



Adventist Education

2018-2019 REGISTRATION

PK-8 ENROLLMENT FORM

Office Use Only	School Name:		School Entry Date:		
	Student ID:	<input type="checkbox"/> Birth Certificate: <input type="checkbox"/> Physical	<input type="checkbox"/> Immunizations Received <input type="checkbox"/> Financial Agreement Form	<input type="checkbox"/> Record Requested Date: <input type="checkbox"/> Record Received Date:	
I. Student Information					
1. (LEGAL NAME ONLY) Last Name		First	Middle	Suffix (Jr, II, III)	
2. Other name(s) used		3. Is student a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Grade	5. Age	6. Birth Date		7. Birth Place (city, state)	
9. Church Affiliation Is student baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No Date		10. Home Phone		8. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
12. Home Address		City	State	Zip Code	
13. Mailing Address (if different than above)		City	State	Zip Code	
11. Race (Select one or more) <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native					

II. Parent and Emergency Contact Information						
14. PARENT/ GUARDIAN	<input type="checkbox"/> Lives with Student	Last Name		First Name		
	<input type="checkbox"/> Student's Legal Guardian	Relation to Student	Email Address		Occupation	
	<input type="checkbox"/> SDA Member	Mailing Address			City	State Zip Code
		Cell Phone:	Home Phone:	Work Phone:		
		Church Affiliation:				
15. PARENT/ GUARDIAN OTHER	<input type="checkbox"/> Lives with Student	Last Name		First Name		
	<input type="checkbox"/> Student's Legal Guardian	Relation to Student	Email Address		Occupation	
	<input type="checkbox"/> SDA Member	Mailing Address (if different than above)			City	State Zip Code
		Cell Phone:	Home Phone:	Work Phone:		
		Church Affiliation:				
16. LOCAL EMERGENCY CONTACT(S) (Other than Parent/Guardian)	Last Name		First Name			
	Relation to Student	Home Phone	Work Phone	Cell Phone		
	Last Name		First Name			
	Relation to Student	Home Phone	Work Phone	Cell Phone		
17. PHYSICIAN	Name			Phone		
18. DENTIST	Name			Phone		

OFFICE ONLY Student Name: _____ Grade: _____ Teacher: _____ Student ID: _____