

Office Use Only

Date Withdrawn _____

Student Grade _____ Date Appl. Submitted _____ Date Appl. Fee Paid _____ Date Reg. Fee Paid _____

One Form per Student

LIVINGSTONE ADVENTIST ACADEMY A SEVENTH-DAY ADVENTIST SCHOOL ◆ GRADES K - 12

APPLICATION FOR ADMISSION

PLEASE PRINT CLEARLY

Student Legal Name _____ Place of Birth _____

First

Middle

Last

Prefers to be called _____ Gender: M F Birth date ____/____/____
mm / dd / yyyy

Desired grade placement _____ *If K or 1st, birth certificate copy must be submitted.* Student cell phone no. (____) _____
Kindergarten - 1/2 Day / Full Day

Student internet access at home? Yes No Student e-mail: _____@_____

Student religious affiliation _____ Attends/membership at _____

Baptized Seventh-day Adventist? Yes No Date of Baptism ____/____/____ Number of siblings attending LAA _____
mm / dd / yyyy

Student has: IEP ADD/ADHD Learning Disability Emotional Needs Other Special Needs (please explain below)

School last attended (if other than LAA) _____

EMERGENCY CONTACT AND INFORMATION

Physician _____ Phone (____) ____ - _____

Dentist _____ Phone (____) ____ - _____

Allergies/Special Medical Conditions _____

Prescriptions _____

Primary Insurance Provider _____

Policy#: _____ Group#: _____

Name of person(s) to contact if we are unable to reach parent / guardian(s) in an emergency. **In the event of a disaster, one out of state.**

Name _____ Phone (____) ____ - _____

Name _____ (out of state) Phone (____) ____ - _____

I request that my child be admitted to Livingstone Adventist Academy and agree to support the guidelines and rules as informed by the Parent/Student Handbook, or as informed by school officials or staff.

Should my child be admitted, I hereby consent to the rendering of emergency medical services if parent(s) / guardian(s) and/or family physician cannot be reached.

I also give permission for my child to attend field trips as sponsored by the school during normal school hours without parent / guardian signing a permission slip. Parent / guardian will need to sign "Parent Permission Slip" only when the field trip extends beyond normal school operating hours of 8:30 am - 3:10 pm.

Parent / Guardian Signature _____

Date _____

Parent(s)/Guardian(s) of Student *(Please submit one copy of this page for each household that student occupies.)*

If multiple students attending, only one copy of this page necessary per family.

Parent/Guardian

Title: Mr. Mrs. Ms. Dr. Pastor

Name _____

First

Last

Relationship: Father Mother
 Step-father Step-mother
Other (*specify*) _____

Work Phone (____) _____ - _____

Employer _____

Occupation _____

Religious Affiliation _____

Church Membership at _____

Baptized Seventh-day Adventist? Yes No

Cell Phone (____) _____ - _____

E-mail Address _____ @ _____

Check box next to email address you wish to have your bill sent to.

Street Address _____

City _____ State _____ Zip _____

Mailing Address (*If different*) _____

City _____ State _____ Zip _____

Home Phone (____) _____ - _____ Check if you wish phone number to be unpublished

Phone number you wish to be published in school directory (____) _____ - _____

Spouse/Guardian at same address

Title: Mr. Mrs. Ms. Dr. Pastor

Name _____

First

Last

Relationship: Father Mother
 Step-father Step-mother
Other (*specify*) _____

Work Phone (____) _____ - _____

Employer _____

Occupation _____

Religious Affiliation _____

Church Membership at _____

Baptized Seventh-day Adventist? Yes No

Cell Phone (____) _____ - _____

E-mail Address _____ @ _____

My child/ren will be enrolled in: Morning latchkey Afternoon latchkey (get latchkey application from office)

My child/ren have permission to use electronic AV devices during Latchkey YES NO

By checking yes, I accept the terms listed in the online handbook for AV use.

Are you the party responsible for the student bill? Yes No

If not, please indicate responsible party below:

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (____) _____ - _____

Revised 03/05/2009

