



Three Sisters Adventist Christian School

Pre-Admission Application

School Year _____ Age on 9/1 _____ Date _____

Student Information

Name _____ Preferred Name _____
First Middle Last

Social Security # _____ Birthplace _____

Date of Birth _____ Age _____ Grade _____ Baptism Date _____

School Last Attended _____
Name Street City State Zip

Parent/Guardian Information

Parent/Guardian _____ Relationship _____
(circle one) Mr. Mrs. Dr. Ms. Other

Address _____
Street City State Zip

Home Phone _____ Cell Phone _____

E-mail _____ SDA Member : Y N

Employment _____
Company Occupation Work phone

Parent/Guardian _____ Relationship _____
(circle one) Mr. Mrs. Dr. Ms. Other

Address _____
Street City State Zip

Home Phone _____ Cell Phone _____

E-mail _____ SDA Member : Y N

Employment _____
Company Occupation Work phone

Please give the name, address and phone number of three references:

Name _____ Address _____ Phone Number _____

Name _____ Address _____ Phone Number _____

Name _____ Address _____ Phone Number _____

Medical Information

Name of Physician _____ Phone Number _____

Allergies _____

Emergency Contacts

Name _____ Home Phone _____ Cell Phone _____

Name _____ Home Phone _____ Cell Phone _____
