



# Maranatha Adventist School APPLICATION FOR ADMISSION

Student's Legal Name (First Middle Last): \_\_\_\_\_

Today's Date: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

*If your child is a new student at MAS, please complete the information in this box.*

*If your child is a returning student, only complete the information that has changed since the beginning of last school year.*

<b>Student</b> Birth Date:	_____	Gender( M / F ) :	_____
Birth Place:	_____	Social S.#:	_____
Baptism Date:	_____	Phone:	_____
Baptism Place:	_____	Race/Ethnicity:	_____
Pub. Sch. District:	_____	email:	_____
<b>Father:</b>	_____	Home Phone:	_____
Address:	_____	Work Phone:	_____
	_____	Cell Phone:	_____
Church Mem. Where?	_____	email:	_____
<b>Mother:</b>	_____	Home Phone:	_____
Address:	_____	Work Phone:	_____
	_____	Cell Phone:	_____
Church Mem. Where?	_____	email:	_____
<b>Guardian:</b>	_____	Home Phone:	_____
Address:	_____	Work Phone:	_____
	_____	Cell Phone:	_____
Church Mem. Where?	_____	email:	_____
<b>Relative or Neighbor:</b>	_____	Home Phone:	_____
Address:	_____	Work Phone:	_____
	_____	Cell Phone:	_____
<b>Doctor:</b>	_____	Doctor's Phone:	_____
	_____		_____

The Consent to Treat Form has been completed and signed for this year. \_\_\_\_\_

Immunizations are up to date and on file at Maranatha Adventist School. \_\_\_\_\_

Upon entering 1<sup>st</sup>, 4<sup>th</sup>, and 7<sup>th</sup> grades a physical has been performed. \_\_\_\_\_

I agree to see that this student's tuition is cared for monthly. \_\_\_\_\_

I agree to cooperate with the school board and teacher by avoiding adverse criticism of any teacher or school policies in the presence of students. \_\_\_\_\_

I have read the school policy book and agree to support each regulation of the school, written and oral. \_\_\_\_\_

I hereby authorize the school to send, upon request, the permanent records to the next school to which my child may enroll. \_\_\_\_\_

**I wish to enroll the student named above in Maranatha Adventist School for this school year.**

\_\_\_\_\_  
(Signature of Parent or Guardian)