



Anoka Adventist® Christian School

1035 Lincoln St
Anoka, MN 55303-1805
763-421-6710

Reenrollment Form

Student Information

Only fill in information that has changed from last year, except for name of student here and signatures on back.

Student's Legal Name: _____

Last

First

Middle Initial

Nickname

Birth date: _____ Current age: _____ Grade: _____ Gender: M F

Address: _____
Street City State Zip

Best phone number: _____ Public school district #: _____

Baptized in SDA Church: Y N Home church: _____

Family Information

Only fill in information that has changed from last year.

Mother: _____

Last

First

Middle Initial

Marital status: Single Married Separated Divorced Widowed

Address (if different than the student): _____
Street City State Zip

Best phone number: _____ Email address: _____

Occupation: _____ Church affiliation: _____

Father: _____

Last

First

Middle Initial

Marital status: Single Married Separated Divorced Widowed

Address (if different than the student): _____
Street City State Zip

Best phone number: _____ Email address: _____

Occupation: _____ Church affiliation: _____

