



# Niles Adventist School 2019 - 2020

## Application for Admission to Michigan Conference Seventh-day Adventist Church Schools

*Please fill out a separate application for each child applying for admission.*



\_\_\_\_\_  
 Student's full legal name: (Last - First - Middle)      Grade Entering \_\_\_\_\_      Gender \_\_\_\_\_      Student's Social Security # \_\_\_\_\_ NA

\_\_\_\_\_  
 Place of birth: Country \_\_\_\_\_      Date of Birth: Mo./Day/Yr. \_\_\_\_\_      Age \_\_\_\_\_      Baptized Yes \_\_\_\_\_ No \_\_\_\_\_      If Yes, Date Baptized in SDA Church \_\_\_\_\_

Father (Full Legal Name)		Mother (Full Legal Name)	
Home Street Address, City, State, Zip		Home Street Address, City, State, Zip	
County	E-mail Address	County	E-mail Address
Home Phone	Work	Home Phone	Work
Cell	Occupation	Cell	Occupation
SDA Church Member? Yes / No    Where?		SDA Church Member? Yes / No    Where?	

\_\_\_\_\_ Do you owe a bill at a previous school?    Yes \_\_\_\_\_    No \_\_\_\_\_  
*Initial* \_\_\_\_\_

If yes, the following information is needed.  
 Name of School \_\_\_\_\_

\_\_\_\_\_ I agree to see that this student's tuition and fees are cared for monthly.  
*Initial* \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ I have read the school handbook and agree to support each regulation of the school.  
*Initial* \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_ I agree to cooperate with the school board and teachers by avoiding criticism of any teacher or school policy in the presence of students.  
*Initial* \_\_\_\_\_

\_\_\_\_\_  
 Name of Parent or Legal Guardian (Printed)      Signature of Parent or Legal Guardian      Date