



Date _____

Student's Name _____ Grade entering _____
first middle last
 Address _____ Phone _____
 _____ SS # _____
 Sex ___ Age ___ Birth date _____ Birthplace _____ Date of Baptism _____

Father's Name _____
first middle last
 *Address (or mailing address) if different:

 Home Phone (if different) _____
 Occupation _____
 Employer _____
 Work Phone _____
 Cell Phone _____
 Email Address _____
 Social Security # _____
 SDA Church Member Y / N
 Other Church Affiliation _____

Mother's Name _____
first middle last
 *Address (or mailing address) if different:

 Home Phone (if different) _____
 Occupation _____
 Employer _____
 Work Phone _____
 Cell Phone _____
 Email Address _____
 Social Security # _____
 SDA Church Member Y / N
 Other Church Affiliation _____

In case of emergency, we will make every effort to notify parents. In case we are unable to reach you please give an emergency contact name and number, your child's doctor, and your hospital preference.

Emergency name _____ Phone _____
 Doctor _____ Phone _____
 Hospital _____ Phone _____

Directory of Students
 A directory will be published with parents and student names, address, phone numbers, and students' grade level unless initialed here:

 (Do not include in directory, thank you)

Has this student been previously identified as qualifying for a special education program? No ___ Yes ___ If yes, what kind _____
 _____ When? _____ Where? _____ By whom? _____

Previous School _____ Address _____
 Is there an outstanding balance for Tuition or other charges from your child's previous school? No ___ Yes ___ Amt. \$ _____
 It is DAA's policy that no child will be admitted whose account from a former school has not been paid in full. Any request for exception to this policy will be considered on an individual basis.

I understand and am in harmony with the regulations and policies as stated in the current Desert Adventist Academy Handbook. I recognize that regulations adopted by the school administration and publicly announced will be as binding as those printed in the Handbook. Application to DAA implies willingness to cooperate with policies and regulations in the Handbook.

X _____ X _____
 Student Signature Parent Signature