

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 Gend		er Student's Social Security #		
Place of birth: Country Date of Birth		Date of Birth: Mo./Day/Yr.	Age	Baptized	Yes N	No If Yes, Date Baptized in SDA Church	
Father (Full Legal Name) Home Street Address, City, State, Zip			Mother (Full Legal Name) Home Street Address, City, State, Zip				
Home Phone		Work	Home I	Home Phone			Work
Cell		Occupation	Cell	Cell			Occupation
SDA Church Member? Yes / No Where?			SDA CI	SDA Church Member? Yes / No Where?			
Initial	re a bill at a previou	as school? Yes No	nthly.	Name	the followin of School		on is needed.
Initial I have read	the school handbo	ok and agree to support each regula	ation of the schoo				
I agree to c	cooperate with the s	school board and teachers by avoidi	ng criticism of ar	y teacher or	school policy	in the prese	ence of students.