



# WORTHINGTON ADVENTIST ACADEMY

## Student Information Form

**Parents:** Fill in the requested information on BOTH SIDES of this form as completely as possible. Please print clearly:

Child's Full Legal Name (First, Middle, Last): \_\_\_\_\_

Nickname/Prefers to be called: \_\_\_\_\_ Sex  Male  Female

Birthday (MM/DD/YY): \_\_\_\_\_

Student's Home Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Student's Home Phone Number: \_\_\_\_\_

Grade Student will be Entering: \_\_\_\_\_

Student's Place of Birth (City, State): \_\_\_\_\_

Resident School District: \_\_\_\_\_

Student's Ethnicity (Check all that apply) *Note: The state of Ohio requires we gather this information on all of our students:*

- African-American       Asian       Caucasian       Hispanic  
 Native-American       Other - please specify: \_\_\_\_\_

Student's First Language:  English       Other - please specify: \_\_\_\_\_

Are there other languages spoken in the home? If yes, what are they? \_\_\_\_\_

Home Church:  Worthington Adventist Church       Other - please specify: \_\_\_\_\_

Is this child baptized       Yes       No      Date Baptized? \_\_\_\_\_

# Student Information Form

Page 2

**Special Needs** - Are there any physical, mental, and/or emotional factors which may affect your child's learning experience (hearing, vision, speech, learning disabilities, etc.) Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Allergies or other health conditions:** Please list any allergies this child has (food, medicine, environment, or other health issues: for example asthma, etc.) and indicate any reactions, necessary precautions, and treatments currently used to manage these conditions:  
\_\_\_\_\_  
\_\_\_\_\_

Has a professional (such as a teacher, counselor, etc.) ever expressed concern about any other challenges with regard to this child? *Please check all that apply:*

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Math Disability/Difficulty | <input type="checkbox"/> Reading Disability/Difficulty        | <input type="checkbox"/> Social Problems |
| <input type="checkbox"/> Behavioral Problems        | <input type="checkbox"/> ADD/ADHD                             |  |
| <input type="checkbox"/> Giftedness                 | <input type="checkbox"/> Other - <i>please specify:</i> _____ |  |

**Other Medical Professionals:** Please list any other medical professionals that see your child regularly.

Dentist Name and Phone Number:  
\_\_\_\_\_

Other Specialist (ophthalmologist, audiologist, etc.) Name and phone number:  
\_\_\_\_\_

I verify that all the information on this form is accurate and true to the best of my knowledge.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Worthington Adventist Academy (WAA) recruits and admits students of any race, color, or ethnic origin to all its rights, privileges, programs and activities. In addition, the school will not discriminate on the basis of race, color, or ethnic origin in the administration of its educational programs and athletics/extracurricular activities. Furthermore, the school is not intended to be an alternative to court- or administrative agency-ordered or public school-initiated desegregation.