



STUDENT APPLICATION

Date of Application _____

Student Social Security No. _____

1. Student's Full Legal Name: _____ Sex _____
Last First Middle Nickname

2. Birthdate: _____ Place of Birth: _____ Age _____
MM/DD/YY

Check document submitted to verify birthdate of child entering Kindergarten or First grade

Birth Certificate () Notarized Statement ()
 Hospital statement () Passport or Visa ()

Verified by _____
(School Official)

3. Student Resides With: Father () Mother () Stepfather () Stepmother ()

Other: _____
(Specify)

Home Address _____ P.O. Box _____

City, State, Zip: _____ Telephone: _____

Legal Names of those checked in #3	Denomination Affiliation	Church Where Membership Held	Language Used at Home	Occupation	Business Phone

4. Is the student sponsored by an Adventist church member Yes () No ()
 Is the student baptized member of the Adventist church Yes () No ()

If yes, indicate year baptized _____ Church where membership is held _____

If student has some other church affiliation, specify _____

5. School last Attended _____
Name of school address telephone

6. Family physician _____

7. Person to be notified in case of emergency if parent is not available.

Name: _____ Address: _____ Phone: _____

8. Indicate physical problem: Hearing () Heart () Sight () Speech ()

Other: _____

9. If on regular medication, please specify: _____

10. In the event of sudden illness or accident requiring attention, school personnel are authorized to administer first aid, and if necessary, take child for emergency treatment to a doctor's office or hospital.

Signature of Parent/Guardian _____

Hospital Preference: _____ Telephone _____

11. Identify other children in the family:

Name	Sex	Age	Living at Home?	School Child is Attending

12. Has this student been previously identified as qualifying for a gifted education program? Yes () No ()

If yes, what kind? _____ When: _____

Where? _____ By Whom? _____

13. Has this student been previously identified as qualifying for a special education program? Yes () No ()

If yes, what kind? _____ When: _____

Where? _____ By Whom? _____

14. Does student have an unpaid account at another school? Yes () No ()

If so, state where:

15. Name and address of person to whom financial statement is to be sent if different from address in Step #3:

Name: _____ Address: _____

City, State, Zip: _____ Phone: _____

Student Contract:

I agree to uphold the school's regulations. I pledge my cooperation with and loyalty to the school and its employees. I will live in harmony with the school's Christian principles.

Student's Signature: _____ Date: _____

Parent Contract:

I hereby agree to support school regulation and to help my child observe them, to supply physical examination report for this student, a) entering school for the first time, b) at grade seven (this should be include in scoliosis examination) c) at lease once in grades nine through twelve, and d) other grades, when required by the Conference Board of Education, and to accept all financial education obligations for this student.

Parent's Signature: _____ Date: _____

FOR OFFICE USE ONLY: Enter Date Information Received		
Verification of Birthdate: _____	Consent: _____	Withdrawn: _____
Health Information: _____	Grade Enrolled: _____	Transcript(s): _____
Immunization Record: _____	Room Assigned: _____	