

## 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)