Tranquility Adventist School

"TAS LOVES Growth"

3 Academy Lane, Andover, NJ 07821
908-852-1391
tranquilityschool.com

STUDENT ADMISSION APPLICATION

Please Print: New Student ☐ Returning Student ☐ Grade _____

Student's Legal Name _____ Male____ Female____
Last First Middle

Mailing Address _____
Street/Apt. Number

_____ County _____ Home Phone _____
City State Zip

Previous School (Name and address) _____

_____

Age _____ Date of Birth _____/_____/_____ Place of Birth _____
Month Day Year City State

Race/Ethnicity: American Indian ____ White ____ Black____ Hispanic____ Asian____ Pacific____ Other_____

Citizenship US ____ Other _____ Language Spoken at Home _____

Denomination _____ Church Affiliation _____

Baptized SDA Church Member Yes _____ No _____ Date Baptized _____

Person to notify in case of emergency (other than parent/guardian):

Name _____ Cell Phone _____ Relationship _____

Name _____ Cell Phone _____ Relationship _____

Who has legal custody of the student? (Circle one) Mother Father Both Other _____

List any diagnosis the school should be aware of: _____

Allergies: _____

Has this student ever repeated a grade? Yes _____ No _____

Has student ever been evaluated or referred for evaluation to the Child Study Team? Yes _____ No _____

Does student have a 504/IEP/ISP? Yes _____ No _____

We have read the school/student handbook and will uphold the policies and procedures of the school and pledge our full cooperation. (may be found at tranquilityschool.com or requested via e-mail)

Parent/Guardian Signature _____ Date _____

FAMILY INFORMATION

Marital Status of Parents: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

PARENT/GUARDIAN #1	PARENT/GUARDIAN #2	PARENT/GUARDIAN #3
Legal Name: Relationship:	Legal Name: Relationship:	Legal Name: Relationship:
Lives with: Yes____ No____ Receive School Communication: Yes____ No____ Financially Responsible: Yes____ No_____	Lives with: Yes____ No____ Receive School Communication: Yes____ No____ Financially Responsible: Yes____ No_____	Lives with: Yes____ No____ Receive School Communication: Yes____ No____ Financially Responsible: Yes____ No_____
Home Address (if different from student):	Home Address (if different from student):	Home Address (if different from student):
Cell Phone:	Cell Phone:	Cell Phone:
Work Phone:	Work Phone:	Work Phone:
E-mail:	E-mail:	E-mail:
Occupation:	Occupation:	Occupation:
Employer Name & Address:	Employer Name & Address:	Employer Name & Address:
Highest Level of Education:	Highest Level of Education:	Highest Level of Education:
Denomination: Church Affiliation: Baptized SDA: Yes____ No_____	Denomination: Church Affiliation: Baptized SDA: Yes____ No_____	Denomination: Church Affiliation: Baptized SDA: Yes____ No_____
US Citizen: Yes No Birthplace (City/State or Country):	US Citizen: Yes No Birthplace (City/State or Country):	US Citizen: Yes No Birthplace (City/State or Country):

If there are other children/siblings in the family, complete the following:

Name_____ Age_____Grade_____School_____

Name_____ Age_____Grade_____School_____

Name_____ Age_____Grade_____School_____

Name_____ Age_____Grade_____School_____