



For Office Use Only

Date Received \_\_\_\_\_ Received By \_\_\_\_\_

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

Grade Applying For: \_\_\_\_\_ Applying for School Year \_\_\_\_\_ Date of Application \_\_\_\_\_

Full Legal Name of Student: \_\_\_\_\_

Preferred Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Check documents submitted to verify birthdate for student entering for the first time:

Birth Certificate ( ) Notarized Statement: ( ) Hospital Statement: ( ) Passport or Visa: ( )

Student living with: Father: ( ) Mother: ( ) Stepfather: ( ) Stepmother ( ): Other: \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Student Cell #: \_\_\_\_\_ Student E-mail: \_\_\_\_\_

**Mother's Information** Preferred Language \_\_\_\_\_ Email Address \_\_\_\_\_

---

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Baptized member of SDA Church? ( ) Yes ( ) No Home Church \_\_\_\_\_ Religious Affiliation \_\_\_\_\_

**Father's Information** Preferred Language \_\_\_\_\_ Email Address \_\_\_\_\_

---

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Baptized member of SDA Church? ( ) Yes ( ) No Home Church \_\_\_\_\_ Religious Affiliation \_\_\_\_\_

**Guardian's Information** Preferred Language \_\_\_\_\_ Email Address \_\_\_\_\_

---

Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Baptized member of SDA Church? ( ) Yes ( ) No Home Church \_\_\_\_\_ Religious Affiliation \_\_\_\_\_

**Sibling Information**

Name \_\_\_\_\_ Age \_\_\_\_\_ Living at Home? \_\_\_\_\_ School Attending \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Living at Home? \_\_\_\_\_ School Attending \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Living at Home? \_\_\_\_\_ School Attending \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Living at Home? \_\_\_\_\_ School Attending \_\_\_\_\_

**Church Information**

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: \_\_\_\_\_

**School Information**

School Last Attended: \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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#: \_\_\_\_\_

How did you hear about Sandia View Academy? \_\_\_\_\_

If you were referred by someone, who? \_\_\_\_\_

**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