

# STUDENT APPLICATION

Christian Education for Grades K-8th

**2019-2020**

## STUDENT INFORMATION:

Last Name	First	Middle	Name Used	<input type="checkbox"/> Male <input type="checkbox"/> Female	Grade Entering
Address-Street/PO Box			City	State	Zip
Birthdate-MM/DD/YY	Birthplace	Citizenship	Social Security	Home Telephone ( )	
Prominent Ethnic Background (for statistical purposes only) <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Black <input type="checkbox"/> Caucasian (Not of Hispanic Origin) <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Other				Do not publish in the school directory: <input type="checkbox"/> Phone <input type="checkbox"/> Address	
Has the student ever been recommended for special education? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain on reverse.					
Has the student ever had an Individualized Education Plan (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
School Attended Last Year	Address of Previous School		Telephone No. ( )	Grade level last year	
Student is living with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Grandmother/Grandfather <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Other (please explain)					
Report Card sent to: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Grandmother/Grandfather <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Other (please explain)					

## PARENT / GUARDIAN:

Father's Last Name	First Name	Address	City	State	Zip
Home Telephone ( )	Occupation	Employer	Work Telephone ( )	Are the parents still together? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deceased <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	
Mother's Last Name	First Name	Address	City	State	Zip
Home Telephone ( )	Occupation	Employer	Work Telephone ( )	Are the parents still together? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deceased <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	
Other Parent's/Guardian's Last Name	First	Address	City	State	Zip
Home Telephone ( )	Occupation	Employer	Work Telephone ( )	Are the parents still together? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deceased <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	
Father's <input type="checkbox"/> Beeper/Pager <input type="checkbox"/> Cellular ( ) Father's Email:	Mother's <input type="checkbox"/> Beeper/Pager <input type="checkbox"/> Cellular ( ) Mother's Email:		Other Parent/Guardian's <input type="checkbox"/> Beeper/Pager <input type="checkbox"/> Cellular ( ) Mother's Email:		

## CHURCH:

Church Denomination (Student)	Church where membership is held	Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date of Baptism:
Church Denomination (Father)	Church where membership is held	Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Church Denomination (Mother)	Church where membership is held	Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## GENERAL AND FINANCIAL:

Name of other child attending:	Grade	Name of other child attending:	Grade
Do you have an unpaid account at another SDA school? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, give name and address of school:			
Who is financially responsible for this account? <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other Name:		Spilt Bill: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:	
Billing Address:	City	State	Zip Code
		Telephone: ( ) Email:	

We, the undersigned, pledge to uphold the policies and principles as outlined in the current OCS Parent and Student Handbook, and to accept full financial responsibility according to the published financial policies and contract. To the best of our knowledge, the questions on this application are answered completely and truthfully.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Father/Guardian Signature

\_\_\_\_\_  
Mother/Guardian Signature