



Bayberry Christian School Application Form

Student's Personal Information

Name of Pupil _____
(last) (first) (middle) (nickname)

Full Address _____

Phone Number _____ Grade Entering _____

Proof of Birth (circle one): birth certificate passport hospital record other

Present Age _____ Date of Birth _____ Place of Birth _____

Birth Order in Family (1st Born, 2nd Born, etc) _____

of sisters _____ # of brothers _____

Language spoken at home _____

Does the student attend a Seventh-day Adventist Church? _____

If yes, are they baptized? _____ Date _____ Place of Membership _____

Student's Academic History Information

Total Number of Years Student has spent in school _____

Total Number of Years Student has spent in a Seventh-day Adventist school _____

Name of Last School Attended _____

School Address _____
(street address) (city, state) (zip code)

Student's Medical and Emergency Information

Child's Physician _____ Phone Number _____

Person to contact in case of emergency _____

Phone number of contact person _____

Date of Last Physical Examination _____

Does the Student have any allergies or health conditions of which the school should be aware?

Parents' and Guardians' Information

| | Father | Mother | Guardian |
|--|--------|--------|----------|
| Name (First & Last) | | | |
| Address if Different from Student's | | | |
| Church Affiliation | | | |
| Birthplace | | | |
| Citizenship | | | |
| Educational Attainment | | | |
| Occupation | | | |
| Work Phone | | | |
| Cell Phone | | | |

We understand the objectives and regulations of the school, as given in the school handbook, and pledge our full support.

Signed: _____
(Parent/Guardian)

Signed: _____
(Student)

Date _____

Date: _____