



Indiana Conference of Seventh-day Adventists®

Application for Admission

Today's Date _____ First Name _____ Middle Name _____ Last Name _____ Grade _____ Gender _____ Month _____ Day _____ Year _____
Student's Full Legal Name
Date of Birth
Years _____ Months _____
City, State, and Country of Birth _____
Current Age

Student's Ethnic Origin *(check one)*:

(For Federal Government and General Conference Use Only)

African American

Asia American

Caucasian

Hispanic

Native American

Other

Please specify "Other"

Is the Student a Baptized Member of the SDA Church?

Yes No

If "Yes,"
Baptism Year: _____

Please Identify any Allergies or Medical Conditions about which the Student's Teacher should be Aware: _____

Please provide information about you and your spouse and two other individuals we may contact in case of emergency:

Name	Relationship to the Child	If SDA, Member of Which Church?	Home Phone	Work Phone	Mobile Phone	E-mail Address	Occupation	Address
	Father							
	Mother							

Student's Physician:

_____ Name

_____ Address

_____ Phone

Please check the following statements to indicate your understanding and support:

- _____ 1. I agree to make sure this student's tuition is cared for monthly.
- _____ 2. I have read the school handbook and agree to support all rules and procedures of this school
- _____ 3. I will always treat my child's teacher with courtesy and respect, even when we have a disagreement.
- _____ 4. My child may take part in all field trips that are approved by the school board.
- _____ 5. I authorize the school to send my child's records to his / her next school at the appropriate time.
- _____ 6. My child's picture may appear in school or Indiana Conference newsletters, press releases, or videos.

Signature of Parent or Guardian

Student's Siblings	
Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____