

Indiana Conference of Seventh-day Adventists® **Application for Admission**

Today's Date First		ddle Name Last Nan ent's Full Legal Nam		Grade	e Gend		Day Year of Birth		Months nt Age	City, State, and Country of Birth		
Student's Ethnic Origin ((check one):											
(For Federal Governmen General Conference Use		African Asi merican Ameri	(alleac	ian Hi	ispanic	Native American	Other	Please s	pecify "Other"			
Is the Student a Baptized Member of the SDA Church? Yes No If "Yes," Baptism Year: 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	Mobi Phor		E-mail Address		Occupation	Address		
	Father											
	Mother											
Student's Physician:												
,	Name	Name				Address				Phone		
Please check the fo	llowing statem	ents to indicate v	our understand	ding and s	support:							
I agree to make sure this student's tuition is cared for monthly.								Student's Siblings				
2. I have read the school handbook and agree to support all rules and procedures of this school							Name			Date of Birth		
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