



APPLICATION FOR ADMISSION TO SEVENTH-DAY ADVENTIST CHURCH SCHOOLS

A. STUDENT INFORMATION

Name: _____

Date of birth: _____	Age: _____	SSN: _____
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Student Lives with: Mother Father Guardian *(*If there is a legal/custodial guardian give name and relationship below.)*

Name _____ Relationship _____

Check if appropriate: Father deceased Mother deceased Parents separated

Father remarried Mother remarried Parents divorced

If there are any court orders please attach and specify:

Are you a current member of the Seventh-day Adventist church? Yes No

**If yes, please specify current membership.*

Name _____ Location _____

Date Baptized in SDA Church _____ Denomination (If other than SDA) _____

Grade Entering: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Place of Birth: _____
Language spoken at Home other than English: _____	Previous School Attended: _____	Ethnic Origin: (optional) _____

B. SIBLING INFORMATION

List below all brothers and sisters, their ages, and the school they attend.

Name: _____	Age: _____	Grade: _____	School: _____
Name: _____	Age: _____	Grade: _____	School: _____
Name: _____	Age: _____	Grade: _____	School: _____

C. PARENT/GUARDIAN INFORMATION

	Father	Mother	Step-Father	Step-Mother
Name:				
Home Address:				
City / State / Zip:				
Home Phone:				
Cell Phone:				
E-mail:				
Occupation:				
Employer:				
Employer Address:				
Work Phone:				
Nationality (optional)				
Church Membership:				



D. EMERGENCY INFORMATION

Doctor's Name _____ Phone _____

Address _____

Name of Neighbor or Relative _____ Phone _____

Address _____

Name of Neighbor or Relative _____ Phone _____

Address _____

If your child becomes ill at school, we will contact you to pick up your child. It is your responsibility, at this point, to either come to school or make other necessary arrangements for the pick-up of your child. If you cannot be reached, the office will begin calling the listed emergency contact persons. **Please keep all emergency numbers and instructions CURRENT!**

No care beyond basic first aid may be given by school personnel. Should a medical emergency arise, the local area paramedics will be contacted. This action could involve your child being transported by ambulance to the nearest hospital. The parent will be financially responsible for the ambulance and any emergency room procedures.

Present health insurance carrier _____

Policy Number _____ Phone _____

Name of the policy holder _____

I have read and understand the emergency policy and agree to it.

Signature of Father/Mother/Guardian _____