

Midland Adventist Academy

6915 Maurer Road
 Shawnee, KS 66217
 Office: (913) 268-7400
 Fax: (913) 268-4968



STUDENT APPLICATION

Grades K-12

Last Name	First	Middle	Name used	<input type="checkbox"/> Male <input type="checkbox"/> Female	Grade entering
Address – Street & PO Box			City	State	Zip
Birthdate (MM/DD/YY)	Birthplace	Citizenship	Social Security #	Student email	
Prominent Ethnic Background (for statistical purposes only)	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Black <input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic <input type="checkbox"/> Other	Home phone ()	
Has the student ever been recommended for special education or retention? If Yes, please explain:				<input type="checkbox"/> Yes <input type="checkbox"/> No	Student Cell ()
School attended last year		School address (if not Midland)		School phone (if not Midland) ()	
Student lives with: <input type="checkbox"/> Both parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Other					

PARENT / GUARDIAN INFORMATION

Father's last name	First	Address	City	State	Zip
Married? <input type="checkbox"/> Yes <input type="checkbox"/> Divorced <input type="checkbox"/> No <input type="checkbox"/> Separated	Occupation		Employer		Work phone ()
Father's email	Include in Newsletter email list? <input type="checkbox"/> Yes <input type="checkbox"/> No		Father's <input type="checkbox"/> Beeper/pager <input type="checkbox"/> Cell ()		Home phone ()
Mother's last name	First	Address	City	State	Zip
Married? <input type="checkbox"/> Yes <input type="checkbox"/> Divorced <input type="checkbox"/> No <input type="checkbox"/> Separated	Occupation		Employer		Work phone ()
Mother's email	Include in Newsletter email list? <input type="checkbox"/> Yes <input type="checkbox"/> No		Mother's <input type="checkbox"/> Beeper/pager <input type="checkbox"/> Cell ()		Home phone ()
Other parent's last name	First	Address	City	State	Zip
Married? <input type="checkbox"/> Yes <input type="checkbox"/> Divorced <input type="checkbox"/> No <input type="checkbox"/> Separated	Occupation		Employer		Work phone ()
Other parent's email	Include in Newsletter email list? <input type="checkbox"/> Yes <input type="checkbox"/> No		Other parent's <input type="checkbox"/> Beeper/pager <input type="checkbox"/> Cell ()		Home phone ()

CHURCH AFFILIATION

Church denomination (student)	Church where membership is held	Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, date of baptism
Church denomination (Father)	Church where membership is held	Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Church denomination (Mother)	Church where membership is held	Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	

GENERAL & FINANCIAL INFORMATION

Do you have an unpaid account at another SDA school? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, give name and address of school:			
Who is financially responsible? <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other		Shared billing? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:			
Address	City	State	Zip	Phone ()	

I/we, the undersigned, pledge to uphold the policies and principles of Midland Adventist Academy as outlined in the student handbook. I/we agree to accept full financial responsibility according to the published policies and financial contract. I/we have read the above statements and acknowledge that, to the best of our knowledge, all information is completed truthfully.

 Student signature

 Parent/guardian signature