

# EPHESUS JUNIOR ACADEMY

**A Seventh-day Adventist Christian  
Elementary and Middle School**

2760 West Edgewood Avenue

Jacksonville, FL 32209

Phone: 904-765-3225

Fax: 904-924-2045

[www.ephesusjunioracademy.org](http://www.ephesusjunioracademy.org)

## **ADMISSIONS APPLICATION**

# **2023 – 2024**

- Please complete and return ALL forms in this application package.
- \$100 of the Registration Fee
- If the balance of the Registration Fee is paid by August 14, 2023, ten percent will be deducted from the August tuition

2023 – 2024

Student's Name

Applying for Grade

School Year

PARENT'S OR GUARDIAN'S e-mail address (e-mail address is REQUIRED)

Ephesus Junior Academy  
**PHYSICAL EDUCATION**

**PERMISSION SLIP**

**School Year** \_\_\_\_\_

[ ] My child is allowed to go to P.E. at the Y.M.C.A. for this school year.

[ ] My child is **NOT** allowed to go to P.E. at the Y.M.C.A. for this school  
Year.

**(NOTE:** the YMCA is funded through your Registration Fee. Failure to pay your Registration Fee in full the end of December for the current school year will result in your child's removal from the Physical Education Program until the balance is paid in full.)

Child's Name: \_\_\_\_\_

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

Parent/Guardian's Printed Name: \_\_\_\_\_

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

**Ephesus Junior Academy  
of Seventh-day Adventist**  
2760 W. Edgewood Avenue Jacksonville, FL 32209  
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## **REGISTRATION CHECKLIST**

\_\_\_\_\_ 1. APPLICATION

\_\_\_\_\_ 2. PRE-RESTRATION FEE

\_\_\_\_\_ 3. APPLICATION FEE

\_\_\_\_\_ 4. BIRTH CERTIFICATION

\_\_\_\_\_ 5. SOCIAL SECURITY CARD

\_\_\_\_\_ 6. HEALTH RECORDS:

- Form DH 680 - Immunization Record 7<sup>th</sup> Grade Immunization Requirement
- Form 3040 – Physical Examination

\_\_\_\_\_ 7. REPORT CARDS (previous year grades)

\_\_\_\_\_ 8. TRANSFER REQUEST FORM

\_\_\_\_\_ 9. CHARACTER REFERENCE FORM FROM TWO OF THE  
FOLLOW THREE:

- a. Principal                      b. Teacher                      c. Pastor

\_\_\_\_\_ 10. ADMINISTRATOR'S INTERVIEW

\* \_\_\_\_\_ 11. PARENT'S E-MAIL ADDRESS ON APPLICATION COVER

**Southeastern Conference of Seventh-day Adventists**

# **Office of Education – Ephesus Junior Academy School / Academy Media Release Form**

**Student's Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Teacher's Name:** \_\_\_\_\_

**School/Academy Name:** \_\_\_\_\_

\_\_\_\_\_ School/Academy and Southeastern Conference offices of Education has my permission to photograph record and reproduce any media piece that specifically identifies the above-named student through printed, audio, visual, or electronic means including, but not limited to photographs, films, slides, video/audio recordings made of the above-named student during the school/academy's school year. I understand that any photographs, films, slides, video/audio or other recordings relating to the above named student will be respectfully done and are being produced for educational purposes that may be used for the following:

- Classroom use
- School and community brochures and posters
- Ambassador Newsletter
- Yearbook
- Broadcast on local television and /or radio
- Press releases to newspapers.
- Displays on Ephesus Junior Academy (Jacksonville), Southeastern Conference, Southern Union, North American Division (NAD) website(s) and at other conference.
- Presentations to stakeholders and agencies having influence over funding allocations for schools
- School Face Book
- School Website

I \_\_\_\_\_ authorize \_\_\_\_\_ School/Academy and the Southeastern Conference Office of Education the right to print, photograph, record, and edit as desired, the biographical information, name, image, likeness, and / or voice of the above named student on audio, video, film, slide, or any other

electronic and printed formats currently or later developed (known as “recordings”) for the purposes stated or related to the above. I understand and agree that use of such recordings will be without any compensation to the above-named student or to me.

I understand and agree that \_\_\_\_\_ School/Academy and the Southeastern Conference Office of Education have the unlimited right to use the pictures and/or recordings for any purposes stated or related to above.

I hereby release and hold harmless \_\_\_\_\_ School/Academy and the Southeastern Conference Office of Education from any and all actions, claims, damages, costs, or expenses, including attorney’s fees, brought by the above-named student and/or by me which relate to or arise out of any use of these pictures and/or recordings as specified above.

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**Southeastern Conference Office of Education Media Release**

**Parent/Guardian’s Signature:**

My signature below shows that I have read and fully understand this Southeastern Conference Media Release Form and that I agree to its provisions.

Student’s Name \_\_\_\_\_

Parent/Guardian’s Name (PLEASE PRINT): \_\_\_\_\_

Parent/Guardian’s Signature \_\_\_\_\_ Date: \_\_\_\_\_

Principal’s Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Ephesus Junior Academy**

2760 W. Edgewood Avenue, Jacksonville, FL 32209

Office: 904-765-3225; Fax: 904-924-2045

**REGISTRATION CONTRACT**

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

Student's Last Name	First Name & Middle Initial	Current/Entering Grade
Parent/Guardian's Names		Contact Daytime Telephone Number
SDA Church Member: <input type="checkbox"/> Ephesus SDA Church: <input type="checkbox"/> New Life International SDA Church <input type="checkbox"/> SDA Church		
Other Church Affiliation: _____		

Ephesus Junior Academy is committed to providing the highest quality of Christian education possible within the context of the financial resources available. We recognize there is nothing more precious to a parent than his/her child/children. Consequently, when we accept responsibility of providing a Christian education for your children, we consider it both a high privilege and a sacred trust. In many ways we enter into a partnership with you in taking on the awesome responsibility of educating your children. Unfortunately one of the necessary ingredients of operating a quality program is to have sufficient financial resources. These resources come substantially from three areas:

- Southeastern Conference of Seventh-day Adventists
- Constituents of Seventh-day Adventist churches in Jacksonville, Florida
- You, the parent/guardian

If requires the faithful support of all three areas for the school program to continue in existence. Consequently, we are counting on you, as your partner, to faithfully need the monthly tuition obligations of your child/children. We pledge that we will do our utmost to provide the highest quality Christian education possible. In return for our pledge to you, by signing the contract, we ask you to pledge to us the prompt payment of your account. Your signature also indicates your willingness to withdraw your child or children from our school should it become impossible for you to meet your financial obligation. In the case of highly unusual circumstances, your child or children may be allowed to continue classes when your account is not current, if **PRIOR** approval has been made obtained from the finance committee of the school board.

In appropriately signing and returning this contract to the Admission Office, as the parent or guardians of the above-named student, we acknowledge and agree to the following payment terms:

1. Tuition Payment Plan (Please select one):
  - ☐ Ten equal monthly payments due August 14, 2023 through May 24, 2024.
  - ☐ Two semester payments due the first week of August 2023 and January 2024.
    - a 2.5% discount is given for those selecting this plan.
  - ☐ Payment in full with contract—a 5% discount is given if paid by August 10, 2024. A 10% discount is given for the second sibling, and a 15% discount for the third sibling.
2. Deposits, Registration Fees, and Computer Fees are not refundable. Tuition must be paid to the date to the date of withdrawal. Outstanding balances must be paid in full before the school will release any grades, transcripts, or records.
3. Students whose accounts have not received any payment for 30 days will be suspended until their bill is made current.
4. The principal reserves the right to terminate the contract at any time (conduct, non-payment, etc.)
5. The following documents are required when the student registers. Students will not be allowed to begin school without these documents on file in the Registrar's office.

- ✓ **Registered Birth Certificates**
- ✓ **Social Security Card**
- ✓ **Student Physical Examination (HRS-H-Form 3040) completed by a physician within the previous year for any new student and with the last three years for returning students.**
- ✓ **Florida Certification of Immunization (Form DH 680)**

6. Payments are due on the first of the month.
7. A \$20 late fee will be applied to any unpaid balance when payment is not received by the tenth day of the month.
8. Returned checks will be charged a \$35.00 fee or the amount of the current bank charge.  
Subsequent payments **MUST BE PAID IN CASH, BY MONEY ORDER OR CERTIFIED CHECK.**

I hereby certify that I understand and agree to the terms set forth in this contract. I also accept financial responsibility for the above-named student at the rate shown below. My tuition responsibility will be \$\_\_\_\_\_ for the entire school year at a rate of \$\_\_\_\_\_ per month.

Parent/Guardian's Signature	Parent/Guardian's Printed Name	Date
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Additional Responsible Party's Signature	Additional Responsible Party's Signature	Date
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Signature of School Personnel	School Personnel's Printed Name & Title	Date
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(Please print in Ink) School\_\_\_\_\_

Pupil's Legal Name \_\_\_\_\_ Sex: F\_\_\_\_ M\_\_\_\_  
Last First Middle Nickname

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Month Day Year City State

Verification of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address (and change of address)

1. \_\_\_\_\_ Tel. \_\_\_\_\_  
No. Street City State Zip Code Home Cell  
2. \_\_\_\_\_ Tel \_\_\_\_\_  
3. \_\_\_\_\_ Tel. \_\_\_\_\_

Family Information	Father	Mother	Guardian		Grade Placement		
Legal Name					Date Enrolled Mo. Da. Yr.	Age Yr. Mo.	Grade
Check One	Natural__ Step__ Foster__	Natural__ Step__ Foster__	Relation to Child				
Home Address if Different from above							
Home Telephone							
Occupation							
U.S. Citizen	Yes [ ] No [ ] Other [ ]	Yes [ ] No [ ] Other [ ]	Yes [ ] No [ ] Other [ ]				
SDA Member	Yes [ ] No [ ] Other [ ]	Yes [ ] No [ ] Other [ ]	Yes [ ] No [ ] Other [ ]				
Marital Status	Married [ ] Divorced [ ] Other [ ]	Married [ ] Divorced [ ] Other [ ]	Married [ ] Divorced [ ] Other [ ]				

Other persons living with family \_\_\_\_\_ Relation to Child \_\_\_\_\_

Church child attends \_\_\_\_\_ Denomination \_\_\_\_\_

Baptism \_\_\_\_\_ Place: \_\_\_\_\_ Date: \_\_\_\_\_ Age: \_\_\_\_\_

**Check any of the following diseases: give dated of immunizations the student has had:**

Mumps \_\_\_\_\_ Tonsillitis \_\_\_\_\_ Chorea \_\_\_\_\_ Whooping Cough \_\_\_\_\_ Injury \_\_\_\_\_  
Diphtheria \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Rheumatism \_\_\_\_\_ Operation \_\_\_\_\_ Measles \_\_\_\_\_  
Typhoid \_\_\_\_\_ Smallpox \_\_\_\_\_ Pneumonia \_\_\_\_\_ Polio Shots \_\_\_\_\_ Influenza \_\_\_\_\_  
Scarlet Fever \_\_\_\_\_ Small Vaccination \_\_\_\_\_ Immunized against Diphtheria \_\_\_\_\_

**Date of last Physical Exam** \_\_\_\_\_ **Current physical exam forms brought for Grades (K or 1)** \_\_\_\_\_: (4) \_\_\_\_\_: (7) \_\_\_\_\_ **Person to notify in emergency:** 1. \_\_\_\_\_ Tel. \_\_\_\_\_

2. \_\_\_\_\_ Tel. \_\_\_\_\_

**Physician to call in emergency:** \_\_\_\_\_ Tel. \_\_\_\_\_

**If this Physician is not available, does the school have your permission to call another?** \_\_\_\_\_

My child will go to and from school: Walk \_\_\_\_\_: bicycle \_\_\_\_\_: family car \_\_\_\_\_: carpool \_\_\_\_\_: school bus \_\_\_\_\_:  
public transportation \_\_\_\_\_:

Where child is to go regularly after school \_\_\_\_\_ (Parent's request or note needed for any change.

If applicable during year, date of withdrawal: \_\_\_\_\_ Reason: \_\_\_\_\_

Has Student ever been suspended or expelled from any school? \_\_\_\_\_ If so, explain on back.

Eighth Grade Diploma Date: \_\_\_\_\_ Eighth Grade Certificate Date: \_\_\_\_\_

We understand the requirements and regulation of the school and pledge our full cooperation.

Signed \_\_\_\_\_  
Pupil Parent/Guardian Date



**PLEASE NOTE:** Florida Statute, Section 232.46 **MANDATES** that school staff must follow specific guidelines when administering medication at school. **THERE ARE NO EXCEPTIONS.**

## EPHESUS JUNIOR ACADEMY

### Parent Permission for the Administration of Nonprescription Medication (Over-the-Counter Medication)

Student \_\_\_\_\_ DOB \_\_\_\_\_ Teacher \_\_\_\_\_

I request my child/legal ward \_\_\_\_\_

Be given external and/or internal medication identified below during school hours. If I provide medication, it will be in its original container. I understand that such medication will be given **ONLY** according to the following directions:

Medications \_\_\_\_\_ Amount \_\_\_\_\_ Frequency \_\_\_\_\_

Medication to be discontinued \_\_\_\_\_

(Directions from the parent should not exceed the medication instructions on the label.)

Further, I agree to waive any claims of liability that may arise against any school personnel relative to the administration of medication to my child according to these directions.

\_\_\_\_\_  
Date

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

**PLEASE NOTE:** Florida Statute, Section 232.46 **MANDATES** that school staff must follow specific guidelines when administering medication at school. **THERE ARE NO EXCEPTIONS.**

## EPHESUS JUNIOR ACADEMY

### Parent Permission for the Administration of Prescription Medication

Student \_\_\_\_\_ DOB \_\_\_\_\_ Teacher \_\_\_\_\_

Name of Medication \_\_\_\_\_ Doctor \_\_\_\_\_

Prescription Number \_\_\_\_\_ Date of Prescription \_\_\_\_\_ Quantity \_\_\_\_\_

I, \_\_\_\_\_, grant permission for the principal or principal designee to assist in the administration of prescribed medication for my child/legal ward (Student's Name \_\_\_\_\_). **ALL** medication must be properly labeled with patient's name and current prescription number. I certify that the prescribed medication is in its original container and that it is necessary, according to my doctor's instructions, for this medication to be provided during the school day – including when my child is away from property on official school business. I understand that this medication will be given only according to directions on the label as prescribed by the doctor. I further understand that at the end of the school year, it will be my responsibility to pick-up any unused medication within 30 days.

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

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

**Ephesus Junior Academy  
PHYSICAL EDUCATION**

**PERMISSION SLIP**

**School Year** \_\_\_\_\_

[ ] My child is allowed to take P.E. at the school or the Y.M.C.A. for this school year.

[ ] My child is not allowed to go to P.E. at the Y.M.C.A. for this school year.

**NOTE:** The YMCA is funded through your Registration Fee. Failure to pay your Registration Fee in full by the end of December for the current school year will result in your child's removal from the Physical Education Program until the balance is paid in full.

Child's Name: \_\_\_\_\_

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

Parent/Guardian Printed Name: \_\_\_\_\_

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