

REGISTRATION FORM

Date _____ Grade Entering _____ Years spent in school _____ Years in SDA school _____

Student's Name _____
(last) (first) (middle name) (nickname)

Legal Address _____

Mailing Address (if different from above) _____

() Home Phone Number _____ () Cell Phone Number _____
Place an * next to the number(s) you would like on the school announcement system

Parent E-mail address: _____ Second E-mail address: _____

Present age _____ Birthdate _____ Birthplace _____

Baptized Church Member: Yes / No

If yes, place of membership/baptism date: _____

Student's Physician _____ Physicians Phone _____

Allergies or health condition to be aware of _____

Date of last physical exam _____ Medications _____

Person to contact in an emergency _____

Contact person's phone # _____ Relationship _____

Last school attended _____

Address of previous school _____

Language(s) spoken at home _____

Parent and Guardian Information

Father ()*

Mother ()*

Guardian ()*

| | | | |
|------------------------|--|--|--|
| Name | | | |
| Maiden Name | | | |
| Address | | | |
| | | | |
| Church Affiliation | | | |
| Birthplace | | | |
| Citizenship | | | |
| Educational Attainment | | | |
| Occupation | | | |
| Work Phone # | | | |

*Place correct symbol in parenthesis (x) deceased; (s) separated; (d) divorced; (f) foster parents; (sp) stepparent; (gp) grandparent; (or) other relative

Please list names and ages of student's siblings _____

PLEDGE: We understand the objectives and regulations of the school and pledge our full support.

 (parent signature)

 (student signature)

The information on this registration form is true and accurate for the current school year.

 (parent signature)

 (student signature)