



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

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



Child's full legal name: (Last - First - Middle) Grade Entering Gender Student's Soc. Security #

Place of birth: Country Date of Birth: Mo./Day/Yr. Age: Years/Months Date Baptized in SDA Church

Father (Full Legal Name)		Mother (Full Legal Name)		Brothers and Sisters	
				Full Name	Birth Date
Home Address		Home Address			
Home Phone	Work	Home Phone	Work		
Cell	E-mail Address	Cell	E-mail Address		
Occupation		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

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

Initial

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

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

Initial

Signature of Parent or Legal Guardian

Date