



Application For Admission to Seventh-Day Adventist Church Schools

A. Student Information

Name: _____

Date of Birth: _____ Age: _____ SSN: _____

Student Lives with: Both Parents Mother Father Guardian (If there is a legal/custodian guardian give name and relationship below.)

Name: _____ Relationship _____

Check if appropriate: Father Deceased Mother Deceased Parents Separated
 Parents' Divorce

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.*

Church Name: _____ Location: _____

Date Baptized in SDA Church: _____

Denomination: (If other than SDA) _____

Grade Entering: _____ Gender: Male Female

Place of Birth _____ Ethnic Origin: (optional) _____

Languages spoken at Home other than English: _____

Previous School Attended: _____

Previous School Address: _____

B. Sibling Information

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

Name 1: _____ Age: _____ Grade: _____ School : _____

Name 2: _____ Age: _____ Grade: _____ School : _____

Name 3: _____ Age: _____ Grade: _____ School : _____

C. Parent Guardian Information

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

D. Emergency Information

Doctor's name: _____ Phone: _____

Address: _____

1. Name of Relative or Friend _____ Phone: _____

Address: _____

2. Name of Relative or Friend _____ **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.

Please list all insurance carrier(s)' information for your child.

1. Present health insurance carrier _____

Policy number _____ **Phone:** _____

Name of policy holder _____

2. Present health insurance carrier _____

Policy number _____ **Phone:** _____

Name of policy holder _____

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

Signature of Father/Mother/Guardian _____