

William A. Kirlew Junior Academy

A Seventh-day Adventist Institution

18900 NW 32nd Avenue, Miami Gardens, Florida 33056

Ph (305)474-4760 ♦ Fax (305)474-4762

New Student Application for Enrollment

School Year: _____ / _____ Grade Entering: _____ Date Submitted: _____ / _____ / _____

Please PRINT

LEGAL NAME _____ Nickname _____

Home Address _____
Last Full First Full Middle

Street City State Zip

Mailing Address _____

PO Box City State Zip

Home Phone () Social Security # _____

Male Date of Birth _____ / _____ / _____ Place of Birth _____

Female City State Country

SDA: Yes No Church Membership _____ Date Baptized _____ / _____ / _____

Citizenship: US Other _____ Primary Language Spoken in Home _____

Previous School Name _____

Address _____

Street City State Zip

Phone () Fax ()

Has Student ever received exceptional / educational services? Yes No

If yes, which services? Comprehensive Education (small group remediation) Hearing Disabilities

ESL (English as a Second Language) Speech Therapy

Gifted Other _____

Has Student ever repeated a grade? Yes No If yes, what grade and explain: _____

Has Student ever skipped a grade? Yes No If yes, what grade and explain: _____

Has Student been suspended, expelled or asked to withdraw from school, arrested or on probation? Yes No

If yes explain _____

Has Student experienced any limitations? Yes No

If yes, in which areas and explain: Academic _____

Behavioral _____

Physical _____

Social _____

Legal custody restraint documents: YES NO If yes, please make available all legal documents for school office records.

Custody: Father Mother Both Other _____

FAMILY INFORMATION

	MOTHER/Guardian	FATHER/Guardian
Full Legal Name		
Home Address		
Home Phone #		
Work Phone #		
Cell Phone #		
Pager #		
Email Address		
Relationship to Student	<input type="checkbox"/> Natural <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian	<input type="checkbox"/> Natural <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian
Occupation		
Employer		
Social Security #		
Birth date		
Birthplace		
Citizenship	<input type="checkbox"/> US <input type="checkbox"/> Other _____	<input type="checkbox"/> USI <input type="checkbox"/> Other _____
# Years of Edu. Completed		
Church Affiliation	<input type="checkbox"/> SDA <input type="checkbox"/> Other _____	<input type="checkbox"/> SDA <input type="checkbox"/> Other _____
Church Membership		
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed

Emergency Contact (Individual other than parents):

Home Phone _____

Name _____ Relationship _____

Work Phone _____

Physician: _____

Phone _____

Signed _____ Date _____

Parent/Guardian

Student

OFFICE USE ONLY

Admissions Committee Action:

Date: _____

Accepted
 Conditional Acceptance
 Not Accepted



Student Recommendation

William A. Kirlew Junior Academy

NOTE: No recommendation should come from family members or friends. This form should be returned to the office within 5 days.

The first recommendation must come from student's current teacher. The 2nd recommendation must come from either a previous teacher, a guidance counselor, or a Pastor.

Student Name: _____ **Applying for Grade** _____

*The above named student is applying for admission to William A. Kirlew Junior Academy. Please fill out the following information and return it to us **as soon as possible**. Thank you for your assistance.*

How long have you known the applicant? 1-2 years 3-4 years 5 or more years
 When was your last interaction with the applicant? current months ago 1 year or more
 In what capacity have you known the applicant? current teacher previous teacher
 guidance counselor Pastor

How could you rate the applicant in the following areas?

	Very Good	Average	Poor	Don't Know
Christian Influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kindness and courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual aptitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To your knowledge, has the applicant repeated a grade? _____

To your knowledge, has the applicant skipped a grade? _____

To your knowledge, has applicant ever used: alcohol tobacco drugs none

To your knowledge, has applicant been suspended, expelled or asked to withdraw from school, arrested or on probation? Yes No If so, explain _____

Do you recommend this applicant as a desirable student for a Christian school?
 Yes, without reservation Yes, with reservation No, not at this time

General comments: (please list strengths and weaknesses) _____

 Name (please PRINT)

 Telephone Number

 Date

 Signature

 Address

 Position

 City

 State

 Zip

Primary Teacher's Recommendation

APPLICATION FOR KINDERGARTEN – GRADE ONE

TO BE COMPLETED BY A PRINCIPAL, COUNSELOR, OR TEACHER

NAME _____

PRESENT LEVEL _____

has applied for admission grade _____. The Admission Committee will greatly appreciate your comments on the following:

1. How long have you known / taught this child _____

2. Which words or phrases come first to your mind in describing the applicant?

Strengths: _____

Weaknesses: _____

3. Please evaluate the applicant in the following areas:

	OFTEN	SOMETIMES	SELDOM	N/A
SOCIAL DEVELOPMENT				
Displays self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows school rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts and respects authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHYSICAL DEVELOPMENT				
Displays gross motor coordination (running, skipping, jumping, throwing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays fine motor coordination (cutting, pasting, coloring, tracing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manages bathroom needs independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits sufficient stamina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WORK HABIT DEVELOPMENT				
Has adequate attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens effectively ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CREATIVE DEVELOPMENT				
Eager to explore art media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits curiosity, interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoys singing, rhythm, movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LANGUAGE ARTS DEVELOPMENT				
Speaks in complete sentences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributes verbally to the group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes own name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Associates sounds with letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays interest in books/stories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF APPLICABLE:

↳ Reads: _____ Words: _____ Phrases: _____ Sentences: _____ Approximate Gr Level: _____

OFTEN	SOMETIMES	SELDOM	N/A
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MATHEMATICAL DEVELOPMENT

Matches and names colors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Matches and names basic shapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is able to count objects 0 – 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is able to identify numerals 0 – 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counts by rote 0 – 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counts beyond 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. To your knowledge, has this student ever been referred to a counselor or a psychologist for psychological or educational testing?

Please explain: _____

5. To your knowledge, has this student ever been involved in a behavior modification program?

Please explain: _____

6. If English is a second language, (check YES NO) please indicate the degree of the student's ability to perform in an academic atmosphere where English is the primary language.

7. Additional Comments:

Signed: _____

Position: _____

School: _____

Address: _____

Phone: _____

Date: _____

Please return as soon as possible to: **William A. Kirlew Junior Academy 18900 NW 32 Avenue Miami Gardens, FL 33056 in a stamped envelope provided by applicant.** Thank you for your cooperation. Your recommendation will have a direct bearing on the application of this candidate and **will be held in strict confidence.**



18900 NW 32 Avenue
Miami Gardens, FL 33056
305/474-4760

William A. Kirlew Junior Academy

RECOMMENDATION FORM FOR A STUDENT CURRENTLY ENTERING GRADES 2 – 8

TO BE COMPLETED BY A PRINCIPAL, COUNSELOR, OR TEACHER

NAME _____

ENTERING GRADE _____

Has applied for admission to our school. The Admissions committee will greatly appreciate your comments on the following:

1. How long have you known/taught this child _____

2. Does the applicant possess any special or unusual competence or talent? Yes No

If so, please explain: _____

3. Which words or phrases come first to your mind in describing the applicant?

Strengths: _____

Weaknesses: _____

4. Has the student ever been suspended or expelled from your school? Yes No

If so, please explain: _____

5. Please assess the strengths of the applicant as an aid in class placement:

	BELOW AVERAGE	AVERAGE	ADVANCED
Mathematics Present Grade _____		<input type="checkbox"/>	<input type="checkbox"/>
Anticipated Mathematics Next year		<input type="checkbox"/>	<input type="checkbox"/>
English / Language Arts Present Grade _____		<input type="checkbox"/>	<input type="checkbox"/>
Anticipated English / Lang Arts Next Year		<input type="checkbox"/>	<input type="checkbox"/>

6. To your knowledge, has the student ever been referred to a counselor or psychologist for educational testing?

If so, please explain: _____

7. To your knowledge, has this student taken or been prescribed a medication to manage a behavior disorder?

If so, please explain: _____

8. To your knowledge, has this student ever been involved in a behavior modification program?

If so, please explain: _____

Please Complete Reverse Side

	NO BASIS FOR JUDGMENT	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	TOP 10%
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Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Citizenship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality of thought	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parental cooperation (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regularity in completing assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect accorded to adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect accorded to peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seriousness of purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special competence / talent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warmth of personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Estimate of applicant's future school success:

Little Success May encounter some difficulty Average Above Average Superior

* If English is a second language, (check YES NO) please indicate the degree of the student's ability to perform in an academic atmosphere where English is the primary language.

Signed: _____

Date: _____

Position: _____

School _____

Telephone: _____

Address _____

Please return as soon as possible to: **William A. Kirlew Junior Academy in a stamped envelope provided by applicant.** Thank you for your cooperation. Your recommendation will have a direct bearing on the application of this candidate and **will be held in strict confidence.**

WILLIAM A. KIRLEW JUNIOR ACADEMY
EMERGENCY CONTACT INFORMATION FORM

PARENT INFORMATION	MOTHER	FATHER
NAME →		
MAILING ADDRESS (Home) →		
Home Phone #→		
Cell Phone #→		
Employer Name		
Employer's Address		
Employer's Telephone #		

AGREEMENT TO HOLD HARMLESS

I acknowledge that all the information submitted on this form was provided by me or my authorized legal representative and the information is true to the best of my knowledge.

Date: _____

Signature: _____

Printed Name: _____

Person to Notify in Case of Emergency (must have phone and live at different address)

Name: _____ Relationship: _____

Address: _____

Phone: _____

Student's Name: _____

Student's Age: _____ **Date of birth:** _____

William A. Kirlew Junior Academy
CONSENT TO TREATMENT

Student's Name: _____

I, the undersigned parent or guardian of the above named minor, do hereby consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of _____, MD/DO or any physician the staff or administration of William A. Kirlew Junior Academy may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. It is understood that reasonable effort will be made to contact the doctor listed above before any other physician is called by William A. Kirlew Junior Academy.

It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required, and is given to authorize the staff or administration of William A. Kirlew Junior Academy or the physician to exercise their best judgment as to the requirements of such diagnosis.

This consent shall remain in continuous effect until revoked in writing and delivered to the physician above or to William A. Kirlew Junior Academy.

Date: _____

Signed Name: _____

Printed Name: _____

Relationship to Student: _____

STATE OF FLORIDA
COUNTY OF DADE

The foregoing Consent to Treatment was sworn to and subscribed before me this _____ Day of _____ 20____, by _____
who:

[] is personally known to me;

[] provided _____ as identification

Notary Public – State of Florida

(SEAL)

WILLIAM A. KIRLEW JUNIOR ACADEMY

Parental Consent for Dismissal

School Year _____

Please complete one form if more than one child is in household.

Child's Last Name	First	Age	Grade	Teacher

Parent's Name	Cell Phone #	Home Phone #	Work Phone
Mother:			
Father:			
Guardian:			

The following people are authorized to pick up my child from School/After Care Program

Full Name	Relationship	Emergency Phone #	Cell/Pager #	Home Phone #	Work Phone #

WAKJA After School Care

I understand the WAKJA After School Program's hours are Monday through Thursday from 3:30-6:00 p.m. and Friday 2:30 – 4:00 p.m. I will have my child(ren) picked up at regularly scheduled dismissal. I also understand that if I am late picking up my child(ren) he/she will automatically be placed in the After Care Program. There will be an additional charge of \$1.00 for each additional minute after the scheduled After Care time. I understand this must be paid directly to the After Care personnel on duty.

Parent's Signature _____

Date: _____

Please Print Name: _____

WILLIAM A. KIRLEW JUNIOR ACADEMY

Parent and Student Acknowledgement of Dress Code Policy

The WAKJA Dress Code Policy has been established as a guide for students and parents that will be in harmony with Christian principles. WAKJA is committed to the concept that parents/guardians have the primary responsibility for educating their children in regard to appropriate dress standards. After reading and discussing the policy outlined in the WAKJA Handbook, (see opposite side of form) please sign below. Your signature indicates that the student and parent/guardian have read the policies and agree to uphold them.

I have read the Uniform policy and agree to abide with all the rules and regulations therein.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Student Signature

Date

Student Printed Name

PLEASE KEEP THIS COPY FOR YOUR RECORDS

William A. Kirlew Junior Academy

Dress Code Policy

Taken from Student Handbook (Page10)

DRESS

It is our goal that students develop an appreciation for Christian dress standards and grooming habits. This is particularly necessary in today's world where dress standards are extremely lax. Our dress code will be effective only as parents and students work together. Students are expected to observe the following standards in their dress:

Uniform is the only appropriate dress for school. All items for students may be purchased through the school or school uniform company. Students are not permitted at anytime to wear only a part of the uniform on the street, to classes, or in any public place. No decoration (additional badges, pins, brooches, etc.) may be worn without permission from the school administration.

Shirts and blouses (for both boys and girls) **must** be worn tucked in.

Girls in Grades K5 – Grade 5 will wear 'jumpers' and blouse/polo shirts

Girls in Grades 6-8 will wear blouses/polo shirts and skirts (on the waist line).

Boys will wear their pants on the waistline kept in place by a black belt.

Plain black shoes, (not fancy, or multi-colored designs) with non-skid soles are required for both boys and girls. Shoes must be completely black (no white soles or logos). **High-topped** and heavy-styled sneakers must not be worn. Slippers and sandals are not to be worn with the uniform except in the case of injury.

Girls must wear plain, white ankle socks only.

Boys must wear plain, black socks only.

Boys **hair is to be low cut and neatly groomed**.

Girls' hair styles are to be neat, plain and simple.

A few black or brown beads may be worn to match hair color. "Baubles", slides, side-combs should be plain white, red, or yellow to match the uniform. No make-up or jewelry of any kind is allowed

SWEATERS AND JACKETS

School jackets or school sweaters are permitted on cold days. The approved colors for sweaters or jackets are **hunter green and black**. These must be worn properly i.e. **not around the waist or draped on the shoulders**. Sweaters and jackets must be free from ghastly symbols and messages. Any logo should be less than two inches.

Warmers for girls are permitted on cold days. These must be black, white, or hunter green and should be worn under their uniforms.