

# ST. LOUIS UNIFIED SCHOOL of Seventh-day Adventists

Date \_\_\_\_\_  
Student's Legal Name: \_\_\_\_\_  
Entering Grade: \_\_\_\_\_ Age: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ SS# \_\_\_\_\_  
Baptized S.D.A.? Yes \_\_\_ No \_\_\_ if so, what date: \_\_\_\_\_ Birth  
place: \_\_\_\_\_  
Address: \_\_\_\_\_  
Last School Attended \_\_\_\_\_  
Grade Completed \_\_\_\_\_

## PARENT INFORMATION

Father's Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Father's Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Father's Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
Marital Status: Single  Married  Divorced  Separated  Widowed   
Church membership \_\_\_\_\_ SDA  Yes  No

Mother's Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Mother's Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mother's Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
Marital Status: Single  Married  Divorced  Separated  Widowed   
Church membership \_\_\_\_\_ SDA  Yes  No

## \*\*\*\*Special Custody Information (The school must have copies of all legal documents)

Legal Guardian as appointed by court \_\_\_\_\_

## Emergency Contact (Emergency Contacts other than Parents)

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_

Medical Contacts: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_