

Milwaukee Seventh-day Adventist School

Application for Admission

(Revised 01/30/2017)

Mission Statement: Developing leaders today who will walk with Jesus into eternity

STUDENT INFORMATION

Date of application: _____ Last grade completed: _____

Students full legal name: _____
First Middle Last

Street address: _____

City: _____ State: _____ Zip code: _____

Age: _____ Date of Birth: _____ Place of birth: _____

Gender: Male / Female Citizenship: _____ Nationality: _____
Circle

Why did you choose Milwaukee SDA School? _____

Previous schools your child has attended:

School name: _____

Address: _____
Street address City State/Zip

School phone: _____ School fax: _____

School name: _____

Address: _____
Street address City State/Zip

School phone: _____ School fax: _____

School name: _____

Address: _____
Street address City State/Zip

School phone: _____ School fax: _____

Does your child have, or in the past had any special education needs? Yes / No

If yes, please explain: _____

Is your child currently academically at his or her grade level in all subjects? Yes / No

If not, which subjects are they struggling with? _____

Does your child have an IEP? _____

What are your child's greatest strengths? _____

What are your child's greatest weaknesses? _____

Are there any disciplinary issues about your child that we need to be aware of? _____

Does your child have any health conditions which we should be aware of? Yes / No

If yes, please explain: _____

Has your child ever been asked to leave a school for any reason, or been expelled from a school? Yes / No
If yes, which school: _____ When? _____
Why? _____

Have they now, or have they in the last year used any of the following:

Tobacco? Yes No How recent?

Intoxicating liquor? Yes No How recent?

Drugs? Yes No How recent?

Have they ever been arrested? Yes / No

If yes, when? _____ Where? _____ Why? _____

Were they convicted? Yes / No

If yes, of what: _____

What was their penalty? _____

Have they ever spent time in Juvenile hall? Yes / No

If yes, how long? _____

What for? _____

FAMILY INFORMATION

Child lives with: Both Parents ____ Mother ____ Father ____ Guardian ____ Other (relationship) _____

Number of: Brothers: _____ Sisters: _____

Father's legal name: _____

Address if different from above: _____

e-mail address: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Mother's legal name: Mrs. / Ms. _____

Address if different from above: _____

e-mail address: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Legal guardian's name: _____ Relationship to student: _____

Address if different from above: _____

e-mail address: _____

Home phone: _____ Cell phone: _____ Work phone: _____

FINANCIAL

Will your previous school accounts be paid in full when you register at Milwaukee SDA School? Yes / No

If no, how much? _____ Where? _____

If applicable: Name and address of organization you will be receiving subsidy/help from:

Name: _____

Address: _____

I accept the full responsibility for the financial obligation of:

Student's name: _____

*Parent or Guardian's signature: _____

OTHER INFORMATION NEEDED TO BRING WHEN APPLYING

- Original Birth Certificate (Will return it to you)
- A copy of your child's Immunization Records
- Your child's most recent Assessment Testing and Report Card
- A copy of your child's IEP if applicable

**** Both parent and student MUST SIGN ****

I understand that Milwaukee SDA School is a Christian school.
I shall willingly agree to uphold the standards, rules and principles of the school.

Student signature: _____ Date: _____

I also understand that Milwaukee SDA School is a Christian school.
As a parent, I willingly pledge to support the standards, rules and principles of the school.

Parent or Guardian's signature: _____ Date: _____