

# KITSAP ADVENTIST CHRISTIAN SCHOOL A1

## Application for Student Admission - 2023-2024

### STUDENT INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Grade Entering \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Birth Date \_\_\_\_\_ Age as of August 31 \_\_\_\_\_ Birth Place \_\_\_\_\_

Is student a baptized SDA? \_\_\_\_\_ Date of Baptism \_\_\_\_\_

Primary language spoken at home \_\_\_\_\_

Does student regularly require medication? If so, please identify the medication. \_\_\_\_\_

(If your student must take medication during school hours, a doctor's order must be filed with the school.)

### PARENT/GUARDIAN INFORMATION

Student lives with (circle those that apply): Mother    Father    Step-Mother    Step-Father    Other

|                                             | Father/Guardian | Mother/Guardian |
|---------------------------------------------|-----------------|-----------------|
| Name                                        |                 |                 |
| Street Address<br>(If different from above) |                 |                 |
| City, State, Zip                            |                 |                 |
| Occupation                                  |                 |                 |
| Church Membership                           |                 |                 |
| Cell Phone                                  |                 |                 |
| Business Phone                              |                 |                 |
| Home Phone                                  |                 |                 |
| Email Address                               |                 |                 |

**Ethnicity** (circle all that apply): Asian, African American, Caucasian, Hispanic, Native American, Multi/Other \_\_\_\_\_

**OVER**

**Additional Information if needed:**

|                      | Stepfather or Father | Stepmother or Mother |
|----------------------|----------------------|----------------------|
| Name                 |                      |                      |
| Street Address       |                      |                      |
| City, State, Zip     |                      |                      |
| Email                |                      |                      |
| Cell Phone           |                      |                      |
| Receive report card? | Yes or No            | Yes or No            |

**School Student is Attending or Last Attended**

Last School Attended \_\_\_\_\_ School Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Has student ever been retained?  Yes  No Grade level? \_\_\_\_\_

Has the student had any significant academic difficulties?  Yes  No If so, please explain.

\_\_\_\_\_

Has your child ever been dismissed, suspended or withdrawn from school, placed on probation or incurred other serious or repeated disciplinary action?  Yes  No If Yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Are there any special circumstances in your child's life of which you would like us to be aware?

\_\_\_\_\_

\_\_\_\_\_

**I have read the KACS Handbook and agree to abide by the guidelines found within.**

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_