

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.

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 _____

Room assigned _____

Grade enrolled _____

Withdraw _____

Other Dates documents Received - _____

Verification of birthday _____

Transcript(s) _____

8. Has this student been previously identified as qualifying for gifted/talented 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, (when entering school for the first time) and to accept all financial educational obligations for this student.

_____ DATE _____ PARENT/GUARDIAN'S SIGNATURE

[Stamp school name and address]

Southwestern Union Conference

CONSENT TO TREATMENT

Only designated staff, such as the school nurse or physician, will have access to the completed form. This form will be stored in a locked file.

This form must be filled out at the beginning of each school year to cover the activities for the school year. A copy of each student's form must be taken on off-campus activities.

Student's Name _____

Age _____ Date of Birth _____ Social Security Number _____
Mo. Day Year

Address _____

Parent/Guardian's Name _____

Father/Guardian _____
Business Telephone _____ Home Telephone _____ Social Security Number _____

Mother/Guardian _____
Business Telephone _____ Home Telephone _____ Social Security Number _____

Please describe allergies to substances and medication. _____

If on regular medication, please specify _____ Date of last tetanus shot _____

Please give the name of your local family physician(s) to be called in case your son or daughter becomes ill or has an accident at school and you cannot be reached.

1. Family Physician _____ Office Telephone _____
Address _____

2. Family Physician _____ Office Telephone _____
Address _____

Hospital preference _____ Telephone _____

Please give the names of two relatives or friends who have consented to assume the responsibility of your son or daughter in case of illness or accident until you can be reached. In case of any changes in the named persons, notify the school in writing.

1. Name _____ Telephone _____
Address _____

2. Name _____ Telephone _____
Address _____

If emergency service involving medical action or treatment is required and neither the parent nor the family physician can be reached for consent, the parents hereby consent to the rendering of such emergency medical service for the above named student as shall be necessary in the medical opinion of the doctor rendering the service. This authorization is given pursuant to the local state Civil Code.

Signature of Parent or Guardian: _____ Date: _____