



Niles Adventist School - 2018-2019

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



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

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

_____ _____ _____ _____
 Place of birth: Country Date of Birth: Mo./Day/Yr. Age 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 _____
 Address _____

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

_____ 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