



**Adventist Education**

# APPLICATION FOR ADMISSION TO INDIANAPOLIS SOUTHSIDE CHRISTIAN ACADEMY A SEVENTH-DAY ADVENTIST SCHOOL

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

Student's Ethnic Origin (check one)  
(For Federal Government and General Conference Use Only)

African American	Asian American	Caucasian	Hispanic	Native American	Other	Please specify "Other"
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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 child's parent's or guardian and two other individuals we may contact in case of an emergency:

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

Student's Physician's \_\_\_\_\_  
Name Address Telephone

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

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

Student's Siblings	
Name	Birth Date

7. My child will be transported to and from school by:

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8. After school, my child will regularly:   \_\_\_ Leave School    \_\_\_ Go to After-school Care

9. Names of all persons other than parents authorized to pick up my child from school:

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(child will not be released to anyone other than parent without written permission. Also, a legal custody order must be on file if either parent is *not permitted* to pick up child.)

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Signature of Parent or Guardian

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Signature of Student

**FOR SCHOOL USE**

**FORMS ATTACHED AT REGISTRATION**

Proof of previous grade completion

Immunization record

Medication list

Release for Emergency treatment

Birth Certificate

Permission slip for field trips

Health inventory

Information Cards