



San Fernando Valley Academy

Student Application

STUDENT APPLICATION: PACIFIC UNION CONFERENCE OF SEVENTH DAY ADVENTIST SCHOOLS

Grade applying for _____ Date of Application: _____

1. Full legal name of student

_____ Sex _____
LAST FIRST MIDDLE NICKNAME

2. Date of Birth _____

MO. DAY YR

Place of Birth _____

Check document submitted to verify Birthdate for child entering transitional kindergarten, kindergarten or first grade

- Birth Certificate Notarized Statement
 Hospital Statement Passport or visa

Verified by: _____

SCHOOL OFFICIAL

3. Student living with: Father Mother Stepfather Stepmother

Other _____
(PLEASE SPECIFY)

Home Address _____ P.O. Box _____
NUMBER STREET

_____ Contact Number _____
CITY ZIP

4.

OFFICE USE ONLY

Name _____

Enter dates documents received: _____

Verification of birthdate: _____

Transcript (s) _____

Grade Enrolled _____

Room Assigned _____

Withdraw _____

Legal names of those checked in #3	Denom. Affiliation	Church where membership held	Languages used at home	Occupation	Business Phone

5. Is this student sponsored by an Adventist church member? Yes No
 Is this student a baptized member of the Adventist Church? Yes No
 If yes, indicate year baptized _____ Church where membership is held _____

If student has some other church affiliation, please specify _____

6. School last attended _____

NAME OF SCHOOL ADDRESS CONTACT NUMBER

7.

Names of other children in family	Sex	Age	Check if living at home	School child is attending

8. Has this student been previously identified as qualifying for a gifted education program? Yes No

If yes, what kind? _____ When? _____

Where? _____ By whom? _____

9. Has this student been previously identified as qualifying for a special education program?

Yes No

If yes, what kind? _____ When? _____

Where? _____ By whom? _____

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

If so, please state where _____

11. Name and address of person to whom financial statements are to be sent if different from that given in item #3

NAME	ADDRESS	CONTACT NUMBER
NAME	ADDRESS	CONTACT NUMBER

STUDENT CONTRACT

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.

DATE	STUDENT'S SIGNATURE
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PARENT CONTRACT

I hereby agree to support school regulations and to help my child observe them, to supply physical examination reports for this student, (a) entering school for the first time, (b) at grade seven (this should include the scoliosis examination), (c) at least once in grades nine through twelve, and d) at other grades, when required by the Conference Board of Education; and to accept all financial obligations for this student.

DATE	PARENT/GUARDIAN SIGNATURE
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School Name _____

Address _____

STREET

CITY

STATE

ZIP

CONTACT INFORMATION

Parent's Email Address: _____ Student's Email Address: _____

Emergency Contact Number 1: _____ Emergency Contact Number 2: _____