SOUTHERN UNION CONFERENCE ELEMENTARY REGISTRATION APPLICATION – NEW STUDENTS ONLY

SCHOOL: **LESTER COON APISON SCHOOL OF SEVENTH-DAY ADVENTISTS** GRADE: K 1 2 3 4 5 6 7 8

STUDENT'S LEGAL NAME: _____ _____
Last First Middle Nickname

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
Month Day Year City State

VERIFICATION OF BIRTH: _____ SEX: ____ MALE ___ FEMALE

CURRENT ADDRESS & PHONE: _____ _____

PRIOR ADDRESS & PHONE: _____ _____

CHURCH CHILD ATTENDS: _____ DENOMINATION: _____

BAPTISM – PLACE: _____ DATE: _____ AGE: _____

PARENTS' INFORMATON	**MOTHER**	**FATHER**	**GUARDIAN**
Legal Name			
Relation to Child	Natural ____ Step ____ Foster ____	Natural ____ Step ____ Foster ____	Specify:
Home Phone			
Cell Phone			
Occupation			
Education			
Business Address			
Business Telephone			
Date of Birth			
Place of Birth			
U.S. Citizen			
SDA Member			
Marital Status			

ADDRESS if different than student's above: _____

ANY NON-SIBLINGS living with family: _____ RELATION TO CHILD: _____

LIST ALL CHILDREN IN FAMILY IN ORDER OF BIRTH INCLUDING THIS CHILD:

NAME	**LIVES AT HOME?**	**SEX**	**DATE OF BIRTH**	**STEP SIBLING?**

FACTORS WHICH MAY INTERFERE WITH CHILD'S LEARNING: (check all)
___ HEARING ___ NERVES
___ SIGHT ___ FATIGUE
___ SPEECH ___ NUTRITION
___ HEART
___ EMOTIONAL STATE
___ LANGUAGE OTHER THAN ENGLISH USED IN HOME

PERSON TO NOTIFY IN CASE OF EMERGENCY: _____ PHONE: _____

PHYSICIAN TO CALL IN CASE OF EMERGENCY: _____ PHONE: _____

If this physician is unavailable, does school have permission to call an alternate? _____YES _____NO

STUDENT WILL GO TO AND FROM SCHOOL: ___ FAMILY CAR ___ BICYCLE ___ WALK ___ CAR POOL ___ SCHOOL BUS ___ PUBLIC TRANSPORTATION

HAS STUDENT EVER BEEN EXPELLED FROM ANY SCHOOL? _____ NO _____ YES (PLEASE EXPLAIN ON BACK OF THIS FORM)

TRANSFER STUDENTS ONLY – LAST SCHOOL ATTENDED: _____

ADDRESS: _____

PHONE: _____ DATE OF LAST ATTENDANCE: _____ GRADE COMPLETED: _____*

** NOTE: Grade placement of transfer pupils is tentative until official transcripts and records are received from last school.*

We understand the requirements and regulations of the school and pledge our full cooperation.

_____ _____ _____
STUDENTS SIGNATURE PARENT'S OR GUARDIAN'S SIGNATURE DATE

REVISED 9.15.09 – ReturningStudentReApplication.doc

OFFICE USE ONLY LEGAL NAME: _____ _____ _____ _____
LAST FIRST MIDDLE NICKNAME

APPROVED FOR SCHOOL YEAR 20____, 20____, 20____ WITHDRAWAL DATE (IF APPLICABLE): _____ REASON: _____

EIGHTH GRADE DIPLOMA DATE: _____ EIGHTH GRADE CERTIFICATE DATE: _____

CIRCLE GRADE K 1 2 3 4 5 6 7 8