



San Francisco Adventist School

STUDENT APPLICATION 2011-2012 School Year

66 Geneva Avenue
San Francisco, CA 94112
www.sfasonline.org
415.585.5550

Please fill out completely, and bring your application to the office or return by mail. Please include your registration fee of \$400.00. Applications will be processed on a first-come first-serve basis. Incomplete applications may not be processed.

Student's Full Legal Name: _____ Date of Application _____

First _____ Middle _____ Last _____ Student's Email _____

Grade applying for _____ Age _____ Sex _____ Social Security Number _____

Birth Date _____ (Month day, year) Place of Birth _____

Document submitted to verify birth date for child entering kindergarten, first grade, or first time: Birth Certificate Passport/Visa Notarized Statement Hospital Statement

Verified by _____ Date _____

	Mother	Father
Legal Name	_____	_____
Address	_____	_____
City, State, Zip	_____	_____
Home Phone	_____	_____
Cell Phone	_____	_____
Email	_____	_____
Denomination	_____	_____
Church where membership is held	_____	_____
Language used at Home	_____	_____
Occupation	_____	_____
Work Phone	_____	_____
Work Hours	_____	_____

Parents are: Married Divorced Widowed Separated Single _____ has custody

Student lives with: Father Mother Grandparents Legal Guardian Other _____

For Office Use Only

Date Received w/ Registration Fee _____	Interview _____	Transcripts Requested _____	Membership Verified _____
Financial Contract _____	Immunization Record _____	Health Info _____	Consent to Treatment _____
Admissions Committee: <input type="checkbox"/> Accepted <input type="checkbox"/> Denied	<input type="checkbox"/> Regular Standing <input type="checkbox"/> Probation	<input type="checkbox"/> Academics <input type="checkbox"/> Attendance <input type="checkbox"/> Behavior <input type="checkbox"/> New Student	Letter Sent _____

Is this student sponsored by an Adventist church member? No Yes Name _____

Is this student a baptized member of the Adventist church? No Yes If yes, indicate year baptized _____

Church where membership is held _____

Name and address of person to whom financial statements are to be sent if different from family above.

Name Address City, State, Zip Phone

School last attended: Name Address City, State, Zip Phone

Previous School Attended _____ Grade _____

Name Address City, State, Zip Phone

Has this student been previously identified as qualifying for a gifted program? No Yes If yes, when? _____

What kind? _____ Where ? _____ By whom? _____

Has this student been identified as qualifying for a special education program? No Yes If yes, when? _____

What kind? _____ Where ? _____ By whom? _____

Does the student have an unpaid account at another school? No Yes If so, where? _____

Name Address City, State, Zip Phone

Person to be notified in case of an emergency and parent is not available:

Name Address City, State, Zip Home Phone Cell Phone Work Phone

STUDENT AGREEMENT:

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

Student Signature

Date

PARENT AGREEMENT:

I hereby agree to support school regulations and to help my child observe them; to supply physical examination reports for this student (a) entering school for the first time, (b) at grade seven (this should include a scoliosis examination), and (c) at other grades when required by the Conference Board of Education; and to accept all financial obligations for this student.

Parent/Guardian Signature

Date