

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

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

FOR NEW APPLICANTS:

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

Previous School Attended _____ Grade(s) _____

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

Please provide three (3) references below whom we may contact:

NAME	ADDRESS	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