



Springs Adventist Academy

Student Application

Date of Application _____

1. Student's full legal name _____
Last First Middle

Student's nickname _____ Grade Applying for _____

2. Date of birth _____ City and State of Birth _____ Age _____

Office Use Only:

Check document submitted to verify birthdate for child entering kindergarten or first grade.

Birth certificate Hospital statement Passport or visa Other

Verified by _____

3. Student living with: Father Mother Stepfather Stepmother Grandfather Grandmother
(Check all that apply)

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 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, 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.

Student Signature Date

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.

Parent/Guardian's Signature Date

IMAGE RELEASE: SCHOOL WEB PAGE PHOTOGRAPHS AND VIDEOS

I understand that photos and/or footage of my child may be posted on the internet on the SAA website. I understand, also that personal information such as student names, phone number, and addresses will not be posted with their pictures. (Not signing denies permission.)

Parent/Guardian Signature Date