



APPLICATION/REGISTRATION FORM

STUDENT INFORMATION									
Name of Student									
<i>Last</i>		<i>First</i>			<i>Middle</i>				
Date of Birth MM DD YY	Age	Place of Birth		Nationality		Student Social Security No.			
Gender M <input type="checkbox"/> F <input type="checkbox"/>		Name called at home/nickname		Language spoken at home (If OTHER please specify) English <input type="checkbox"/> Spanish <input type="checkbox"/> Other <input type="checkbox"/> >>					
Name of Church		SDA <input type="checkbox"/> Other <input type="checkbox"/>		Pastor's Name		Student Baptized YES <input type="checkbox"/> NO <input type="checkbox"/>		Baptismal Date / /	
Home Address (include number and street) City/Town State Zip Code					Home Telephone Number				
Allergies (If YES please give specific name or nature of allergy) NO <input type="checkbox"/> YES <input type="checkbox"/> >>									
If child/ward does not bring lunch to school, do you grant the school permission to credit them lunch? YES <input type="checkbox"/> NO <input type="checkbox"/>									
SCHOOL HISTORY (New students, please include a copy of the most recent Report Card)									
Last School Attended							School Tel. No.		
School Address (include number and street) City/Town State Zip Code									
Principal's Name			Last Teacher's Name			Current Grade/Last Grade Completed		*Placement Grade	Entry Date
*PLACEMENT WILL DEPEND ON STUDENT'S RESPONSE TO ADMISSION TESTS IN MATH, READING AND WRITING. THE SCHOOL RESERVES THE RIGHT FOR ADMISSION PLACEMENT.									
FAMILY INFORMATION									
Name of Mother							Personal Email Address		
<i>Last</i>		<i>First</i>			<i>MI</i>				
Occupation (Job Title)		Work Telephone Number			Extension		Home Telephone Number		
Social Security No.		Place of Birth			Other Contact No. (e.g. Cell Number)				
Home Address (include number and street) City/Town State Zip Code				Religion					
Same as Student <input type="checkbox"/>		SDA YES <input type="checkbox"/> NO <input type="checkbox"/> BAPTIZED YES <input type="checkbox"/> NO <input type="checkbox"/>							
Name of Father							Personal Email Address		
<i>Last</i>		<i>First</i>			<i>MI</i>				
Occupation (Job Title)		Work Telephone Number			Extension		Home Telephone Number		
Social Security No.		Place of Birth			Other Contact No. (e.g. Cell Number)				
Home Address (include number and street) City/Town State Zip Code				Religion					
Same as Student <input type="checkbox"/>		SDA YES <input type="checkbox"/> NO <input type="checkbox"/> BAPTIZED YES <input type="checkbox"/> NO <input type="checkbox"/>							
Please check if applicable Parents Separated <input type="checkbox"/> Parents Divorced <input type="checkbox"/> Mother Deceased <input type="checkbox"/> Father Deceased <input type="checkbox"/> Other <input type="checkbox"/>									
ADDITIONAL INFORMATION (Please also complete the Emergency Home Contact Yellow Card)									
Person(s) to contact in case of emergency									
1 st Choice					Tel. No.				
2 nd Choice					Tel. No.				
FOR OFFICIAL USE ONLY					<i>I agree to fulfill my financial obligations to O.P.S on time every month</i>				
Registration Fee \$ _____					The first month's tuition is due by August 20, along with Registration and book fees. The last month's tuition by May 20. NAME OF APPLICANT _____ SIGNATURE OF APPLICANT _____ OFFICIAL SIGNATURE _____ DATE _____				
Tuition \$ _____									
Book Fee \$ _____									
Bus Fee \$ _____									
Amount Paid									
Principal's Comments									