

**PERRINE SEVENTH-DAY ADVENTIST ELEMENTARY SCHOOL REGISTRATION APPLICATION – NEW STUDENTS ONLY**

SCHOOL: **PERRINE SEVENTH-DAY ADVENTIST SCHOOL** GRADE: PRE-K K 1 2 3 4 5 6 7 8

STUDENT'S LEGAL NAME: \_\_\_\_\_  
 Last First Middle Nickname

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
 Month Day Year City State

VERIFICATION OF BIRTH: \_\_\_\_\_ SEX: \_\_\_ MALE \_\_\_ FEMALE

CURRENT ADDRESS & PHONE: \_\_\_\_\_

PRIOR ADDRESS & PHONE: \_\_\_\_\_

CHURCH CHILD ATTENDS: \_\_\_\_\_ DENOMINATION: \_\_\_\_\_

BAPTISM – PLACE: \_\_\_\_\_ DATE: \_\_\_\_\_ AGE: \_\_\_\_\_

PARENTS' INFORMATION	MOTHER	FATHER	GUARDIAN
Legal Name			
Relation to Child	Natural ___ Step ___ Foster ___	Natural ___ Step ___ Foster ___	Specify:
Home Phone			
Cell Phone			
Occupation			
Education			
Business Address			
Business Telephone			
Date of Birth			
Place of Birth			
U.S. Citizen			
SDA Member			
Marital Status			

ADDRESS if different than student's above: \_\_\_\_\_

ANY NON-SIBLINGS living with family: \_\_\_\_\_ RELATION TO CHILD: \_\_\_\_\_

LIST ALL CHILDREN IN FAMILY IN ORDER OF BIRTH INCLUDING THIS CHILD

NAME	LIVES AT HOME?	SEX	DATE OF BIRTH	STEP SIBLING?

FACTORS WHICH MAY INTERFERE WITH CHILD'S LEARNING: (check all)  
 \_\_\_ HEARING \_\_\_ NERVES  
 \_\_\_ SIGHT \_\_\_ FATIGUE  
 \_\_\_ SPEECH \_\_\_ NUTRITION  
 \_\_\_ HEART  
 \_\_\_ EMOTIONAL STATE  
 \_\_\_ LANGUAGE OTHER THAN ENGLISH USED IN HOME

PERSON TO NOTIFY IN CASE OF EMERGENCY: \_\_\_\_\_ PHONE: \_\_\_\_\_

PHYSICIAN TO CALL IN CASE OF EMERGENCY: \_\_\_\_\_ PHONE: \_\_\_\_\_

If this physician is unavailable, does school have permission to call an alternate? \_\_\_ YES \_\_\_ NO

STUDENT WILL GO TO AND FROM SCHOOL: \_\_\_ FAMILY CAR \_\_\_ BICYCLE \_\_\_ WALK \_\_\_ CAR POOL \_\_\_ SCHOOL BUS \_\_\_ PUBLIC TRANSPORTATION

HAS STUDENT EVER BEEN EXPELLED FROM ANY SCHOOL? \_\_\_ NO \_\_\_ YES (PLEASE EXPLAIN ON BACK OF THIS FORM)

**TRANSFER STUDENTS ONLY** – LAST SCHOOL ATTENDED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ DATE OF LAST ATTENDANCE: \_\_\_\_\_ GRADE COMPLETED: \_\_\_\_\_ \*

\* NOTE: Grade placement of transfer pupils is tentative until official transcripts and records are received from last school.

**We understand the requirements and regulations of the school and pledge our full cooperation.**

STUDENTS SIGNATURE \_\_\_\_\_ PARENT'S OR GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**OFFICE USE ONLY** LEGAL NAME: \_\_\_\_\_ LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ NICKNAME \_\_\_\_\_  
 APPROVED FOR SCHOOL YEAR 20\_\_\_\_, 20\_\_\_\_, 20\_\_\_\_, 20\_\_\_\_ WITHDRAWAL DATE (IF APPLICABLE): \_\_\_\_\_ REASON: \_\_\_\_\_  
 EIGHTH GRADE DIPLOMA DATE: \_\_\_\_\_ EIGHTH GRADE CERTIFICATE DATE: \_\_\_\_\_

CIRCLE GRADE K 1 2 3 4 5 6 7 8