

Spring Creek Seventh-day Adventist School

Application for Admission

Student Information

DATE OF ENROLLMENT	GRADE ENTERING
STUDENT'S NAME (LAST, FIRST, MIDDLE)	
STREET ADDRESS	
CITY	STATE ZIP
MAILING ADDRESS, IF DIFFERENT	
CITY	STATE ZIP
PHONE	
AGE	SEX RACE

DATE OF BIRTH	PLACE OF BIRTH
NUMBER OF OLDER SIBLINGS	NUMBER OF YOUNGER SIBLINGS
IS STUDENT A BAPTISED SEVENTH-DAY ADVENTIST? DATE OF BAPTISM, IF APPLICABLE	
CHURCH CURRENTLY ATTENDING	

New Students Only

LAST SCHOOL ATTENDED	GRADE
SCHOOL'S ADDRESS	CITY
STATE	ZIP

Guardian Information

	FATHER ()*	MOTHER ()*	GUARDIAN ()*
FULL NAME			
ADDRESS (IF DIFFERENT FROM CHILD'S)			
HOME PHONE			
CELL PHONE			
E-MAIL ADDRESS			
CHURCH AFFILIATION			
OCCUPATION			
WORK PHONE			

*Place correct symbol in parenthesis where applicable (X) deceased, (S) separated, (D) divorced, (F) foster parents

Emergency Contacts & Medical Information

Family Physician

NAME	PHONE
------	-------

Please submit copy of immunization records with this application.

Medical/Educational needs the school should be aware of:

In case of emergency, please notify the following in the order listed:

NAME	PHONE	RELATIONSHIP TO STUDENT
NAME	PHONE	RELATIONSHIP TO STUDENT

Please tell us why you want your child to attend our school (use back if necessary):

I CERTIFY THE ABOVE TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE	DATE
-----------	------

For Internal Use Only Application status: Accepted Denied
 Date received: _____ Immunization Record Record of current Physical Signed Handbook policy form