



**Linda Vista Adventist Elementary School**  
**"Where children grow closer to God while learning to master the world"**

**New Student Application**  
**2019-2020**

| STUDENT/PARENT (GUARDIAN) INFORMATION   |  |                           |  |                        |       |
|---|--|---------------------------|--|------------------------|-------|
| Student's Last Name   | Student's First  | Student's Middle          | Name used  | ___ Male<br>___ Female | Grade |
| Address, City, State, Zip   |  |                           |  |                        |       |
| Birth date M/D/Y  | Birthplace   | Citizenship               | Social   |                        |       |
| Prominent ethnic background (for statistical purposes only):<br>___ Am. Indian/Alaskan Native ___ Asian ___ Black/ African Am. ___ Hispanic/Latino<br>___ Native Hawaiian/Pac. Islander ___ White ___ Other ___ Prefer not to say |  |                           |  |                        |       |
| Father's Last Name  | Father's First Name  | Address, City, State, Zip |  |                        |       |
| Mother's Last Name  | Mother's First Name  | Address, City, State, Zip |  |                        |       |
| Marital status:<br>___ Yes ___ No<br>___ Divorced<br>___ Separated  | Student living with: ___ Both Parents ___ Father ___ Mother ___ Stepfather ___ Stepmother<br>___ Guardian ___ Grandfather ___ Aunt ___ Uncle ___ Grandmother<br>___ Other, Please explain: |                           |  |                        |       |
| Father's cell   | Mother's cell  | Home Phone                | Include in email correspondence?<br>Mother ___<br>Father ___<br>Other: ___ | Emergency contacts:    |       |
| Father's email  | Mother's email   | Student living with?      |  |                        |       |
| School attended last year   | Address  | Telephone                 | Grade level  |                        |       |
| Has the student ever been recommended for special education? ___No ___Yes If yes, explain:  |  |                           |  |                        |       |
| Church Affiliation (Student)  | Baptized? ___Yes ___ No<br>Date of Baptism?  |                           | Church where membership is held  |                        |       |
| Church Affiliation (Father)   | Baptized? ___Yes ___ No  |                           | Church where membership is held  |                        |       |
| Church Affiliation (Mother)   | Baptized? ___Yes ___ No  |                           | Church where membership is held  |                        |       |

X \_\_\_\_\_  
**Father's/Guardian's Signature**

X \_\_\_\_\_  
**Mother's/Guardian's Signature**

OFFICE USE ONLY

Received by: \_\_\_\_\_

Received By: \_\_\_\_\_

REGISTRATION/CURRICULUM FEES

|                             | DATE  | INITIAL |
|-----------------------------|-------|---------|
| Application received        | _____ | _____   |
| Academic Records            | _____ | _____   |
| Letter of Rec.              | _____ | _____   |
| Testimony Exposition        | _____ | _____   |
| Meeting with principal      | _____ | (Date)  |
| Admissions Committee        | _____ | (Date)  |
| _____ Accepted _____ Denied |       |         |
| Followed up date: _____     |       |         |

\_\_\_\_\_ \$25 Application Fee  
 \_\_\_\_\_ \$250 Registration Fee  
 \_\_\_\_\_ \$50 Discount \_\_\_\_\_  
 \_\_\_\_\_ \$200 Curriculum Fee

|                        |           |                       |
|------------------------|-----------|-----------------------|
| Financial Form         | _____     | _____                 |
| Consent to Treatment   | _____     | _____                 |
| Student Medical Record | _____     | _____                 |
| Physical               | _____ New | _____ 7 <sup>th</sup> |
| Handbook/Perm. Form    | _____     | _____                 |

**Finalized Date:** \_\_\_\_\_