

Elementary Cumulative Record

North American Division of Seventh-day Adventists

(Please print in ink)

LAST NAME:		FIRST NAME:		MIDDLE NAME:		SEX: M F		Social Security Number:	
PLACE OF BIRTH:		PROOF OF BIRTH (Check One)							
DATE OF BIRTH:		Birth Certificate <input type="checkbox"/> Life Insurance Policy <input type="checkbox"/>		Church Record <input type="checkbox"/> Family Bible <input type="checkbox"/>		Immigration Certificate <input type="checkbox"/> Hospital Record <input type="checkbox"/>		Passport <input type="checkbox"/> Other <input type="checkbox"/>	
Grade	Date Entered	School	Teacher	Conference	Home Address	Phone Number	Child Resides With	Date of Transfer	
FAMILY DATA (in pencil)		Mother		Father		Guardian			
Name									
Home Address (if different from above)									
Phone # (if different)									
Language Spoken in Home									
Citizenship									
Occupation									
Marital Status									
Church Affiliation									
CHURCH INFORMATION				Date Student Baptized:		Denomination:		Place of Church Membership:	

