



# Student Application

Pacific Union Conference of Seventh-day Adventist Schools

**Yuma Adventist Christian School**  
 1681 S. 6<sup>th</sup> Avenue, Yuma, AZ 85364 (928)783-0457

Grade applying for \_\_\_\_\_ Date of Application \_\_\_\_\_

Student's Social Security Number: \_\_\_\_\_

1. Full legal name of student:

\_\_\_\_\_ Gender \_\_\_\_\_  
 Last First Middle Nickname

2. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_ Age \_\_\_\_\_  
 Month Day Year

*Check document submitted to verify birthdate 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  
 \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
 City State Zip

Mother's Cell Phone # (\_\_\_\_) \_\_\_\_\_ Father's Cell Phone # (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

4. Parents/Guardian Church membership Languages used Occupation Business Phone  
 Legal name at home

Parents/Guardian Legal name	Church membership	Languages used at home	Occupation	Business Phone

5. Is this student sponsored by an Adventist Church? Yes  No
6. Is this student a baptized member of the Adventist Church? Yes  No   
 If yes, indicate the year baptized \_\_\_\_\_. Church where membership is held \_\_\_\_\_
7. If student has some other church affiliation, specify \_\_\_\_\_
8. School last attended: \_\_\_\_\_  
 Name of School Address Telephone #

9.

Name of other children in family	Gender	Age	Check if living at home	School child is attending

10. Has this student been previously identified as qualifying for a gifted education program? Yes  No   
 If yes, what kind? \_\_\_\_\_ When? \_\_\_\_\_  
 Where? \_\_\_\_\_ By whom? \_\_\_\_\_
11. Has this student been previously identified as qualifying for special education program? Yes  No   
 If yes, what kind? \_\_\_\_\_ When? \_\_\_\_\_  
 Where? \_\_\_\_\_ By whom? \_\_\_\_\_
12. Does the student have an unpaid account at another school? Yes  No   
 If yes, state where: \_\_\_\_\_

13. Name and address of person to whom financial statements are to be sent if different from that given in item #3.

_____	_____	_____
Name	Address	Telephone #
_____	_____	_____
Name	Address	Telephone #

**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'S SIGNATURE

**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 education obligations for this student.

_____	_____
DATE	PARENT/GUARDIAN'S SIGNATURE