



# SOUTHFIELD INSTITUTE / SMILES AROUND US ACADEMY



*The highest standard of academics, spirit, and humanism*

351 Sand Lane, Staten Island, NY, 10305 · 718-390-0070 · Fax: 718-390-0201  
E-mail: [administration@southfieldinstitute.com](mailto:administration@southfieldinstitute.com)

## Application for Admission for the year of 2022 – 2023

Application Fee & Security Deposit paid on \_\_\_\_\_ For Grade \_\_\_\_\_

Student's Name: \_\_\_\_\_  
First
Middle
Last

Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Student's Home Address: \_\_\_\_\_  
 \_\_\_\_\_

\*\*\*\*\*

Emergency Phone #: \_\_\_\_\_ Emergency Contact Name: \_\_\_\_\_

### **Parent/Guardian # 1**

\_\_\_\_\_  
 First Name Last Name

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Office: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### **Parent/Guardian # 2**

\_\_\_\_\_  
 First Name Last Name

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Office: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

\*\*\*\*\*

**Emergency Contacts other than Parents:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Student \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Student \_\_\_\_\_

**Student's Allergies:** \_\_\_\_\_

I acknowledge that I have received and agree with School Disciplinary Policy and Rules.

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

\*\*\*\*\*

I **give** authority to *Southfield Institute / Smiles Around Us Academy* staff to obtain emergency medical treatment for my child, with the understanding that the family will be notified as soon as possible.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Relationship to the Student: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

**Please choose one choice and sign below:**

I **give**\_\_ /**do not give**\_\_ permission to my child to go on local walking trips outside the school building.

I **give**\_\_ /**do not give**\_\_ permission for my child's picture to be posted on the school website & social media.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to the Student: \_\_\_\_\_

\*\*\*\*\*

**Afterschool Hours:**

I, \_\_\_\_\_, would like to register my child,  
\_\_\_\_\_, for the extended afterschool hours of 4:30pm-6:30pm.

I agree to pay the monthly \$200 tuition for afterschool extended care.

**Parent's signature** \_\_\_\_\_ **Date:** \_\_\_\_\_