



**ADMISSION APPLICATION
BACK TO SCHOOL**

Decision:

Accepted

Rejected

Probation

PRINCIPAL'S SIGNATURE

BELLA VISTA ADVENTIST ACADEMY

Elementary Level _____

High School Level _____

Academic Year _____

Summer School _____

Attach 2 x 2
Picture

ADMISSION APPLICATION

INSTRUCTIONS: Complete this application as accurately as possible with an ink pen. This application should be completed by the applicant and their parental guardians. If the student is accepted, they should pay the total amount of the registration and fees assigned. If the student withdraws from BVAA within the first month of class, the school retains 50% of the total amount paid. After the first month, registration and fees will not be refunded. Seventh Day Adventist student should bring a current certificate of membership. The following documents should be submitted with this application:

| | | |
|---|---|---|
| <input type="checkbox"/> Prior Transcript of Courses Taken | <input type="checkbox"/> Copy of Social Security Card | <input type="checkbox"/> Good Conduct Certificate |
| <input type="checkbox"/> Original PV AC3 (vaccination form) | <input type="checkbox"/> Copy of Birth Certificate | <input type="checkbox"/> Two Pictures (2x2 size) |
| <input type="checkbox"/> Aprenda Test Scores | <input type="checkbox"/> Piense Test Scores | <input type="checkbox"/> Psychometric Test Score |

Admissions decisions will be taken by BVAA's Admissions Committee. BVAA RESERVES THE RIGHT OF ADMISSIONS.

Incoming GPA: _____

Application Date _____ / _____ / _____
MONTH DAY YEAR

Applying for Grade _____

Sex: M F

Age: _____

Social Security Number

STUDENT'S PERSONAL DATA

| | | | |
|-----------------|------------------|------------|-------------|
| FIRST LAST NAME | SECOND LAST NAME | FIRST NAME | SECOND NAME |
|-----------------|------------------|------------|-------------|

| | | | |
|---------------------|------|-------|----------|
| RESIDENTIAL ADDRESS | CITY | STATE | ZIP CODE |
|---------------------|------|-------|----------|

| | | | | |
|-----------------|--------|------|-------|----------|
| MAILING ADDRESS | NUMBER | CITY | STATE | ZIP CODE |
|-----------------|--------|------|-------|----------|

Citizenship: _____ Date of Birth _____ / _____ / _____ Religion: _____
MONTH DAY YEAR

Current Church: _____ Baptized: Yes No Who does the student reside with primarily?

FAMILY DATA

| | |
|------------------------------------|------------------------------------|
| Parent Name: _____ | Parent Name: _____ |
| Residential Address: _____ | Residential Address: _____ |
| Telephone: _____ Occupation: _____ | Telephone: _____ Occupation: _____ |
| Work Address: _____ | Work Address: _____ |
| Work Phone: _____ Religion: _____ | Work Phone: _____ Religion: _____ |

Name of legal guardian (if not listed above): _____ Tel. _____

Address: _____ Occupation: _____

Employment Address: _____ Tel. _____

Who should we contact in case of an emergency?: _____ Tel. _____

Address: _____

Person responsible for the student's tuition: _____ Tel. _____

Mailing Address: _____

Are you in the Tutoring Plan of your church? Yes No Church: _____

EDUCATION DATA

Previously Enrolled Institutions: (Previous Three Schools Only)

GRADE(S) **SCHOOL** **FORMER SCHOOL ADDRESS** **YEAR(S)**

Have you been previously expelled from school? Yes No

School name: _____ Date: _____ Reason: _____

List siblings currently enrolled in other Adventist Academies (K-12):

NAME**GRADE**

LEGAL AGREEMENT OF STUDENT, FATHER OR TUTOR

The student and parental guardian will receive a copy of the **STUDENT MANUAL**. Both the student and their parental guardian commit to strictly observe and follow each rule herein stated. Both the student and their parental guardian certify that we understand that any violation to the **STUDENT MANUAL** by the student may produce a sanction, suspension, or expulsion.

- We agree to pay the designated fees on time. Students with overdue accounts will be suspended from class.
- I fully understand that grades, transcripts, and diplomas will be given only if the account is paid in full.
- I will give a 30-day notice if I intend to withdraw my child.
- In the case my child have an accident during school, I will be notified. In the case of an emergency where I cannot be located by the school, I hereby give permission to provide any immediate medical assistance needed by my child.
- I will attend the BVAA's parent meetings and will support as needed the activities hosted by the school.

We have read the statements above listed and agree to comply with the conditions established. We are in complete harmony with the norms with the institution, as stipulated in the Student Manual and as announced by the Principal during the school year. By signing this document we commit to following the rules and regulations established by BVAA.

PARENTAL GUARDIAN SIGNATURE

STUDENT SIGNATUREDate: _____ / _____ / _____
MONTH DAY YEAR



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STUDENT EMERGENCY INFORMATION

STUDENT NAME _____ GRADE _____ SOCIAL SECURITY NUMBER _____

MAILING ADDRESS _____

PARENT NAME _____ WORK PHONE _____ CELPHONE _____

PARENT NAME _____ WORK PHONE _____ CELPHONE _____

IN CASE OF EMERGENCY AND PARENTS CANNOT BE REACHED, LIST RELATIVE OR PERSON TO CALL:

NAME _____ RELATION TO STUDENT _____ PHONE _____

STUDENT PRIMARY PHYSICIAN _____ PHONE _____

PRIOR ILLNESS OR SURGERY:

ILLNESS _____ MONTH/YEAR _____

SURGERY _____ MONTH/YEAR _____

CURRENT MEDICAL TREATMENTS _____

CURRENT MEDICATIONS _____ PHYSICAL IMPAIRMENTS _____

ALLERGIES (PLEASE SPECIFY) _____

OTHER MEDICAL CONDITIONS _____



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POLICIES FOR ACCESSING INTERNET AND COMPUTERS ON CAMPUS

Internet use policies:

1. Internet service on campus is subject to the SDA Church philosophy.
2. You should inform your teachers specifically what you will be searching for and you only search for those queries.
3. You will record your log in and log out hours.
4. Computer and Internet use on campus is strictly education. Under no circumstances will you use such for personal matters or to access your personal email account.
5. Your teachers will determine how long you will be allowed to use the internet and/or computer and whether this should exceed 3 minutes.
6. Using any online chat system is prohibited.
7. It is strictly prohibited to change or add any program, password, wallpaper, screensaver or other settings to the computer or damage any of the hardware components including the keyboard, mouse, and speakers.

NOTA: Any violation of the above states policies, which may include access to nudity, pornography, terrorist content, music, or subversive materials, will result in a meeting with your parents or legal guardians and immediate replacement of the damaged equipment. You will also be subject to review by the Academy's Disciplinary Committee where you may be recommended for withdrawal from BVAA.

Bella Vista Adventist Academy reserves the right to contact local, state, or federal authorities in the case of any laws being broken through the use of technology on campus.

This form must be signed by both the parent and the student.

PARENT SIGNATURE

PARENT SIGNATURE

STUDENT SIGNATURE

DATE



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PHOTO/RECORDING MEDIA RELEASE FOR MINORS

I _____ parent or legal guardian of, _____, hereby grant and authorize Bella Vista Adventist Academy, the right to record and/or take the voice, image, skills, acting, talents, and actions of the aforementioned minor, and to use, edit, alter, exhibit, publish, reproduce and/or distribute such recordings, videos and/or pictures for the different activities held during or after the current academic year. Additionally, I accept and authorize the reproduction and distribution of said materials through any existing media, including promotional and/or social media, or any latter discovered media in accordance with the laws of the Commonwealth of Puerto Rico.

I understand and agree that the participation of the minor in these recordings is completely voluntary, and that he or she will not receive any fee, royalty, or monetary compensation for such use, from Bella Vista Adventist Academy, its employees, or any other related or non-related entity. I waive my right to inspect and/or approve any finished product in which the minor’s likeness appears, including written or electronic copy. Additionally, I waive and release said entities from any claim, demand, and/or any type of legal action, including but not limited to, privacy rights, infringement of rights of publicity, defamation, civil rights, and any other personal and/or property rights, related to the use of such images and/or sound recordings of the aforementioned minor.

I hereby accept, certify, and declare that I am of legal age, parent, and/or legal guardian of the afore mentioned minor, and that I have read and fully understand the significance and legal effects of this document.

Student’s Name: _____ Grade: _____

Name: _____ Telephone: _____
(PARENT OR LEGAL GUARDIAN IN TYPED LETTERS)

Signature: _____ Date: _____

Email: _____





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PEOPLE AUTHORIZED TO PICKUP STUDENT FROM BELLA VISTA ADVENTIST ACADEMY (BVAA)

The following people are authorized to pickup my child from BVAA. I have included their name and pictures. I will orient these people to present a picture ID when requested by the school's office. I understand that should my child need to be picked up by a person not on this list, they will not be authorized to remove the student from school premises.

Should any changes to this list occur, I will inform BVAA administration.

STUDENT NAME: _____ GRADE: _____

 PARENT OR LEGAL GUARDIAN SIGNATURE

 DATE

| | | | |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| ATTACH PICTURE HERE | ATTACH PICTURE HERE | ATTACH PICTURE HERE | ATTACH PICTURE HERE |
| PARENT: NAME: _____ | PARENT: NAME: _____ | GRANDPARENT: NAME: _____ | GRANDPARENT: NAME: _____ |
| ATTACH PICTURE HERE | ATTACH PICTURE HERE | ATTACH PICTURE HERE | ATTACH PICTURE HERE |
| GRANDPARENT: NAME: _____ | GRANDPARENT: NAME: _____ | RELATIONSHIP: _____ NAME: _____ | RELATIONSHIP: _____ NAME: _____ |
| ATTACH PICTURE HERE | ATTACH PICTURE HERE | ATTACH PICTURE HERE | ATTACH PICTURE HERE |
| RELATIONSHIP: _____ NAME: _____ | RELATIONSHIP: _____ NAME: _____ | RELATIONSHIP: _____ NAME: _____ | RELATIONSHIP: _____ NAME: _____ |



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**SOCIOECONOMIC STATUS STUDY 2024-2025
INFORMATION BY STUDENT**

Dear parent or guardians:

In order for our school to participate in Title VII, the Department of Education, in line with Elementary and High School Law of 1965, is conducting survey among our student population. In the 2024-2025 survey, it is required to provide information relating to each student’s socioeconomic status among other details.

The information will be compiled for exclusive use of the Department of Education, such that they can determine the corresponding resource allocation for BVAA. We believe having these federal programs on our campus strengthens our educational services and the student experience. We encourage you to complete the information requested below for each student in your household enrolled at BVAA.

This document should be returned completed to each student’s homeroom teacher by _____.

REQUIRED INFORMATION

Student Name: _____ Age: _____ Grade: _____

Sex: _____ Female _____ Male

1. How many people live in the same household as the student (including the student)? _____
2. Mark **X** on the income bracket corresponding with the combined annual income of the people residing in the same household of the students:

| | |
|---------------------------|---------------------------|
| _____ \$0 - \$12,760 | _____ \$30,681 - \$35,160 |
| _____ \$12,761 - \$17,240 | _____ \$35,161 - \$39,640 |
| _____ \$17,241 - \$21,720 | _____ \$39,641 - \$44,120 |
| _____ \$21,721 - \$26,200 | _____ \$44,121 - ABOVE |
| _____ \$26,201 - \$30,680 | |

Optional: _____
PARENT OR LEGAL GUARDIAN NAME SIGNATURE DATE



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NEW ADMISSION SURVEY

1. How did you find out about Bella Vista Adventist Academy?

- Brochure or Flyer
- Radio Paraíso
- Visión Newspaper
- Internet Search
- Phone Book
- Street Announcement
- Band or Choir Event
Event: _____
- Referral
- Other: _____

2. Why did you select to enroll your child in Bella Vista Adventist Academy?

3. What are your expectations of your child's experience at Bella Vista Adventist Academy?

