

STUDENT APPLICATION

PACIFIC UNION CONFERENCE OF SEVENTH-DAY ADVENTIST SCHOOLS

Grade applying for _____ Date of Application _____

Student Social Security # _____

1. Full legal name of student _____ Sex _____
LAST FIRST MIDDLE NICKNAME

2. Date of birth _____ Place of birth _____ Age _____
MO. DAY YR.

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

Birth certificate () Notarized statement ()
 Hospital statement () Passport or visa ()

Verified by _____
SCHOOL OFFICIAL

3. Student living with: Father () Mother () Stepfather () Stepmother ()
 Other _____
SPECIFY

Home address _____ P.O. Box _____
NUMBER STREET

_____ Telephone _____
CITY ZIP

4.

Legal names of those checked in #3	Denom. affiliation	Church where membership held	Languages used at home	Occupation	Business phone

5. Is this student sponsored by an Adventist church member? yes () no ()
 Is this student a baptized member of the 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 attending

OFFICE USE ONLY

Name _____

Enter Dates Documents Received- _____

Verification of Birthdate _____

Transcript(s) _____

Grade enrolled _____

Room assigned _____

Withdraw _____

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, state where _____
11. Name and address of person to whom financial statements are to be sent if different from that given in item #3.

NAME	ADDRESS	TELEPHONE
NAME	ADDRESS	TELEPHONE

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.

_____ DATE _____ STUDENT'S SIGNATURE _____

PARENT CONTRACT:

I hereby agree to support school regulations 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), c) at least once in grades nine through twelve, and d) at other grades, when required by the Conference Board of Education; and to accept all financial educational obligations for this student.

_____ DATE _____ PARENT/GUARDIAN'S SIGNATURE _____

[Stamp school name and address]

MIRAMONTE SCHOOL
 1175 Altamend Drive
 Los Altos, CA 94024
 (650) 967-2783