APPLICATION FOR ADMISSION TO SEVENTH-DAY ADVENTIST CHURCH SCHOOLS

Today's Date | First Name Middle Name Last Name *Student's Full Legal Name* | Grade Entering | Gender | Month Day Year *Birthdate* | Years Months *Current Age* | City, State and Country of Birth

Student's Ethnic Origin (check one)
(For Federal Government and General Conference Use Only)

African American | Asian American | Caucasian | Hispanic | Native American | Other | Please specify "Other"

Is the Student a Baptized Member of the SDA Church? Yes No

If "Yes," Baptism Year: _____

Please Identify any Allergies or Medical Conditions about which the Student's Teacher should be Aware: _____

Please provide information about you and your spouse and two other individuals we may contact in case of an emergency:

Name	Relationship to the Child	If SDA, Member of Which Church?	Home Phone	Work Phone	Cell Phone	E-Mail Address	Occupation	Address
	Father							
	Mother							

Student's Physician's _____
Name *Address* *Telephone*

Please check the following statements to indicate your understanding and support:

_____ 1. I agree to make sure this student's tuition is cared for monthly.
_____ 2. I have read the school handbook and agree to support all rules and procedures of this school.
_____ 3. I will always treat my child's teacher with courtesy and respect, even when we have a disagreement.
_____ 4. My child may take part in all field trips that are approved by the school board.
_____ 5. I authorize the school to send my child's records to his/her next school at the appropriate time.
_____ 6. If no names are printed, my child's picture may appear in school or Indiana Conference documents, websites and videos.

Student's Siblings	
Name	Birth Date

_____
Signature of Parent or Guardian