



# EXCEL ADVENTIST ACADEMY NEW STUDENT APPLICATION

SOUTHWEST REGION CONFERENCE OF SEVENTH-DAY ADVENTIST SCHOOLS



Date of Application: \_\_\_\_\_

**Child's Full Legal Name**

\_\_\_\_\_

Last                                      First                                      Middle                                      Nick name

\_\_\_\_\_

Grade Entering      Gender      Place of Birth      Date of SDA Baptism      Office Use Only – NAD Student ID

\_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_/\_\_\_\_      \_\_\_\_\_

Month/Day/Year      Years/Months      **Ethnic Origin**  
Date of birth      Age      (For Federal Government and North American Division purposes only)

**Family Information:**

Student living with (check all that apply):     Both Parents     Father     Mother     Stepfather     Stepmother

Guardian     Grandparent     Aunt/Uncle     Other (please explain) \_\_\_\_\_

Who can receive report cards?     Both Parents     Father     Mother     Guardian (name): \_\_\_\_\_

<b>Legal name of parent or guardian with whom the student is living:</b>	<b><u>Father's Full Name:</u></b>	<b><u>Mother's Full Name:</u></b>
<b>Check if NOT financially responsible</b>		
<b>Home Address</b>		
<b>City, State, Zip</b>		
<b>Home Phone</b>		
<b>Business Phone</b>		
<b>Cell Phone</b>		
<b>Email Address (required)</b>		
<b>Occupation</b>		
<b>Marital Status</b>		
<b>Church Affiliation</b>	<b>Denomination</b>	<b>Denomination</b>
	<b>Church</b>	<b>Church</b>
	<b>Baptized?                      Yes ( )    No ( )</b>	<b>Baptized?                      Yes ( )    No ( )</b>
<b>Languages Used at Home</b>		

**List other children in the family**

Full Name	Gender	Age	School Child is Attending

**Student Medical Information**

- a. Indicate physical problem by check mark                      Hearing ( )    Heart ( )    Speech ( )
- b. Any known allergies? \_\_\_\_\_
- c. If on regular medication, please specify \_\_\_\_\_
- d. In the event of sudden illness or accident requiring attention, school personal are authorized to administer first aid, and if necessary, take child for emergency treatment to a doctor's office or hospital.

Signature of Parent or Guardian: \_\_\_\_\_

Hospital preference \_\_\_\_\_ Telephone # \_\_\_\_\_

Family physician \_\_\_\_\_  
Name    Full Address    Telephone #

**General and Financial Information**

Does student have an unpaid balance from another SDA school?                      Yes ( )    No ( )

Who is financially responsible for this bill?    \_\_\_ Father    \_\_\_ Mother    \_\_\_ Other

<b>Name Responsible for Bill</b>		
<b>Billing Address</b>		
<b>City, State, Zip</b>		
<b>Phone Number</b>		
<b>Email Address</b>		

**School last attended**

<b>Name of School</b>	
<b>Address</b>	
<b>City, State, Zip</b>	
<b>Phone Number</b>	
<b>Fax Number</b>	

**Has this student been previously identified as qualifying for a gifted education program?** Yes ( ) No ( )

If yes, What kind? \_\_\_\_\_ When? \_\_\_\_\_

Where? \_\_\_\_\_ By whom? \_\_\_\_\_

**Has this student been previously identified as qualifying for a special education program?** Yes ( ) No ( )

If yes, What kind? \_\_\_\_\_ When? \_\_\_\_\_

Where? \_\_\_\_\_ By whom? \_\_\_\_\_

**Has the student ever had an Individual Education Plan (IEP)?** Yes ( ) No ( )

**Please explain why you want your child to attend Excel Adventist Academy?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How did you find out about Excel Adventist Academy?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Required Documents:**

Please submit the original documents with this application

\_\_\_\_\_ Birth Certificate, Hospital statement, Notarized statement, Passport or Visa (to verify birth date)

\_\_\_\_\_ Immunization Record

\_\_\_\_\_ Last Report Card

**These forms are to be signed and returned with this application**

\_\_\_\_\_ Photo/Video Release

\_\_\_\_\_ Computer Systems Acceptable Use Policy

\_\_\_\_\_ Consent to treat form

\_\_\_\_\_ Acknowledgement Form

\_\_\_\_\_ Financial Agreement and Policy

\_\_\_\_\_ After School Care Form

\_\_\_\_\_ Vision/Hearing Screenings required by Texas state law for all first-time students ages 4 years (by September 1) through 8<sup>th</sup> grade.

**Student Contract:**

I agree to up hold the school’s regulations. I pledge my cooperation with and loyalty to the school and its employees. I pledge to abide and to be in harmony with the school’s Christian principles.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student’s Signature (Grades 3-8)

**Parent Contract:**

I hereby agree to support school regulations and to help my child observe them; to help my child in their educational goals; to supply physical examination reports for this student, a) entering school for the first time, b) at grade seven (this should include the scoliosis examination, c) at other grades, when required; and to accept all financial obligations for this student.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent’s Signature