



## Application for Admissions

Allegheny East Conference Adventist Schools welcome applicants for openings in grades-Pre-K-4 to Grade 8. Allegheny East Conference Adventist Schools do not discriminate on the basis of race, color, religion, or national or ethnic origin. Each school's admission committee will review applicants' previous academic history if applicable, recommendations, and personal references as a means of guiding the decision for acceptance. A placement test will be administered to students in grades 1-8.

School Applying For: \_\_\_\_\_

Grade Applying For: \_\_\_\_\_

STUDENT INFORMATION: (Please type or use black ink.)			
Last Name	First Name	Middle Name	
Birthdate: (M/D/Y)	Place of Birth	Country or Citizenship	
Current Address	City	State	Church Affiliation
Baptized: Check One Yes            No	Last Grade Completed	Last School Attended	
<b>PARENT/GUARDIAN INFORMATION:      Who Receives Grades and Financial Billing</b>			
Check One: Father    Mother    Guardian			
Occupation:		Email Address:	
Last Name	First Name	Relationship to Student	
Current Address	City	State	Zip Code
Home Telephone	Work Telephone	Mobile Number	

Student's Full Name

PARENT/GUARDIAN INFORMATION:		Who Receives Grades and Financial Billing	
Check One: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian		Email Address:	
Occupation:			
Last Name	First Name	Relationship to Student	
Current Address	City	State	Zip Code
Home Telephone	Work Telephone	Mobile Number	

Parental Status: (Check One)  Married  Divorced  Single

Please specify custodial arrangements if parents are divorced. \_\_\_\_\_

\_\_\_\_\_

Siblings' Name and age or N/A (not applicable):
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Adventist Affiliation: \_\_\_\_\_

Has the student had psychological treatment or an evaluation:  Yes  No

\_\_\_\_\_

(If yes, explain and give age at the time.)

Is the student known to or had a Special Education Evaluation?  Yes  No

Student's Name

In case of an emergency, contact:

EMERGENCY CONTACT FOR TREATMENT:			
Check One: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian			
Last Name	First Name	Relationship to Student	
Current Address	City	State	Zip Code
Home Telephone	Work Telephone	Mobile Number	

**PERSONS AUTHORIZED TO PICK-UP CHILD**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Do you need information about:     Transportation     Before Care     After Care

**OTHER ENROLLMENT INFORMATION NEEDED:**

- Copy of Birth Certificate                      Legal Documents (Custody etc.)
  - Transcript/IEP (Academic Records)
  - Tuberculin Test
  - Medical and Immunization Records
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