

St. Thomas/St. John Seventh-day Adventist School



P.O. Box 502457, St. Thomas VI 00805
4151 Anna's Retreat, St. Thomas VI 00802
Telephone (340) 775-3525 . sttjdschool@northcarib.org

Dear Parent/Guardian,

Thank you for your interest in the St. Thomas/St. John Seventh-day Adventist School, where we are Committed to Excellence! My team and I are preparing for the 2025-2026 school year and we would love to have your child(ren) become a part of our school family. Below is a list of required documents that you would need to begin the registration process:

- Official Certification of Birth
- Court Appointed Adoption or Guardianship Affidavit or Power of Attorney (if applicable)
- Most Recent Report Card/Progress Report
- Virgin Islands Immunization Card
- Updated Health Clearance Form
- Government Issued Photo ID of the Parent or Guardian registering the student
- Two Recommendations from either of the following persons, Principal, School Counselor, Teacher (This will be sent to the school previously attended.)

We know that you may have many question/concerns as it relates to the curriculum and school culture. I am available to respond to you in person. Additionally, the school's Facebook page allows you to view activities, events, and the many accomplishments of our students.

It is important to note that at the St. Thomas/St. John Seventh-day Adventist School we take a holistic approach to education, whereby mind, body, and spirit are all cultivated. This is accomplished by having experienced Christian educators whose primary objective is to care, nurture, and educate your child.

We look forward to partnering with you.

Yours in His Service,

Renée P. Hodge
Principal

Philosophy: Good education can transform students' lives, make them of service to others and prepare them for eternity with Christ.



STUDENT ENROLLMENT FORM SY2025 -2026			
Name:		Age:	Grade:
Date of birth:	SSN:		Sex:
Place of birth:			
SDA Church Member: ☐ YES ☐ NO		Church Name:	
RACE: ☐ BLACK /AFRICAN AMERICAN ☐ HISPANIC/ LATINO ☐ WHITE ☐ ASIAN ☐ ARABIC ☐ OTHER			
ADDRESS AND CITIZENSHIP			
Mailing Address:			
Physical Address:			
U.S. Citizen?: ☐ YES ☐ NO		Permanent Resident?: ☐ YES ☐ NO	
TYPE OF VISA:			
MOTHER/ GUARDIAN CONTACT INFORMATION			
Name:		Lives With Mother ☐ YES ☐ NO	
Home #:		Cellular#:	
Place of Employment:		Work#:	
E-mail Address:			
FATHER/ GUARDIAN CONTACT INFORMATION			
Name:		Lives With Father ☐ YES ☐ NO	
Home #:		Cellular #:	
Place of Employment:		Work #:	
E-mail Address:			
EMERGENCY INFORMATION			
Emergency Contact:			
Cellular #:		Home #:	
		Work #:	
ADDITIONAL INFORMATION:			
SIGNATURES			
Mother/Guardian Signature:			Date:
Father/Guardian Signature:			Date:



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Medical Information and Release Record

Guardian and Emergency Contact Information:

In the following section, please list the guardian's name and contact information, as well as an additional emergency contact person. The additional person will be notified, if the guardian(s) cannot be reached.

Student's Name: _____ Date of Birth: ____ / ____ / ____

Legal Guardian Name: _____

Address: _____

Telephone Numbers: _____ (cellular) _____ (home) _____ (work)

Secondary Contact Name: _____ Relationship to Student: _____

Telephone Numbers: _____ (cellular) _____ (home) _____ (work)

Student's Health Record and Medical Information:

Student's Physician: _____ Office Telephone Number: _____

Insurance Name: _____ Insurance Policy Number: _____

Medical History:

History:

___ Asthma	___ Bronchitis	___ Convulsions	___ Diabetes
___ Fainting	___ Heart Trouble	___ Kidney trouble	___ Sinusitis
___ Sore Throats	___ Special dietary	___ Stomach upset	

Allergies:

___ Animals ___ Bee / Insect Stings ___ Drugs ___ Foods ___ Plants

Medications:

Is the student currently taking medications? ___ No ___ Yes

If yes, please provide the following information. Drug Name: _____ Dosage: _____

Permission:

In the event of an emergency, permission is hereby granted to the St. Thomas / St. John Seventh-day Adventist School to contact Emergency Personnel / 911 ___ Yes ___ No

The signatures below certify that the information provided is accurate.

Parent(s) / Guardian Name:	Signature	Date
_____	_____	_____
_____	_____	_____



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HEALTH CERTIFICATE

CODES

O - Normal X - To Be Watched XX - Needs Medical Attention XXX - Immediate Attention

GENERAL INFORMATION

Name: _____ Record No. _____
Date of Birth: _____ Height: _____ Weight: _____
Address _____

GENERAL APPEARANCE

___ Abdomen	___ Adenoids	___ Chest	___ Ears	___ Eyes
___ Genitalia	___ Head	___ Heart	___ Lungs	
___ Malformation	___ Nutrition	___ Nose	___ Skins	___ Teeth
___ Throat	___ Tonsils			

LABORATORY FINDING

___ Blood Type	___ Hematocrit	___ Sickle Cell Anemia
___ Stool	___ Tuberculin	___ Urinalysis

IMMUNIZATION

DPT Dates 1. _____ 2. _____ 3. _____
Polio 1. _____ 2. _____ 3. _____
German Measles (Rubella) _____ Measles _____

BOOSTER DATES

Mumps _____

HISTORY OF DISEASES

___ Chicken Pox ___ German Measles ___ Measles ___ Whooping Cough

NOTE: Other diseases and illnesses, including history of allergy: _____

FAMILY HISTORY OF DISEASE

Cancer	Yes _____ No _____	Explain: _____
Diabetes	Yes _____ No _____	Explain: _____
High Blood Pressure	Yes _____ No _____	Explain: _____
Parasite	Yes _____ No _____	Explain: _____
Tuberculosis	Yes _____ No _____	Explain: _____
Other	Yes _____ No _____	Explain: _____

NOTE: My signature below certifies that I have found the above child to be free of communicable and contagious diseases. Yes _____ No _____

Physician's Signature: _____ Date: _____



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Permission to Photograph/ Videotape and Release to Use

I recognize the value of audio-visual and other types of electronic communication and hereby grant permission for my child to be photographed or videotaped as part of a school promotional video and marketing campaign produced by the St. Thomas/ St. John Seventh-day Adventist School.

I further grant permission for the photographs or videotapes to be used in media presentations, print and/or online marketing materials that will be seen by the public, used on cable television or the World Wide Web.

I understand that my child's image and the school may be revealed in the presentation(s) and/ or print materials but that no other information about my child will be revealed without my prior consent.

_____ Permission Granted

_____ Permission NOT Granted

Signature of Parent(s): _____

Student Name(s)/Grade: _____
(Please Print)

Address: _____

City: _____ Zip: _____

Phone: _____ Date: _____



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UNIFORMS

The dress code for the St. Thomas / St. John Seventh-day Adventist School exists to enhance the appearance of the student body and promote self-esteem and pride in performance. Parents and students may not always agree with the standards of the school, but cooperation in this matter is necessary if a student is to remain in school. The administration believes that "a person's character is judged by his style of dress. A refined taste, a cultivated mind, will be revealed in the choice of simple and appropriate attire." Education p:248.

Modesty and appropriateness of attire are ideals to strive after. Neatness in dress, personal cleanliness and good grooming are characteristics of Seventh-day Adventists and should be so of students attending an Adventist institution. Students are expected to change their uniforms frequently or have them neat and clean at all times. The design of the school uniform and the choice of material recommended satisfy, in our opinion, the standard aimed at.

Students attending this school are required to be in uniform always except in extenuating circumstances which must be explained in writing and presented to the administration by the student's guardian.

Below outlines the general rules and regulations that governs the uniform:

NB: (NOTE WELL)

1. The students' eyebrows must be free of all designs (slashes, etc).
2. Painted toes and fingernails are unacceptable.
3. No make-up.
4. No visible tattoos.
5. No jewelry.

Badges:

All students must have badges correctly and permanently sewn on their bibs/shirts/blouses before they will be allowed to enter any of their classes, labs or the library. (Badges are to be sewn or ironed on, not pinned or stapled).

Placement of Badges

Grade K-3: The upper left-hand corner of the uniform bib.

Grades 4-12: The upper left-hand corner of the shirt/blouse (above the pocket)

Hairstyles:

Extremes in hairstyles should not be indulged in, by any student.

Boys: A low haircut is acceptable grooming in hairstyle. Plaited or shoulder length hair is unacceptable. No designs in hair are allowed.

Girls: NO beads, highlights, or streaks etc., (on natural hair, extensions or hair pieces), any extension or hairpiece should be the students' natural hair color.

Tie and long sleeve shirts are items of uniform exclusively worn by grade 12 students.

Physical Education Shoes

The required Physical Education (PE) uniform consists of

1. St. Thomas/St. John Seventh-day Adventist School PE Gym shorts;
2. St. Thomas/St. John Seventh-day Adventist School PE T-shirt; and
3. Sneakers (tennis shoes)

The gym pants and t-shirts are available for sale at the school's Business Office.

Junior High and High school students must bring P.E shoes to school on the day of P.E., and may wear them only for that period and not to other classes. Elementary school students are allowed to wear PE shoes throughout the day(s) on the day of PE class.

Boys:

Shirt: Beige, short sleeve; no knitted shirts. It must have a collar and be buttoned down the center.

Pants: Brown long pants free from extremes in style and without patches. No baggy pants. Wear correct Size for proper fit. Black or brown belt with appropriate buckle (no large or embellished belt buckles) must be worn with pants.

Shoes: Solid dark brown, solid black closed-up shoes or sneakers. Shoes and sneakers must be free from any color trim.

Undershirts: Must be solid white or gold. They should fit properly and the sleeve length must not be longer than the sleeve length of the uniform shirt. It must be design free except for PE or honor t-shirt.

Socks: Brown, white or beige. Peds / Ankle Socks are not allowed. Socks must be no less than two (2) inches above the ankle.

Girls:

Blouse/Shirt: Beige, short sleeve shirt/blouse; no knitted blouse/shirt. It must have a collar and be buttoned down the center.

Bib: (Kindergarten-Grade3)Brown gabardine bib. The skirt of the bib should be fully knife pleated and must completely cover the entire knee and thigh in the **back and front**. Underpants/ shorts cannot be longer than skirt length and must not be visible.

Skirt: (Grades 4-8) Brown gabardine fully knife pleated skirt, which must cover the entire knee and thigh in the **back and the front**. Underpants/ shorts cannot be longer than skirt length and must not be visible.

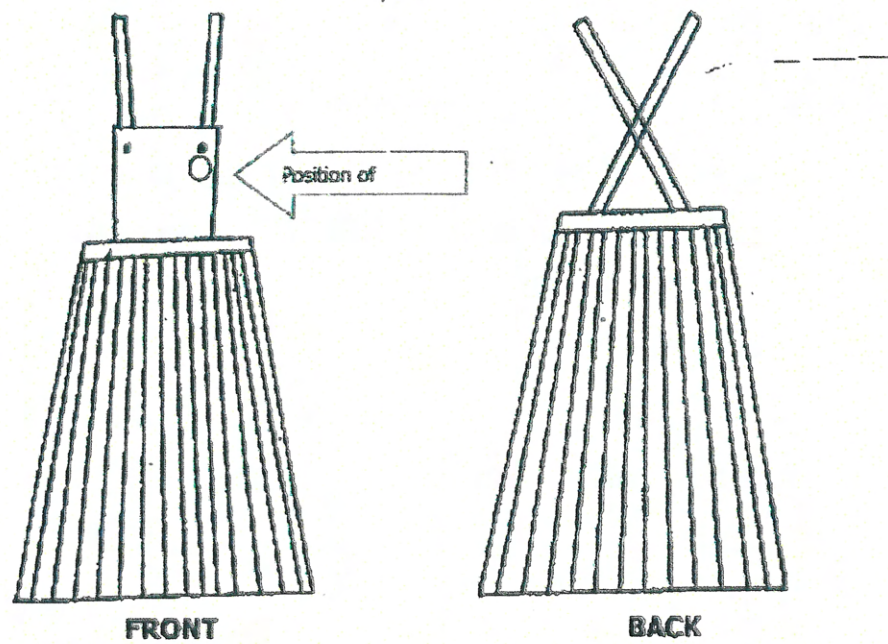
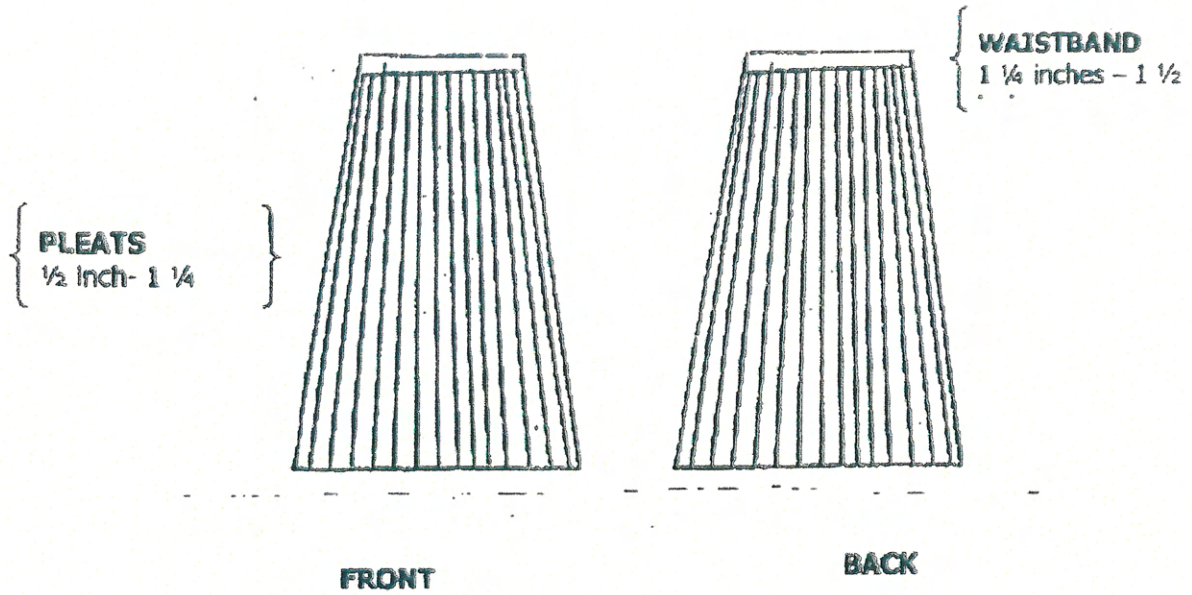
(Grades 9- 12): Brown plaid fully knife-pleated skirt, which must completely cover the entire knee and thigh in the **back and front**. Underpants/ shorts cannot be longer than skirt length and must not be visible.

Shoes: Solid dark brown or solid black closed-up shoes or sneakers, (no boots/high Tops). Sneakers or shoes must be free of any color trim.

Socks: Brown, white or beige, no less than two (2) inches above the ankle, and must be visible at all times. Peds / Ankle socks/ Frill Socks are not allowed.

Undershirts: Must be solid white or gold. They should fit properly and the sleeve length must not be longer than the sleeve length of the uniform shirt. It must be free of any designs except for P .E. or Honor t-shirt.

SKIRT DESIGNS





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Student Pick-up Authorization 2025 – 2026 One Form Per Family

Children(s) Name: _____ Grade: _____
Name: _____ Grade: _____
Name: _____ Grade: _____
Name: _____ Grade: _____
Name: _____ Grade: _____
Name: _____ Grade: _____

Parent's name: _____

Phone Numbers: Cell: _____ Work: _____

Designated Pick-up Person: _____

Phone Numbers: Cell: _____ Work: _____

Parent's Signature: _____

Additional Pick-up Persons:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____