



Niles Adventist School 2026-2027

Application for Admission to Michigan Conference Seventh-day Adventist Church Schools



Please fill out a separate application for each child applying for admission.

Student's full legal name: (Last - First - Middle) _____ Grade Entering _____ Gender _____ Date Application Received _____

Place of birth: Country _____ Date of Birth: Mo./Day/Yr. _____ Age _____ Baptized Yes _____ No _____ If Yes, Date Baptized in SDA Church _____

Father (Full Legal Name)		Mother (Full Legal Name)	
Home Street Address, City, State, Zip		Home Street Address, City, State, Zip	
County	E-mail Address	County	E-mail Address
Home Phone	Work	Home Phone	Work
Cell	Occupation	Cell	Occupation
SDA Church Member? Yes / No Where?		SDA Church Member? Yes / No Where?	

_____ Do you owe a bill at a previous school? Yes _____ No _____
Initial _____

If yes, the following information is needed.
Name of School _____

_____ I agree to see that this student's tuition and fees are cared for monthly.
Initial _____

Address _____

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

Phone _____

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

Name of Parent or Legal Guardian (Printed) _____ Signature of Parent or Legal Guardian _____ Date _____