

**LINDA VISTA ADVENTIST ELEMENTARY SCHOOL**  
**STUDENT APPLICATION**  
**GRADES K-8**  
**5050 Perry Way,**  
**Oxnard, CA 93036**  
**805- 647-2220**

OFFICE USE ONLY Application received _____ Permission forms _____ Physical received _____ Consent to Treatment _____ Immunization received _____ New Student _____ Returning Student _____ Date Started _____	DATE _____ _____ _____ _____ _____ _____ _____ _____	INITIAL _____ _____ _____ _____ _____ _____ _____ _____	Registration & Book Use Fee ___\$200 Discount only if paid by July 20, 2018 ___\$250 Registration fee ___\$200 Book use fee Received by _____  Cleared on _____ by _____
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**STUDENT/PARENT (GUARDIAN) INFORMATION**

Last Name	First	Middle	Name used	_Male _Female	Grade
Address			City	State	Zip
Birth-date- M/D/Y	Birthplace		Citizenship	Social	Home
Prominent ethnic background: ___ Am. Indian/Alaskan Native ___ Asian ___ Black/ African Am. ___ (for statistical purposes only) ___ Hispanic/Latino ___ Native Hawaiian/Other Pac. Islander ___ White Other ___					
Has the student ever been recommended for special education? ___No ___Yes If yes, explain:					
School attended last year	Address		Telephone	Grade level	
Student living with: ___ Both Parents ___ Father ___ Mother ___ Stepfather ___ Stepmother ___ Guardian ___ Grandfather ___ Aunt ___ Uncle ___ Grandmother ___ Other, Please explain:					
Father's Last Name	First	Address		City	State Zip
Home	Occupation		Employer Telephone	Married? ___Yes ___No ___Divorced ___Separated	

Other Side

Mother's Last Name	First	Address	City	State	Zip
Home	Occupation	Employer Work Telephone	Married? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		
Other Parent/Guardian	First	Address	City	State	Zip
Relationship	Home	Occupation	Employer Work		
Father's Cellular:		Mother's Cellular:			
Father's email:		Mother's email			

### CHURCH AFFILIATION

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

### Emergency Contact

### Student Name \_\_\_\_\_

Name	Phone	Cell
Name	Phone	Cell
Name	Phone	Cell
Name	Phone	Cell

### General Financial Information

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? <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both <input type="checkbox"/> Other:			Split Bill: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		
Address if other than parent:		City	State	Zip	Telephone

**We, undersigned, pledge to uphold the policies and principles as outlined in the current Linda Vista 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.**

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

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