APPLICATION FOR ADMISSION

Mills River Seventh-day Adventist School 2142 Jeffress Road, Mills River NC 28759

STUDENT INFORMATION

828-785-2319

STUDENT INFORMATION 820	5-765-2519			║	5		
Legal Name:					tion Record: telease Signed:		
Last Name		Name	MI	Emergeno	cy Consent Signed:		
Preferred Name:	Grade Entering	ng:		<u> </u>			
Address:							
Street		 City		State	Zip Code		Home Phone
Mailing Address (if different from above	e): Address, City, State,	Zip			·		
Circle: M / F Date of Birth: M/D/Y	/ /	Age at start	of school: Yr	s/Mos	Birth F	Place:	
	City, State	J					
School Previously Attended:							
	Name		Address / Cit				Phone #
Baptized SDA?	Church Membership: _						
Year	to Do Aviono Ofi						
Allergies or Other Medical Conditions							
Is student taking prescription or over-t	the-counter medication r	egularly?		If Yes, ple	ase complete M	edication Infori	mation Form
In Case of Emergency call:					(Phone #, Na	me, Relationsh	ip to Student)
Family Doctor and Phone #:							,
PARENT INFORMATION	Mother's Name:		Father's Nam	e:		Step Parent/Lega	l Guardian Name:
Address (If different from student's) City, State, Zip							
Email Address							
Phone: Home							
Cell							
Work							
Church Membership/ Denomination							
Occupation							
Education							
Marital Status							
# of Children in Family							

For Office Use Only

First Name

Grade

Last Name

GENERAL INFORMATION

4. 5.	All students and parents must read and sign the <i>Computer Internet Use Contract</i> at the Parents (or responsible party) must complete and sign a <i>Financial Agreement</i> form at	
5.	Parents (or responsible party) must complete and sign a Financial Agreement form at	the time of registration
	derstand there is a 9-week probationary enrollment period prior to full acceptance to N rd's approval.	Aills River Adventist School, subject to the School
Board		Aills River Adventist School, subject to the School Date Signed
Board	rd's approval.	