



# Student Application Springs Adventist Academy

Date of Application \_\_\_\_\_

1. Student’s full legal name \_\_\_\_\_  
Last
First
Middle

Student’s nickname \_\_\_\_\_ Grade Applying for \_\_\_\_\_

2. Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_ Age \_\_\_\_\_

<b>Office Use Only:</b>			
Check document submitted to verify birthdate for child entering pre-K, kindergarten or first grade.	Birth certificate <input type="checkbox"/>	Passport or visa <input type="checkbox"/>	
	Hospital statement <input type="checkbox"/>	Other <input type="checkbox"/>	
Verified by _____			

3. Student living with: Father  Mother  Stepfather  Stepmother  Grandfather  Grandmother

Other \_\_\_\_\_  
 Specify \_\_\_\_\_

Home address \_\_\_\_\_  
Street Address
City
State
Zip

Primary email address \_\_\_\_\_ Primary Telephone number \_\_\_\_\_

4.	Legal names of those checked in #3	Denomination	Church where membership is held	Language used at home	Occupation	Cell Phone#

5. Is this this student a baptized member of the Seventh-Day Adventist Church? Yes  No

If yes, indicate year baptized \_\_\_\_\_ Church where membership is held \_\_\_\_\_

If student has some other church affiliation, specify \_\_\_\_\_

6. School last attended \_\_\_\_\_  
Name of School
Address
Telephone

7.	Names of other children in family	Sex	Age	Check if living at home	School child is currently 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, state where \_\_\_\_\_

11. Do you need additional financial statements sent to people other than the persons listed on #3?

\_\_\_\_\_  
Name Phone #

\_\_\_\_\_  
Address Email Address

\_\_\_\_\_  
Name Phone #

\_\_\_\_\_  
Address Email Address

**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 and policies as put forth in the Student Handbook.

\_\_\_\_\_  
Date Students Signature

**PARENT CONTRACT:**

I hereby agree to support school regulations as put forth in the **Student Handbook** 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), and c) at other grades, when require by the RMC Board of Education, to supply immunization records as required by law; and to accept all financial educational obligations for the student.

\_\_\_\_\_  
Date Parent/Guardian's Signature