

# Application

Brookhaven SDA School  
4658 Reedy Branch Road  
Winterville, NC 28590  
252-756-5777

Application for 201

-201

Grade

## STUDENT INFORMATION

Student's Full Name:

Date of birth:

Place of Birth:

Citizenship:  United States

Other (specify):

SSN:

Current address:

City:

State:

ZIP Code:

Church Affiliation:  SDA

Other (specify):

Date Baptized:

Last School Attended/Address of School:

City:

State:

ZIP Code:

## PARENT/GUARDIAN INFORMATION

Father's/Guardian's Full Name:

Address(if different than above):

City:

State:

ZIP Code:

Birth Date:

Birthplace:

Church Affiliation:

Home Phone:

Work Phone:

Cell Phone:

Occupation:

Education Attained:

Mother's/Guardian's Full Name:

Address(if different than above):

City:

State:

ZIP Code:

Birth Date:

Birthplace:

Church Affiliation:

Home Phone:

Work Phone:

Cell Phone:

Occupation:

Education Attained:

Email Address of main contact person:

## EMERGENCY CONTACT (WHOM SHOULD WE CONTACT IF PARENT(S) CAN'T BE REACHED)

Name:

Relationship:

Home Phone:

Work Phone:

Cell Phone:

## MEDICAL INFORMATION

Student's Doctor/Clinic:

Address:

Office Phone:

Allergies:

Medical Concerns:

Medication: