



# APPLICATION FOR ADMISSION

## Northern New England Conference Seventh-day Adventist Church Schools

**NOTE:** Please submit a separate application for each child applying for admission.

Last Name:  First Name:  Middle Name:  Grade Entering:  Sex:  M  F  Other:  Birthdate: (month)  (day)  (year)  Age: (year)  (month)  (day)  Baptized: (month)  (day)  (year)

Place of Birth: (city/state/country)  Ethnic Origin:  Caucasian  Black  Hispanic  Oriental  Am. Indian  Other:

**FOR FEDERAL GOVERNMENT AND GENERAL CONFERENCE PURPOSES ONLY:**

Legal name of parent/guardian with whom pupil is living	Home Church	Home Phone	Work Phone	Occupation	Home Address
Father:					
Mother:					

**In case of an accident or serious illness, should the school be unable to contact me, I hereby authorize the school to take my child to the physician, emergency room and/or to the relative or neighbor indicated:**

Doctor  Phone  Address

Neighbor  Phone  Address

Siblings Name:  Birth Date:

1.	<input type="text"/>	4.	<input type="text"/>
2.	<input type="text"/>	5.	<input type="text"/>
3.	<input type="text"/>	6.	<input type="text"/>

**Please initial each box:**

<input type="checkbox"/>	I agree to see that this student's tuition is cared for monthly
<input type="checkbox"/>	I agree to cooperate with the school board and teachers by avoiding adverse criticism of any teacher or school policies in the presence of students
<input type="checkbox"/>	I have read the school policy book and agree to support each regulation of the school, written and oral
<input type="checkbox"/>	I hereby authorize the school to send, upon request, the permanent records to the next school to which my child may enroll

**Signature of Parent/Guardian:**  **Date:**