



# 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: \_\_\_\_\_