

ENROLLMENT FORM

Student Information (Please print & complete all boxes)

Last Name	First Name	Middle Name	Name Preference	Grade Entering
Street Address		Race/Ethnic Group	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship <input type="checkbox"/> US <input type="checkbox"/> Other
City	State	Zip	Place of Birth (city, state, country)	Date of Birth
Home Phone (with area code)		Primary Language Spoken at home	Social Security #	Baptized Seventh-day Adventist? <input type="checkbox"/> US <input type="checkbox"/> Other
				Date of Baptism: Membership at:

Mother / Legal Guardian Information (Please print & complete all boxes)

Last Name	First Name	Middle Name	Name Preference	
Street Address		Race/Ethnic Group	Citizenship <input type="checkbox"/> US <input type="checkbox"/> Other	
City	State	Zip	Place of Birth (city, state, country)	Date of Birth
Home Phone (with area code)		Cell Phone	Relationship to Student	# Years of Education Completed
Work Phone	Email	Marital Status		Baptized Seventh-day Adventist? <input type="checkbox"/> US <input type="checkbox"/> Other
				Membership at:
Occupation	Employer	Employer Phone		

Father / Legal Guardian Information (Please print & complete all boxes)

Last Name	First Name	Middle Name	Name Preference	
Street Address		Race/Ethnic Group	Citizenship <input type="checkbox"/> US <input type="checkbox"/> Other	
City	State	Zip	Place of Birth (city, state, country)	Date of Birth
Home Phone (with area code)		Cell Phone	Relationship to Student	# Years of Education Completed
Work Phone	Email	Marital Status		Baptized Seventh-day Adventist? <input type="checkbox"/> US <input type="checkbox"/> Other
				Membership at:
Occupation	Employer	Employer Phone		