

Student Application

Muskogee Seventh-Day Adventist Christian Academy

Southwestern Union Conference of Seventh Day Adventist Schools

Applying for Grade: _____ Date of Application: _____
 Full Legal Name _____ Student Social Security #: _____
 of student _____ Sex _____

LAST FIRST MIDDLE NICKNAME

1. Date of birth ___/___/___ Place of birth _____ Age _____

Check document submitted to verify birthday
 for child entering kindergarten or first grade.

Birth Certificate () Notarized Statement ()
 Hospital statement () Passport or Visa ()

Verified by _____

SCHOOL OFFICIAL

2. Student living with:
 Father () Mother () Stepfather () Stepmother Other _____

Specify

Home address: _____ P.O. Box _____

City: _____ State: _____ Zip: _____ Telephone: _____ Text: ___ Yes ___ No

4.

Legal names of those checked in #3	Denomination Affiliation	Church where membership held	Language 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 ()

Date of baptism ___/___/___ Church where membership is held: _____

If student has other church affiliation, specify: _____

6. School last attended: _____

Name of School

Address

Telephone

7.

Names of other children in family	Sex	Age	Living at home?	School child is attending

8. Parent email address: _____ for School Handbook, etc.

9. For Tribal funding purposes, is this student Native American?

___ Yes ___ No