

# STUDENT APPLICATION

## PACIFIC UNION CONFERENCE OF SEVENTH-DAY ADVENTIST SCHOOLS

Grade applying for \_\_\_\_\_ Date of application \_\_\_\_\_

1. Full legal name of student \_\_\_\_\_ Sex \_\_\_\_\_  
LAST FIRST MIDDLE NICKNAME

2. Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_ Age \_\_\_\_\_  
MO. DAY YR.

Check document submitted to verify birthdate for child entering transitional kindergarten, kindergarten or first grade

Birth certificate  Notarized statement   
 Hospital statement  Passport or visa

Verified by \_\_\_\_\_  
SCHOOL OFFICIAL

3. Student living with: Father  Mother  Stepfather  Stepmother

Other \_\_\_\_\_  
SPECIFY

Home address \_\_\_\_\_ P.O. Box \_\_\_\_\_  
NUMBER STREET

\_\_\_\_\_ Telephone \_\_\_\_\_  
CITY ZIP

4.

Legal names of those checked in #3	Denom. affiliation	Church where membership held	Languages used at home	Occupation	Business Phone

5. Is this student sponsored by an Adventist church member? Yes  No

Is this student a baptized member of the Adventist church? Yes  No

If yes, indicate year baptized \_\_\_\_\_ Church where membership is held \_\_\_\_\_

If student has some other church affiliation, specify \_\_\_\_\_

6. School last attended \_\_\_\_\_  
NAME OF SCHOOL ADDRESS TELEPHONE

7.

Names of other children in family	Sex	Age	Check if living at home	School child is attending

OFFICE USE ONLY

Name \_\_\_\_\_  
 Enter dates Documents received - \_\_\_\_\_  
 Verification of birthdate \_\_\_\_\_  
 Transcript(s) \_\_\_\_\_  
 Grade enrolled \_\_\_\_\_  
 Room assigned \_\_\_\_\_  
 Withdrew \_\_\_\_\_

8. Has this student been previously identified as qualifying for a gifted education program? Yes  No

If yes, what kind? \_\_\_\_\_ When? \_\_\_\_\_

Where? \_\_\_\_\_ By whom? \_\_\_\_\_

9. Has this student been previously identified as qualifying for a special education program? Yes  No

If yes, what kind? \_\_\_\_\_ When? \_\_\_\_\_

Where? \_\_\_\_\_ By whom? \_\_\_\_\_

10. Does student have an unpaid account at another school? Yes  No

If so, state where \_\_\_\_\_

11. Name and address of person to whom financial statements are to be sent if different from that given in item #3.

\_\_\_\_\_  
NAME ADDRESS TELEPHONE

\_\_\_\_\_  
NAME ADDRESS TELEPHONE

**STUDENT CONTRACT:**

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.

\_\_\_\_\_  
DATE STUDENT'S SIGNATURE

**PARENT CONTRACT:**

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 the scoliosis examination), c) at least once in grades nine through twelve, and d) at other grades, when required by the Conference Board of Education; and to accept all financial educational obligations for this student.

\_\_\_\_\_  
DATE PARENT/GUARDIAN'S SIGNATURE

School name \_\_\_\_\_

Address \_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY STATE ZIP