



SOUTHFIELD INSTITUTE / SMILES AROUND US ACADEMY



The highest standard of academics, spirit, and humanism

375 Sand Lane, Staten Island, NY, 10305 · 718-390-0070 · Fax: 718-390-0201
E-mail: administration@southfieldinstitute.com

Application for Admission for the year of 2024 – 2025

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: _____

(over)

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 4:00pm-6:00pm.

I agree to pay the monthly \$250 tuition for afterschool extended care.

Parent's signature _____ Date: _____