



# SAN FERNANDO VALLEY ACADEMY

17601 Lassen Street  
Northridge, CA 91325  
Tel 818-349-1373

**2019-2020**

## APPLICATION FOR ADMISSION

Please fill in every space (if not applicable, mark N/A).

4/01/19

Application Date: \_\_\_\_\_  
 Amt. Rec'd: \$ \_\_\_\_\_  
 Check Date: \_\_\_\_\_ By: \_\_\_\_\_  
 Accounting #: \_\_\_\_\_  
 Scholarships \_\_\_\_\_

*For Business Office Use Only*

### DEMOGRAPHIC INFORMATION

APPLICANT'S FIRST NAME			MIDDLE		LAST		
APPLICANT'S HOME ADDRESS (USA)			CITY		ST	ZIP	HOME PHONE
CURRENT SCHOOL & ADDRESS			PHONE		ENROLLING FOR GRADE		SCHOOL YEAR
GPA FOR 2018-2019 SCHOOL YEAR			TEACHER OR CLASS SPONSOR		CHURCH CHILD ATTENDS		
FAMILY E-MAIL ADDRESS			DENOMINATION		DATE BAPTIZED		
APPLICANT'S CELL PHONE				APPLICANT'S E-MAIL ADDRESS			

### BIOGRAPHICAL INFORMATION

GENDER		SOCIAL SECURITY NO.		DATE OF BIRTH:		
BIRTHPLACE/COUNTRY OF BIRTH			COUNTRY OF CITIZENSHIP		PRIMARY HOME LANGUAGE	

### FATHER'S/GUARDIAN'S (MALE) INFORMATION

### MOTHER'S/GUARDIAN'S (FEMALE) INFORMATION

MARITAL STATUS OF NATURAL PARENTS/GUARDIANS:

IS FATHER/GUARDIAN A BAPTIZED SEVENTH-DAY ADVENTIST?				IS MOTHER/GUARDIAN A BAPTIZED SEVENTH-DAY ADVENTIST?			
FATHER IS A MEMBER OF WHICH CHURCH?				MOTHER IS A MEMBER OF WHICH CHURCH?			
FIRST		MIDDLE	LAST	FIRST		MIDDLE	LAST
HOME ADDRESS				HOME ADDRESS			
CITY		STATE		ZIP		CITY	
HOME PHONE		CELL		HOME PHONE		CELL	
COMPANY NAME				COMPANY NAME			
BUSINESS ADDRESS				BUSINESS ADDRESS			
CITY		STATE		ZIP		CITY	
WORK PHONE		FAX		WORK PHONE		FAX	
E-MAIL ADDRESS				E-MAIL ADDRESS			
OCCUPATION/JOB TITLE				OCCUPATION/JOB TITLE			
FATHER'S YEARS OF EDUCATION		SSN:		MOTHER'S YEARS OF EDUCATION		SSN:	
US CITIZEN		IF NO, CITIZEN OF:		US CITIZEN		IF NO, CITIZEN OF:	

**NOTE: THE ABOVE APPLICANT WILL NOT BE CONSIDERED FOR RE-ADMISSION WITHOUT CLEARANCE OF THE ACADEMIC/ADMISSIONS COMMITTEE AND ALL REQUIRED MATERIALS ARE RECEIVED.**

### **EMERGENCY CONTACTS**

NAME AND RELATIONSHIP OF PERSONS TO CONTACT IN CASE OF AN EMERGENCY:

EMERGENCY CONTACT:	RELATION:	CELL PHONE:	ALTERNATE PHONE:
EMERGENCY CONTACT:	RELATION:	CELL PHONE:	ALTERNATE PHONE:
EMERGENCY CONTACT:	RELATION:	CELL PHONE:	ALTERNATE PHONE:

### **ALUMNI / SIBLING CONNECTIONS**

NAME AND RELATIONSHIP OF FAMILY MEMBERS WHO HAVE ATTENDED SAN FERNANDO VALLEY ACADEMY IN THE PAST:

NAME/RELATIONSHIP	YEARS ATTENDED	GRADUATION YEAR
NAME/RELATIONSHIP	YEARS ATTENDED	GRADUATION YEAR
NAME/RELATIONSHIP	YEARS ATTENDED	GRADUATION YEAR

NAME AND RELATIONSHIP OF SIBLINGS CURRENTLY ATTENDING SAN FERNANDO VALLEY ACADEMY:

NAME	RELATIONSHIP	GRADE
NAME	RELATIONSHIP	GRADE
NAME	RELATIONSHIP	GRADE

HAS STUDENT PREVIOUSLY APPLIED TO SAN FERNANDO VALLEY ACADEMY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT YEAR:

HAS APPLICANT BEEN DISMISSED FROM ANY SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EXPLAIN:

### **I-20 VISA ACTIVITY**

IS THIS THE FIRST TIME APPLICANT HAS STUDIED IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	WILL APPLICANT NEED AN I-20? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> TRANSFER _____
WHAT TYPE OF VISA HAS BEEN ISSUED?	PASSPORT # _____ SEVIS # _____

WHAT SPECIAL ABILITY DOES APPLICANT HAVE? (I.E., ACADEMIC, ATHLETIC, ARTISTIC, MUSICAL, SPECIAL AWARDS)

HAS APPLICANT BEEN EVALUATED FOR EDUCATIONAL, LEARNING, BEHAVIORAL, OR PSYCHIATRIC REASONS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DOCTOR'S NAME & PHONE NO.	IF YES, WHAT WAS THE DATE OF THE EVALUATION? (please enclose copy of test results)
	MEDICATION PRESCRIBED <input type="checkbox"/> YES <input type="checkbox"/> NO

ANSWERING THESE QUESTIONS WITH LESS THAN COMPLETE HONESTY MAY RESULT IN FORFEITING YOUR ADMISSION.

**I hereby submit this application for admission of my child to San Fernando Valley Academy and have answered all questions.**

SIGNATURE OF PARENT OR GUARDIAN	DATE
PERSON RESPONSIBLE FOR TUITION	PHONE