**NEW STUDENT APPLICATION 2019-2020**

Date of Application: Click or tap here to enter text.

**Child’s Full Legal Name**

Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.

Last First Middle

Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.

Grade Entering Gender Place of Birth

Click or tap to enter a date.

Date of SDA Baptism

Click or tap to enter a date. Click or tap here to enter text. Click or tap here to enter text.

M / D / Y Years/Months Social Security Number

Date of birth Age

Click or tap here to enter text.

Ethnicity

**Family Information**

Student lives with (check all that apply):  Both Parents  Father  Mother

Stepfather  Stepmother  Guardian  Grandparent  Other

(please explain) Click or tap here to enter text.

Who can receive report cards?  Both Parents  Father  Mother  Guardian

Legal Name of Parent or Guardian student is living with:

Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.

Last First Middle

Click or tap here to enter text. Click or tap here to enter text.

Home Address City, State, Zip

Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.

Home Phone Cell Phone Business Phone

Click or tap here to enter text.

Email address (required)

Click or tap here to enter text.

Church Affiliation (Denomination and Church)

Click or tap here to enter text.

Language used at home

List other children in the family.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | Gender | Age | School Child Attends |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Student Medical Information**

Indicate physical problem by checking Hearing Heart Speech

Does the student have any known allergies? Click or tap here to enter text.

Is the student on any regular medication? please specify Click or tap here to enter text.

Prepare to sign (in person) an authorization form giving consent to school personnel to administer first aid, and if necessary, take child for emergency treatment.

**Emergency Contact Information**

Please give the names of local relatives or friends who have consented to assume the responsibility of your child in case of illness, accident, etc. until you can be reached. These persons are also authorized by you to take the student from school if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | Relationship | Home Phone | Cell Phone |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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**Further Instructions**

Please submit the following original documents in person or by mail.

1. Birth Certificate (or Notarized Hospital Statement, Passport or Visa verifying birth date)
2. State Immunization Certificate (required)
3. Last Report Card

Prepare to sign the following documents in person

1. Transcript request
2. Photo/Video Release
3. Behavior Survey
4. Financial Agreement
5. Consent to Treatment form
6. Technology systems acceptable use policy
7. Medicine Authorization
8. Student and Parent Contract