index Finger of Either Hand	\$2,500
Accident Medical Expense Benefit, Maximum Amount	\$2,000
Accident Burial Expense Benefit, Maximum Amount	\$2,000
Unprovoked Murder and Assault Coverage	Covered
Premium – Plan A	\$18.00
Plan B	\$12.00

Date: _____

By: _____
Signature of Student (Parent/Guardian, if minor)