



Student Application and Information Form

How did you find us? _____ Referred by: _____

Grade Applying For: _____ Date of Application: _____ Start Date: _____

Parents/Guardians: Fill in the requested information as completely as possible. Please print clearly

STUDENT INFORMATION

Student's Full Legal Name: _____ Nickname: _____

Date of Birth: _____ Birth Place: _____ Sex: Male Female

Other siblings attending VHM Christian School: _____

School last attended: _____

Has the student been previously identified as qualifying for a special education program? Yes No

When? _____ Where? _____ By Whom? _____

Check document verification for birthdate of child entering kindergarten or 1st grade:

Birth Certificate Passport Hospital Statement Notarized Statement Other _____

Church Membership/Denomination: _____ Student Baptized SDA? Yes No Date: _____

PARENT / GUARDIAN #1

Full Legal Name: _____ Relation to student: _____

Home Address: _____

Email: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Occupation: _____ Employer: _____

Church Membership/Denomination: _____ Baptized SDA? Yes No

Pick Up Student(s)? Yes No Receive Grade/School Info? Yes No Receive Bills? Yes No

PARENT/GUARDIAN #2

Full Legal Name: _____ Relation to student: _____

Home Address: _____

Email: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Occupation: _____ Employer: _____

Church Membership/Denomination: _____ Baptized SDA? Yes No

Pick Up Student(s)? Yes No Receive Grade/School Info? Yes No Receive Bills? Yes No

PLEASE NOTE: Separated or divorced parents may wish to provide a copy of your court order indicating custodial parent along with any special instructions.

PLEDGE AND PERMISSIONS

I agree to join my child's teachers as a partner. This means I will do my best to support and encourage his/her teachers, maintain cordial two-way communication, attend school functions and participate in student-parent-teacher conferences.

Signature: _____ Date: _____