

**SOUTHERN UNION  
REGISTRATION FORM**

2019-2020

**Murphy**  
**Adventist Christian**  
**School**

1584 Old Ranger Road  
Murphy, NC 28906  
828-837-5857

**PLEASE PRINT IN INK**

PUPIL'S LEGAL NAME \_\_\_\_\_  
LAST      FIRST      MIDDLE      NICKNAME

SEX: MALE \_\_\_ FEMALE \_\_\_ PLACE OF BIRTH \_\_\_\_\_  
CITY      STATE

VERIFICATION OF BIRTH \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET      CITY      STATE      ZIP

TELEPHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ PARENT'S EMAIL \_\_\_\_\_  
 Please designate Cell, Home or Work phone.

FAMILY INFORMATION	FATHER	MOTHER	GUARDIAN
LEGAL NAME			
CHECK ONE	NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER <input type="checkbox"/>	NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER <input type="checkbox"/>	RELATION TO CHILD
OCCUPATION			
EDUCATION			
BUSINESS NAME and ADDRESS			
BUSINESS TELEPHONE			
DATE and PLACE OF BIRTH			
US CITIZEN	YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER:	YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER:	YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER:
SDA MEMBER	YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER:	YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER:	YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER:
MARITAL STATUS	MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> OTHER <input type="checkbox"/>	MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> OTHER <input type="checkbox"/>	MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> OTHER <input type="checkbox"/>

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

BAPTIZED? YES \_\_\_ NO \_\_\_ DATE \_\_\_\_\_ AGE AT BAPTISM \_\_\_\_\_

**CHILDREN IN FAMILY IN ORDER OF BIRTH INCLUDING THIS CHILD**

NAME	LIVING AT HOME	SEX	DATE OF BIRTH
	YES <input type="checkbox"/> NO <input type="checkbox"/>	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	
	YES <input type="checkbox"/> NO <input type="checkbox"/>	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	
	YES <input type="checkbox"/> NO <input type="checkbox"/>	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	

**PERSON TO NOTIFY IN CASE OF EMERGENCY**

	<b>NAME</b>	<b>RELATIONSHIP</b>	<b>#1 PHONE NUMBER</b>	<b>#2 PHONE NUMBER</b>
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				

PHYSICIAN TO CALL IN EMERGENCY: \_\_\_\_\_  
NAME PHONE NUMBER

DENTIST TO CALL IN EMERGENCY: \_\_\_\_\_  
NAME PHONE NUMBER

PREFERRED HOSPITAL: \_\_\_\_\_  
NAME CITY/STATE

**FACTORS WHICH MAY INTERFERE WITH CHILD'S LEARNING**

Medical/Learning Concerns or Allergies: \_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_

**I UNDERSTAND THE REQUIREMENTS AND REGULATIONS OF THE SCHOOL AND PLEDGE OUR COOPERATION.**

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

**SECTION FOR TRANSFER STUDENTS ONLY**

SCHOOL LAST ATTENDED \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

LAST GRADE COMPLETED \_\_\_\_\_

*NOTE: GRADE PLACEMENT OF TRANSFER STUDENTS IS TENTATIVE UNTIL OFFICIAL TRANSCRIPT AND RECORDS ARE RECEIVED FROM LAST SCHOOL*

HAS STUDENT EVER BEEN SUSPENDED OR EXPELLED FROM ANY SCHOOL? NO \_\_\_\_ YES \_\_\_\_

PLEASE EXPLAIN \_\_\_\_\_  
\_\_\_\_\_