



APPLICATION FOR ADMISSION

Northern New England Conference Seventh-day Adventist Church Schools

NOTE: Please submit a separate application for each child applying for admission.

Last Name: First Name: Middle Name: Grade Entering: Sex: M F Birthday: (m/d/y) Age: (y/m) Baptized: (m/d/y)

Place of Birth: (city/state/country)

Legal name of parent/guardian with whom student is living	Home Church	Home Phone	Work Phone	Occupation	Home Address
Father:					
Mother:					

In case of an accident or serious illness, should the school be unable to contact me, I hereby authorize the school to take my child to the physician, emergency room and/or to the alternate contact person indicated:

Doctor Phone Address

Alternate Contact Phone Address

Siblings Name:	Birth Date	Siblings Name:	Birth Date
1.		4.	
2.		5.	
3.		6.	

Please initial each box:

<input type="checkbox"/>	I agree to see that this student's tuition is cared for monthly
<input type="checkbox"/>	I agree to cooperate with the school board and teachers by avoiding adverse criticism of any teacher or school policies in the presence of students
<input type="checkbox"/>	I have read the school policy book and agree to support each regulation of the school, written and oral
<input type="checkbox"/>	I hereby authorize the school to send, upon request, the permanent records to the next school to which my child may enroll

Signature of Parent/Guardian:

Date:

Submit