



SAN FERNANDO VALLEY ACADEMY

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

2021-2022

APPLICATION FOR ADMISSION

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

Application Date: _____

Accounting #: _____

For Business Office Use Only

01/20/2021

DEMOGRAPHIC INFORMATION

STUDENT'S FIRST NAME		MIDDLE	LAST		
STUDENT'S HOME ADDRESS (USA)		CITY	ST	ZIP	HOME PHONE
CURRENT SCHOOL NAME		PHONE	ENROLLING FOR GRADE		SCHOOL YEAR
CURRENT SCHOOL ADDRESS		CITY & ZIP CODE	CHURCH CHILD ATTENDS		
MOTHER'S E-MAIL ADDRESS		MOTHER'S CELL	DENOMINATION		DATE BAPTIZED
FATHER'S EMAIL ADDRESS		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	STATE	ZIP
HOME PHONE		CELL	HOME PHONE		CELL
COMPANY NAME			COMPANY NAME		
BUSINESS ADDRESS			BUSINESS ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
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 ADDITION TO PARENTS/GUARDIAN) IN CASE OF EMERGENCY

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?
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HAS APPLICANT BEEN DISMISSED FROM ANY SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN:
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WHAT SPECIAL GIFTS DOES THE APPLICANT HAVE? (I.E. ACADEMIC, ATHLETIC, ARTISTIC, MUSICAL, SPECIAL AWARDS)

SPECIAL EDUCATION NEEDS

HAS APPLICANT BEEN EVALUATED FOR EDUCATIONAL, LEARNING, BEHAVIORAL, OR PSYCHIATRIC REASONS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, WHAT WAS THE DATE OF THE EVALUATION?	DATE: IEP: <input type="checkbox"/> YES <input type="checkbox"/> NO

WHAT IS THE DIAGNOSIS:	

PLEASE INCLUDE A COPY OF ALL DOCUMENTATION RELATED TO DIAGNOSIS.

I HEREBY SUBMIT THIS APPLICATION FOR ADMISSION OF MY CHILD TO SAN FERNANDO VALLEY ACADEMY AND HAVE ANSWERED ALL QUESTIONS TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF PARENT OR GUARDIAN	DATE:
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