

**APPLICATION/REGISTRATION FORM**

STUDENT INFORMATION										
Name of Student										
<i>Last</i>		<i>First</i>				<i>Middle</i>				
Date of Birth		Age	Place of Birth			Nationality		Student Social Security No.		
MM	DD	YY						-	-	
Gender M <input type="checkbox"/> F <input type="checkbox"/>		Name called at home/nickname			Language spoken at home (If OTHER please specify) English <input type="checkbox"/> Spanish <input type="checkbox"/> Other <input type="checkbox"/> >>					
Name of Church			SDA <input type="checkbox"/> Other <input type="checkbox"/>			Pastor's Name		Student Baptized YES <input type="checkbox"/> NO <input type="checkbox"/>		Baptismal Date / /
Home Address (include number and street)				City/Town		State		Zip Code		Home Telephone Number
Allergies (If YES please give specific name or nature of allergy and reaction) NO <input type="checkbox"/> YES <input type="checkbox"/> >>										
If child/ward does not bring lunch to school, do you grant the school permission to credit them lunch?								YES <input type="checkbox"/> NO <input type="checkbox"/>		
SCHOOL HISTORY (New students, please include a copy of the most recent Report Card)										
Last School Attended							School Tel. No.			
School Address (include number and street)										
			City/Town		State		Zip Code			
Principal's Name			Last Teacher's Name			Current/Last Grade Completed		* Placement Grade	Entry Date / /	
* PLACEMENT WILL DEPEND ON STUDENT'S RESPONSE TO ADMISSIONS TESTS IN MATH, READING AND WRITING. THE SCHOOL RESERVES THE RIGHT FOR ADMISSION PLACEMENT.										
FAMILY INFORMATION										
Name of Mother							Personal Email Address			
<i>Last</i>		<i>First</i>				<i>MI</i>				
Occupation (Job Title)		Work Telephone Number				Extension		Home Telephone Number		
Social Security No.										
Place of Birth										
Home Address (include number and street)							City/Town		State	Zip Code
Same as Student <input type="checkbox"/>							Religion SDA YES <input type="checkbox"/> NO <input type="checkbox"/> BAPTIZED YES <input type="checkbox"/> NO <input type="checkbox"/>			
Name of Father							Personal Email Address			
<i>Last</i>		<i>First</i>				<i>MI</i>				
Occupation (Job Title)		Work Telephone Number				Extension		Home Telephone Number		
Social Security No.										
Place of Birth										
Home Address (include number and street)							City/Town		State	Zip Code
Same as Student <input type="checkbox"/>							Religion SDA YES <input type="checkbox"/> NO <input type="checkbox"/> BAPTIZED YES <input type="checkbox"/> NO <input type="checkbox"/>			
Please check if applicable    Parents Separated <input type="checkbox"/> Parents Divorced <input type="checkbox"/> Mother Deceased <input type="checkbox"/> Father Deceased <input type="checkbox"/> Other <input type="checkbox"/>										
ADDITIONAL INFORMATION (Please also complete the Emergency Home Contact Yellow Card)										
Person(s) to contact in case of emergency								Extensions		
1 <sup>st</sup> Choice				Tel. No.						
2 <sup>nd</sup> Choice				Tel. No.						
CORRESPONDENCE (Name and address of person to whom correspondence should be sent)										
Name							Relationship to Student			
<i>Last</i>		<i>First</i>				<i>MI</i>				
Home Address (include number and street)							City/Town		State	Zip Code
Social Security No.										
Tel. No. Home			Tel. No. Work (Mother)			Extension		Other Contact No. (e.g. Cell Number)		Extension
FOR OFFICIAL USE ONLY										
Registration Fee    \$		NAME OF APPLICANT								
Tuition    \$		SIGNATURE OF APPLICANT								
Book Fee    \$		OFFICIAL SIGNATURE								
Bus Fee    \$		DATE								
Amount Paid										