

STUDENT APPLICATION

SOUTHWESTERN 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 birthday 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 STATE 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 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 _____
 Date of birth _____
 Date documents received _____
 Transcript(s) _____
 Grade enrolled _____
 Room assigned _____
 Withdraw _____