



Indiana Conference of Seventh-day Adventists®

Application for Admission

Today's Date _____ First Name _____ Middle Name _____ Last Name _____ Grade _____ Gender _____ Month _____ Day _____ Year _____
Student's Full Legal Name _____ *Date of Birth* _____
 Years _____ Months _____ City, State, and Country of Birth _____
Current Age _____

Student's Ethnic Origin (check one):

(For Federal Government and General Conference Use Only)

African American

Asia American

Caucasian

Hispanic

Native American

Other

Please specify "Other"

Is the Student a Baptized Member of the SDA Church?

Yes No

If "Yes," Baptism Year: _____

Please Identify any Allergies or Medical Conditions about which the Student's Teacher should be Aware: _____

Please provide information about you and your spouse and two other individuals we may contact in case of emergency:

Name	Relationship to the Child	If SDA, Member of Which Church?	Home Phone	Work Phone	Mobile Phone	E-mail Address	Occupation	Address
	Father							
	Mother							

Student's Physician:

_____ Name

_____ Address

_____ Phone

Please check the following statements to indicate your understanding and support:

1. I agree to make sure this student's tuition is cared for monthly.

2. I have read the school handbook and agree to support all rules and procedures of this school

3. I will always treat my child's teacher with courtesy and respect, even when we have a disagreement.

4. My child may take part in all field trips that are approved by the school board.

5. I authorize the school to send my child's records to his / her next school at the appropriate time.

6. My child's picture may appear in school or Indiana Conference newsletters, press releases, or videos.

Signature of Parent or Guardian

Student's Siblings

Name

Date of Birth

_____	_____
_____	_____
_____	_____
_____	_____