



# Three Sisters Adventist Christian School

## Pre-Admission Application

School Year \_\_\_\_\_ Age on 9/1 \_\_\_\_\_ Date \_\_\_\_\_

Preference for PK or Kindergarten (check one) \_\_\_\_\_ P/T or \_\_\_\_\_ Full Time

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### 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

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### 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

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

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Name \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

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Name \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

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Name \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

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Medical Information

Name of Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Allergies \_\_\_\_\_

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Emergency Contacts

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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