

Young Disciples Christian Academy

STUDENT APPLICATION

(Please Print)

STUDENT INFORMATION

GRADE APPLYING FOR _____ **DATE APPLYING:** _____

Student's last name: _____ First: _____

Middle: _____ Nickname: _____

Is this his/her legal name?	If not, what is legal name?	Birth date:	Age	Sex:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Last Name _____ First Name _____			<input type="checkbox"/> M <input type="checkbox"/> F

Check document submitted to verify birth date for child entering kindergarten or first grade:

Place of birth: _____

Birth certificate Hospital statement Notarized statement Passport/ Visa

Verified by: _____

Student living with (enter legal name of all that apply): Father Mother Stepfather Stepmother

Other _____
(Specify)

Street address: _____ Social Security no.: _____ Home/Cell phone no.: _____
()

P.O. box: _____ City: _____ State: _____ ZIP Code: _____

Legal names of parents checked above	Denom. affiliation	Church where membership held	Languages Spoken	Occupation&Phone	E-mail Address

Is this student sponsored by an Adventist church? Yes No

Is this student a baptized member of this church? Yes No

If yes, indicate year baptized. _____ Church where membership is held. _____

If student has some other affiliations specify.
