



STUDENT APPLICATION PENINSULA ADVENTIST SCHOOL

Please Print

Grade applying for _____ Date of Application _____

Full legal name of student _____
LAST FIRST MIDDLE

Birth date: _____

Student living with: Father Mother Stepfather Stepmother

Other: _____
SPECIFY

Student's home address: _____
STREET APT.

CITY STATE ZIP

Phone numbers of those checked above:

Father/Stepfather/other: Home: _____
 Cell: _____
 Work: _____

Mother/Stepmother/other: Home: _____
 Cell: _____
 Work: _____

Emails: Father/Stepfather/other: _____
 Mother/Stepmother/other: _____

Parent/Gaurdian Information

Legal Names	Church affiliation	Church where membership is held	Language spoken at home	Occupation

School that student last attended: _____
NAME PHONE

STREET CITY STATE ZIP

Has this student been baptized in a Seventh-Day Adventist Church? yes no If yes, when? _____

Names of other children living at home	Sex	Grade in school	School child is attending

Has this student been previously identified for: Gifted education program
 Special education program

What kind? _____

Where? _____

Does this student have an unpaid account at another school? Yes No

If yes, what school? _____
NAME PHONE

STREET CITY STATE ZIP

STUDENT CONTRACT (GRADES 7-8)

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.

PRINT NAME

DATE STUDENT SIGNATURE

PARENT CONTRACT

I hereby agree to support school regulations and principles, to observe them, and to help my child observe them, to supply physical examination reports for my child, a) on entering school for the first time, and b) at grade seven. I further agree to accept all financial obligations for this student. I understand that this school is a Seventh-Day Adventist School and as such, Seventh - day Adventist beliefs will be taught to, but not forced upon my child.

PRINT NAME

DATE PARENT SIGNATURE