



**CONYERS ADVENTIST ACADEMY**  
**A Seventh-day Adventist School Pre-K - 5**  
***A Ministry of the Conyers Seventh-day Adventist Church***  
**Georgia-Cumberland Conference of Seventh-day Adventists**  
**STUDENT APPLICATION FOR ADMISSION**

School Year \_\_\_\_ / \_\_\_\_      Date Submitted \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Date Entering \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Full Legal Name of Student(s)**

- |    |       |                      |
|----|-------|----------------------|
| 1. | _____ | Grade Entering _____ |
| 2. | _____ | Grade Entering _____ |
| 3. | _____ | Grade Entering _____ |
| 4. | _____ | Grade Entering _____ |

"Transforming Characters to Transform the World"

**Student Information**

<b>Last Name</b>	<b>Full First Name</b>	<b>Full Middle Name</b>	<b>Prefers to be called</b>
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Place of Birth (city, state, country)</b>	<b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>Date of Birth</b> ___/___/___	<b>Home Phone (with area code)</b> _____
<b>Students Social Security Number</b> _____			
<b>SDA:</b> Y N <b>Baptized:</b> Y N <b>Date Baptized:</b> ___/___/___ <b>Church Membership:</b> _____			
<b>Grade Entering Next School Year:</b> Kindergarten 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup>			
<b>Previous School Name:</b> _____		<b>Phone Number:</b> _____	
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Who Does Student Live With:</b> Mother Father Guardian			

**Mother's Information**

<b>Last Name</b>	<b>Full First Name</b>	<b>Full Middle Name</b>	<b>Prefers to be called</b>
<b>Home Phone:</b> _____	<b>Work:</b> _____	<b>Cell:</b> _____	
<b>SDA:</b> Y N	<b>Church Membership:</b> _____	<b>Place of birth:</b> _____	
<b>Date of birth</b> _____	<b>Marital Status:</b> Married Divorced Single Separated Widowed		
<b>Occupation:</b> _____	<b>Name of Employer:</b> _____		
<b>Social Security Number:</b> _____	<b>E-mail Address:</b> _____		

**Father's Information**

<b>Last Name</b>	<b>Full First Name</b>	<b>Full Middle Name</b>	<b>Prefers to be called</b>
<b>Home Phone:</b> _____	<b>Work:</b> _____	<b>Cell:</b> _____	
<b>SDA:</b> Y N	<b>Church Membership:</b> _____	<b>Place of birth:</b> _____	
<b>Date of birth</b> _____	<b>Marital Status:</b> Married Divorced Single Separated Widowed		
<b>Occupation:</b> _____	<b>Name of Employer:</b> _____		
<b>Social Security Number:</b> _____	<b>E-mail Address:</b> _____		

**Guardian Information**

<b>Last Name</b>	<b>Full First Name</b>	<b>Full</b>	<b>Middle Name</b>	<b>Prefers to be called</b>
<b>Home Phone:</b> _____	<b>Work:</b> _____	<b>Cell:</b> _____		
<b>SDA:</b> Y N	<b>Church Membership:</b> _____	<b>Relation to Student:</b> _____		
<b>Date of birth</b> _____	<b>Marital Status:</b> Married Divorced Single Separated Widowed			
<b>Occupation:</b> _____				
<b>Name of Employer:</b> _____		<b>Social Security Number:</b> _____		
<b>E-mail Address:</b> _____				

"Transforming Characters to Transform the World"

When registering more than one child, if mother/father/guardian information is same you may use this page for additional students.

**(2) Student Information**

Last Name		Full First Name		Full Middle Name		Prefers to be called	
Address		City		State		Zip	
Place of Birth (city, state, country)		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	Date of Birth		Home Phone (with area code)	
Student's Social Security Number _____							
SDA: Y N		Baptized: Y N		Date Baptized: ____/____/____		Church Membership: _____	
Grade Entering Next School Year: Kindergarten 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup>							
Previous School Name: _____				Phone Number: _____			

Street Address		City		State		Zip	
Who Does Student Live With: Mother Father Guardian							

**(3) Student Information**

Last Name		Full First Name		Full Middle Name		Prefers to be called	
Address		City		State		Zip	
Place of Birth (city, state, country)		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	Date of Birth		Home Phone (with area code)	
Students Social Security Number _____							
SDA: Y N		Baptized: Y N		Date Baptized: ____/____/____		Church Membership: _____	
Grade Entering Next School Year: Kindergarten 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup>							
Previous School Name: _____				Phone Number: _____			

Street Address		City		State		Zip	
Who Does Student Live With: Mother Father Guardian							

**(4) Student Information**

Last Name		Full First Name		Full Middle Name		Prefers to be called	
Address		City		State		Zip	
Place of Birth (city, state, country)		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	Date of Birth		Home Phone (with area code)	
Students Social Security Number _____							
SDA: Y N		Baptized: Y N		Date Baptized: ____/____/____		Church Membership: _____	
Grade Entering Next School Year: Kindergarten 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup>							
Previous School Name: _____				Phone Number: _____			

Street Address		City		State		Zip	
Who Does Student Live With: Mother Father Guardian							

## PARENT/STUDENT ACKNOWLEDGEMENT & CONYERS ADVENTIST ACADEMEY TECHNOLOGY AND DISCIPLINE POLICIES

The technology and discipline policies have been established to help your child gain the greatest possible benefit from their school experience. After reading and discussing with your student all policies outlined in the CAA Handbook, place your signature below. Your signature indicates that the student and parent/guardian have read the policies and agree to uphold them.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Failure to sign this acknowledgement will not relieve a student or the parent(s) from compliance with school policies and procedures.**

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### Consent

#### Field Trip

- Yes  
 No

I hereby give permission for my child to go on school-sponsored field trips. I understand that I will be notified of each event and that the students will be well supervised at all times. I do not hold the school and staff liable, except as covered by insurance.

#### Transportation

- Yes  
 No

My child may ride in transportation provided by CAA in connection with school activities. I am responsible for paying funds to transport my child.

#### Legal Information

- Yes  
 No

I agree any legal documents (i.e. parental custody, IEP's, etc.) **MUST BE** provided to the school Registrar during enrollment.

#### Internet Usage

- Yes  
 No

I hereby give permission for my child to use the internet under adult supervision. I understand that they must abide by all rules set forth by Conyers Adventist Academy.

#### How did you hear about Conyers Adventist Academy (CAA)?

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