



Victor Valley Seventh-day Adventist School

Where Excellent Education and Core Christian Concepts Meet

17137 Crestview Drive, Victorville, CA 92395 (760) 243-4176 Fax: (760) 245-5606 vvsda.com

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 birth date 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

CITY STATE ZIP HOME PHONE

EMAIL CELL PHONE

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, please specify _____

6. School last attended _____
NAME OF SCHOOL ADDRESS TELEPHONE

OFFICE USE ONLY

Name _____ Grade enrolled _____
Dates Documents Received _____ Teacher _____
Part Time/Days _____
Withdrawn _____ Student ID# _____

7.

Names of other children in family	Sex	Age	Check if living At home	School child is attending

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, 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
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NAME	ADDRESS	TELEPHONE
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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 SIGNATURE
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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
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