



PROVIDING CHILDREN WITH EDUCATION FOR ETERNITY

Registration Application

Please check one:

New Student

Returning Student

School Year: _____

Last Grade Completed: _____

Grade Entering: _____

Student Information:

Full Legal Name of Student:

Last

First

Middle

Name Student Goes By: _____

Home Address: _____

Address

City

State

Zip

Home Phone #: _____

Email: _____

Date of Birth: ____/____/____
Mo. Day Year

Place of Birth: _____
City, State

Sex: M F

Baptized SDA: Yes No If yes, Date: ____/____/____ Place of Membership: _____
Mo. Day Year

Church Denomination and Location (if not SDA): _____

Name of School Last Attended: MVCS Other: _____

Must Complete Transcript Request Form

Emergency Information:

Please list names (including family doctor) to contact in case of an emergency.

Note: Parents will be contacted first.

Name	Relationship to student	Phone Number
1.		
2.		
3.		
4.	Family Doctor	



Family Information:

	Father	Mother	Legal Guardian
Full Legal Name			
	(Last, First Middle)	(Maiden, First Middle)	(Last, First Middle)
Relationship to Student	<input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster	<input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster	
Marital Status	<input type="checkbox"/> Md. <input type="checkbox"/> Sep. <input type="checkbox"/> Dvd. <input type="checkbox"/> Single	<input type="checkbox"/> Md. <input type="checkbox"/> Sep. <input type="checkbox"/> Dvd. <input type="checkbox"/> Single	<input type="checkbox"/> Md. <input type="checkbox"/> Sep. <input type="checkbox"/> Dvd. <input type="checkbox"/> Single
Address, if different			
Phone, if different			
Cell Phone			
Email, if different			
Occupation			
Work Address			
Work Phone			
Education			
Birth Date / Place			
US Citizen (If No, what Country)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
SDA Member (If Yes, Church Location)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Language(s) other than English used in home.			

Sibling Information (oldest to youngest):

Name	At Home	Sex	Birth Date Mo/Day/Yr)
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F	
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F	
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F	
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F	

Other people living in home with the family:

Name	Relationship to Student
1.	
2.	
3.	



Health Records: Physical and dental examinations are required for the following grade level students. Do we have a copy of the student's records on file?

	Immunization Updated	Physical Exam	Dental Exam	Birth Certificate & Immunization Record
All Students				<input type="checkbox"/> Yes <input type="checkbox"/> No
PreK or any first-time student	<input type="checkbox"/> Yes <input type="checkbox"/> No			
K or 1 st Grade		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3 rd Grade			<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 th Grade		<input type="checkbox"/> Yes <input type="checkbox"/> No		
7 th Grade	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

*Hearing, vision and weight will be checked at our school yearly by the local public school designated school nurse. A copy of immunization requirements will be made available upon request. Immunization requirements allow for medical reasons religious beliefs (a written record of this should be in our files). If your child is exempt from immunizations, he/she may be removed from the school during and outbreak.

Please state (if any) medical recommendations for academic and physical activities:

Hearing Sight Respiratory Allergies Heart Other: _____

Explain: _____

Transportation: How will the student be transported to/from the school?

Morning Public School Bus Family Car Other
 Afternoon Public School Bus Family Car Other
 Early Dismissal Public School Bus Family Car Other
 Delays Public School Bus Family Car Other

*A note from the parent is needed for any change in the above, whether it is one-time, temporary or permanent.

Describe auto make, model, color for each vehicle please:

Parent/Guardian Authorization: I (we) agree that the above information is correct. Additionally, we will abide by the regulations of the school as outlined in the handbook and any additional policies implemented throughout the school year, and to pledge our full cooperation.

 Parent/Guardian Signature
 Indicate Relationship: Mother Father Legal Guardian

 Date