



Student Application



Charleston SDA School 2518 Savannah Highway Charleston, SC 49414

Please share with us

How did you hear about Charleston SDA School? (Please check one):

Current CSDAS family _____ Drive-by _____ Friend _____ Advertisement _____ Other: _____

Student Name and Family Information

I am applying for _____ grade, beginning Fall _____ Winter _____ of 20 _____

Applicant's Name: _____

First Middle Initial Last

Goes by: _____ Male _____ Female _____ Date of Birth: _____

Social Security #: _____ Place of Birth _____

(Make SS Card, birth certificate, & immunization available for copying)

Father's Name: _____ Soc. S# _____ - _____ - _____

First Last

Mother's Name: _____ Soc. S# _____ - _____ - _____

First Last

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: (____) _____ **Email** _____

Father's Occupation: _____ Cell Phone: _____ Accept Texting?

Years of Education _____ Birth Place _____ Birth Date ____/____/____

US Citizen? Marital Status _____ other Email address _____

Mother's Occupation: _____ Cell Phone: _____ Accept Texting?

Years of Education _____ Birth Place _____ Birth Date ____/____/____

US Citizen? Marital Status _____ other Email address _____

Check if appropriate:

_____ Father deceased _____ Mother deceased _____ Parents divorced

_____ Parents separated _____ Father remarried _____ Mother remarried

Please list child's secondary household:

Name: _____ Relation: _____

First Last

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Email _____

Church Affiliation

Name of Church _____ Years Attended: _____
Pastor's Name _____ Phone Number _____
Do you and your child actively attend church regularly?
Is applicant an Adventist Church Member?
Father a member? _____ Mother a member? _____

Education Information

Last Current School _____ Dates Enrolled: _____
Phone Number: _____ Last Current Teacher _____
Has applicant ever skipped a grade? _____ Has applicant ever been retained? _____
Has applicant ever been suspended or expelled from school for any reason? _____
If yes on any questions above, please explain: _____

If the applicant has a disability and would like to request accommodations in the admission process, please explain here. Documents from a qualified professional should either be enclosed with this application or sent directly to the school office:

Does the applicant require any medication? _____ If yes please explain: _____

(Click here) I understand a current physical exam will be submitted to complete registration.

Parent Testimony

Please give a brief description of your faith in Christ, when you came to know the Lord, evidences of your spiritual growth, etc:

Please give a brief summary of your expectation of Christian education. Include your reasons for applying to Charleston SDA School: