

# STUDENT APPLICATION

## PACIFIC UNION CONFERENCE OF SEVENTH-DAY ADVENTIST SCHOOLS

Grade applying for \_\_\_\_\_ Date of Application \_\_\_\_\_

Student Social Security # \_\_\_\_\_

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 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

Transcript(s) \_\_\_\_\_

Verification of birthdate \_\_\_\_\_

Enter Dates Documents Received— \_\_\_\_\_

Name \_\_\_\_\_

Grade enrolled \_\_\_\_\_

Room assigned \_\_\_\_\_

Withdraw \_\_\_\_\_

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

**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

[Stamp school name and address]