

Seventh-day Adventist School
285 Main Ave., Rt. 107A
South Hampton, NH 03827
(603) 394-9970

Application Form

Student's Name _____ Sex: M F (circle one)
Family Address _____
Home Phone & Cell _____
E-mail _____

Date of Birth _____ Age _____
Place of Birth _____
Social Security Number _____

Physician's Name _____
Physician's Address _____
Office Phone _____

Father's Name _____
Occupation _____

Mother's Name _____
Occupation _____

Church Affiliation _____
Church Address _____
Pastor's Name _____

Previous School Attended _____
School Address _____
School Phone _____
Grade Completed _____*

References (2)
Name & Phone _____
Name & Phone _____

***Please include copy of final report card.**