



EXCEL ADVENTIST ACADEMY

RETURNING 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
		Age	M/D/Y
			Office Use

Update 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): _____

Update parent or guardian with whom the student is living:	<u>Father's Full Name:</u>	<u>Mother's Full Name:</u>
Home Address		
City, State, Zip		
Home Phone		
Business Phone		
Cell Phone		
Email Address (required)		
Marital Status		
Church Affiliation	Denomination	Denomination
	Church	Church
	Baptized? Yes () No ()	Baptized? Yes () No ()

Update Emergency / Pickup Contact Information

Please give the names of local relatives or friends who have consented to assume the responsibility of your child in case of illness, accident, or in the event of a major disaster unit you can be reached. Listing their names here indicates they are authorized to take the students from campus if necessary.

Full Name	Relationship	Home Phone	Mobile Phone

Update General and Financial Information

Does student have an unpaid balance from previous school year? Yes () No ()

Who is financially responsible for this bill? _____ Father _____ Mother _____ Other

Name Responsible for Bill	
Billing Address	
City, State Zip	
Phone Number	
Email Address	

Update Required Documents:

These forms are to be signed and returned with this application

- _____ Updated Immunization Record
- _____ Photo/Video Release
- _____ Financial Agreement and Policy
- _____ Pick-up and After School Program Registration – **MUST BE COMPLETED** for EVERY FAMILY
- _____ Handbook Acknowledgement/Parental Agreement Form
- _____ Vision/Hearing Screenings required by Texas state law for students who will be 4-years-old by September 1, and those who are entering Kindergarten, 1st, 3rd, 5th, or 7th grades. It may be done by primary doctor or Pinewood Screening Services on campus visit.
- _____ Consent to Treat form
- _____ Computer Systems Acceptable Use Policy

Student Contract:

I agree to uphold 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