Nevada Christian School
ADVENTIST EDUCATION
Journey *to* Excellence 2.0

Application for Admission

_____
Today's Date

(1) Child's Full Legal Name:

_____ _____ _____
Last First Middle

_____ _____ _____ _____ _____
Grade Entering Gender Child's NAD Student ID Place of Birth Date of SDA Baptism

____/____/____ ____/____ _____
Month/Day/Year *Years/Months* Ethnic Origin
Date of Birth Age (For Federal Government and North America Division purposes only)

T-shirt size: _____

(2) Child's Full Legal Name:

_____ _____ _____
Last First Middle

_____ _____ _____ _____ _____
Grade Entering Gender Child's NAD Student ID Place of Birth Date of SDA Baptism

____/____/____ ____/____ _____
Month/Day/Year *Years/Months* Ethnic Origin
Date of Birth Age (For Federal Government and North America Division purposes only)

T-shirt size: _____

(3) Child's Full Legal Name:

_____ _____ _____
Last First Middle

_____ _____ _____ _____ _____
Grade Entering Gender Child's NAD Student ID Place of Birth Date of SDA Baptism

____/____/____ ____/____ _____
Month/Day/Year *Years/Months* Ethnic Origin
Date of Birth Age (For Federal Government and North America Division purposes only)

T-shirt size: _____

(4) Child's Full Legal Name:

_____	_____	_____
Last	First	Middle

_____	_____	_____	_____	_____
Grade Entering	Gender	Child's NAD Student ID	Place of Birth	Date of SDA Baptism

____/____/____	____/____	_____
Month/Day/Year	*Years/Months*	Ethnic Origin
Date of Birth	Age	(For Federal Government and North America Division purposes only)

T-shirt size: _____

Family Information:

Legal names of parent(s) or guardian(s) with whom the student(s) is/are living:	**Primary**	**Secondary**
Relationship to Child(ren)		
Home Address (street, city, and zip code)		
Phone and Email (area code and complete email)		
Occupation		
Church Membership (church & city)		

(Initial)

_____ In case of emergency, accident, or serious illness, if the school is unable to contact me, I hereby authorize the school to take my child to the physician, emergency room, and/or to the relative or neighbor indicated.

_____
Doctor's name

_____
Phone Address

_____
Relative's or Neighbor's Name

_____
Phone Address

References (New Students):
Please give two (2) references (pastor, friend, neighbor, nonrelative, etc.):
Reference #1 (Name, Address, Phone)

_____

_____

_____

Reference #2 (Name, Address, Phone)

_____

_____

_____

Please initial each line below:

_____ I agree to meet my monthly financial obligations to the school.

_____ I agree to cooperate with the school board and teachers by avoiding adverse criticism of any teacher or school policy in the presence of the students.

_____ I have read the school handbook and agree to support each regulation of the school.

_____ I hereby authorize the school board to send, upon request, the permanent records to the next school to which my child may enroll.

_____

Signature of Parent or Legal Guardian Date

Emergency Contacts & Authorized Pickup Persons

1st Contact/Pick Up

Full Name: _____

Relationship to Child(ren): _____Cell Phone: ( )_____

Occupation/Employer: _____ Work Phone: ( ) _____

_____ Emergency Contact

_____ Authorized to pick up the following child(ren): _____

2nd Contact/Pick Up

Full Name: _____

Relationship to Child(ren): _____Cell Phone: ( )_____

Occupation/Employer: _____ Work Phone: ( ) _____

_____ Emergency Contact

_____ Authorized to pick up the following child(ren): _____

3rd Contact/Pick Up

Full Name: _____

Relationship to Child(ren): _____Cell Phone: ( )_____

Occupation/Employer: _____ Work Phone: ( ) _____

_____ Emergency Contact

_____ Authorized to pick up the following child(ren): _____