



# APPLICATION FOR ADMISSION TO SEVENTH-DAY ADVENTIST CHURCH SCHOOLS



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

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