

Redding Adventist Academy

Name _____

Student Application

Grade _____

Grades K-12

2008/2009

The Christian School that Feels like Family

1356 East Cypress Avenue, Redding, CA 96002 Phone (530) 222-1018 Fax (530) 222-4260

Office Use Only

Date Initial			New	<input type="checkbox"/>	Accepted	<input type="checkbox"/>
Application Rec'd	<input type="checkbox"/>	<input type="checkbox"/>	Returning	<input type="checkbox"/>	Denied	<input type="checkbox"/>
Physical (Entry,7)	<input type="checkbox"/>	<input type="checkbox"/>	Birth Cert.	<input type="checkbox"/>	Date	<input type="checkbox"/>
Immunizations Rec'd	<input type="checkbox"/>	<input type="checkbox"/>	CUM File Req.	<input type="checkbox"/>	Date	<input type="checkbox"/>
New Student Interview	<input type="checkbox"/>	<input type="checkbox"/>				
Entrance Test	<input type="checkbox"/>	<input type="checkbox"/>				

Student Information

Last Name	First	Middle	Name Used	Male <input type="checkbox"/>	Female <input type="checkbox"/>	grade
Street/P.O. Box			City	State		Zip
Birthdate	Birthplace	Citizenship	Social Security	Home Phone ()		
Prominent Ethnic Background (For Statistical Purposes Only)		<input type="checkbox"/> American Indian/Alaskan	<input type="checkbox"/> Black	<input type="checkbox"/> Caucasian	Cell Phone/ Pager ()	
		<input type="checkbox"/> Asian/ Pacific Islander	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other _____		
Has the student ever been recommended for a special or gifted education program? <input type="checkbox"/> Yes <input type="checkbox"/> No				Do not publish in school directory: <input type="checkbox"/> address <input type="checkbox"/> ph		
If yes, please explain: when, where, what kind and by whom:				Put our cell #'s in directory ()		
				()		
School attended last year	Address (if not RAA)		Phone (if not RAA)	Grade level last year		
Student living with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Grandfather/Grandmother <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Other						
(If other please explain:						

Parent/Guardian Information

Father's last name	First	Address	City	State	Zip
Home Phone ()	Occupation	Employer	Work Phone ()	Living Together? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Divorced <input type="checkbox"/> Sep.	
Mother's Last Name	First	Address	City	State	Zip
Home Phone ()	Occupation	Employer	Work Phone ()	Living Together? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Divorced <input type="checkbox"/> Sep.	
Other Parent/Guardian Last Name	First	Address	City	State	Zip
Home Phone ()	Occupation	Employer	Work Phone ()	Living Together? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Divorced <input type="checkbox"/> Sep.	
Father's <input type="checkbox"/> Beeper/Pager <input type="checkbox"/> Cell ()	Mother's <input type="checkbox"/> Beeper/Pager <input type="checkbox"/> Cell ()		Other Parent's <input type="checkbox"/> Beeper/Pager <input type="checkbox"/> Cell		

Church Affiliation

Church Denomination (Student)	Church where membership is held	Baptized <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date of baptism:
Church Denomination (Father)	Church where membership is held	Baptized <input type="checkbox"/> Yes <input type="checkbox"/> No	
Church Denomination (Mother)	Church where membership is held	Baptized <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please Continue On Other Side →

General and Financial Information

Name of other child attending Redding Adventist Academy:	Grade	Name of other child attending Redding Adventist Academy:	Grade
Name of other child attending Redding Adventist Academy:	Grade	Name of other child attending Redding Adventist Academy:	Grade
Do you have an unpaid account at another SDA school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name and address of school:			
Who is financially responsible for this account? <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other		Split Bill: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
Billing Address	City	State	Zip Phone ()
Is student sponsored by an Adventist church member? <input type="checkbox"/> Yes <input type="checkbox"/> No			

We the undersigned, pledge to uphold the policies and principles as outlined in the current Redding Adventist Academy student bulletin, and to accept full financial responsibility according to the published financial policies and contract. To the best of our knowledge, the questions on this application are answered completely and truthfully.

Student Signature

Father/Guardian Signature

Mother/Guardian signature