



For Office Use Only
Date Received _____
Received By _____

Student Application *This form is to be completed by the applicant, parent(s) or guardian(s).*

Full Legal Name of Student: _____ Goes By: _____

Grade Applying For: _____ Date of Application _____

Date of Birth: _____ Place of Birth _____ Age: _____ Gender: _____

Student living with: Father: () Mother: () Stepfather: () Stepmother (): Other: _____

Address _____ City _____ State _____ ZipCode _____

Home Telephone: _____ Student Cell #: _____ Student E-mail: _____

Is this student a baptized member of the Adventist church? Yes () Year of Baptism: _____ No ()

SDA Church where membership is held: _____

Is this student sponsored by an Adventist church member? Yes () No ()

If student has other church affiliation, specify: _____

<u>Mother's Information</u>	Preferred Language _____	Email Address _____	
_____	_____	_____	
Mother's Name	Home Phone	Cell Phone	Work Phone
Baptized member of the Seventh-Day Adventist Church? () Yes () No	Home Church _____	Religious Affiliation _____	

<u>Father's Information</u>	Preferred Language _____	Email Address _____	
_____	_____	_____	
Mother's Name	Home Phone	Cell Phone	Work Phone
Baptized member of the Seventh-Day Adventist Church? () Yes () No	Home Church _____	Religious Affiliation _____	

<u>Guardian's Information</u>	Preferred Language _____	Email Address _____	
_____	_____	_____	
Mother's Name	Home Phone	Cell Phone	Work Phone
Baptized member of the Seventh-Day Adventist Church? () Yes () No	Home Church _____	Religious Affiliation _____	

School Last Attended:

Name of School: _____

Address: _____

Telephone#: _____

Please note any major disciplinary action, censure suspension, expulsion, arrest and/or probation which the applicant has experienced:

Names of Other Children in Family	Sex	Age	Check if Living at Home	School Child is Attending

Has student been previously identified as qualifying for a gifted/talented education program? Yes () No ()

If yes, what kind? _____ By whom? _____

Where? _____ When? _____

Has this student been previously identified for a special individualized education program? Yes () No ()

If yes, what kind? _____ By whom? _____

Where? _____ When? _____

Does this student have an unpaid account at another school? If so:

Name of School: _____

Address: _____

Person to whom financial statements are to be sent to:

Name: _____

Address: _____

Telephone#: _____

STUDENT CONTRACT:

I agree to uphold the school's regulations. I pledge my cooperation with the school and its employees. I will live in harmony with the school's Christian principles.

Student's Signature and Date

PARENT CONTRACT:

I hereby agree to support the school regulations and to help my child observe them, to supply physical examination reports for this student upon entering the school for the first time and when required by the Conference Board of Education; and to accept all financial educational obligations for this student.

Parent/Guardian's Signature and Date