



# STUDENT APPLICATION

FOR THE SCHOOL YEAR 20\_\_-20\_\_

## STUDENT INFORMATION

Entering Grade \_\_\_\_\_ Referred by \_\_\_\_\_ Date of Application \_\_\_\_\_  
Month / Day / Year

Student Legal Name \_\_\_\_\_ Gender  M  F  
Last First Middle Nickname

Mailing Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Street City State Zip

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Age \_\_\_\_\_ Student's E-Mail \_\_\_\_\_  
Month / Day / Year City State

Check document submitted to verify birth date for child entering kindergarten or first grade:  
 Birth Certificate  Notarized Statement  Hospital Statement  Passport or Visa Verified by \_\_\_\_\_ (school official)

Prominent Ethnic Background (for statistical purposes only):  
 American Indian/Alaskan  Hispanic  Caucasian (not of hispanic origin)  Asian/Pacific Islander  Black  Other \_\_\_\_\_

Is the student a baptized member of the Seventh-Day Adventist Church?  Yes  No  
 If yes, date baptized \_\_\_\_\_ Church where membership is held \_\_\_\_\_

School last attended \_\_\_\_\_ Grade Level last year \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Does this student have an unpaid account at another school?  Yes  No School Name \_\_\_\_\_

## FAMILY INFORMATION

Student living with:  Both Parents  Father  Mother  Stepfather  Stepmother  Other (please specify) \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Address (Home) \_\_\_\_\_ Address (Home) \_\_\_\_\_  
Street City State Zip Street City State Zip

Cell Phone (Personal) \_\_\_\_\_ Cell Phone (Personal) \_\_\_\_\_

E-Mail (Personal) \_\_\_\_\_ E-Mail (Personal) \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Church Affiliation \_\_\_\_\_ Church Affiliation \_\_\_\_\_

Church where Membership is Held \_\_\_\_\_ Church where Membership is Held \_\_\_\_\_

Baptized:  Yes  No Baptized:  Yes  No

List names of other children in family attending Napa Christian:

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Name \_\_\_\_\_ Birth Date \_\_\_\_\_

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**FINANCIAL INFORMATION**

Person to whom financial statements are to be sent—if different from mailing address above:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Split Bill:  Yes  No

Has this student been previously placed or recommended for a Special Education Program?  Yes  No

If yes, what kind? \_\_\_\_\_ When? \_\_\_\_\_

Where? \_\_\_\_\_ By Whom? \_\_\_\_\_

**CONTRACT AGREEMENT**

**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 regulations and to help my child to observe them, to supply physical examination reports for this student at the intervals outlined on the physical examination form, and to accept all financial educational obligations for this student.

Parent or Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_