

# 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.

Years Month

Check document submitted for Birth certificate, Notarized statement, verify birthdate for child Hospital statement, Passport, or visa entering kindergarten or first grade.

SCHOOL OFFICIAL \_\_\_\_\_

3. Student living with: ( ) Father ( ) Mother ( ) Stepfather ( ) Stepmother ( ) Other \_\_\_\_\_

SPECIFY

Home address

NUMBER STREET P.O. Box

City State Zip

Telephone \_\_\_\_\_

4.

Legal names of those checked in #3	Denom. affiliation	Church where membership held	Languages used at home	Occupation	Business phone	Cell 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 \_\_\_\_\_  
 Withdrew \_\_\_\_\_

8. Has this student been previously identified as qualifying for a gifted education program? Yes ( ) No ( )  
 If yes, what kind? \_\_\_\_\_  
 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

Ridgecrest Adventist Elementary  
 555 W. Las Flores  
 Ridgecrest, CA 93555  
 760-375-8673