



Indiana Conference of Seventh-day Adventists®

**Application for Admission: Northwest Adventist Christian School**

10570 Randolph Street, Crown Point, IN 46307  
 Phone/Fax (219) 663-4472  
 Email: nwacsteacher@gmail.com

Today's Date \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
*Student's Full Legal Name* \_\_\_\_\_ *Date of Birth* \_\_\_\_\_  
 Years \_\_\_\_\_ Months \_\_\_\_\_ City, State, and Country of Birth \_\_\_\_\_  
 Current Age \_\_\_\_\_

Student's Ethnic Origin (check one):

(For Federal Government and General Conference Use Only)

African American

Asia American

Caucasian

Hispanic

Native American

Other

Please specify "Other"

Is the Student a Baptized Member of the SDA Church?

Yes

No

If "Yes,"  
Baptism Year: \_\_\_\_\_

Please Identify any Allergies or Medical Conditions about which the Student's Teacher should be Aware: \_\_\_\_\_

Please provide information about you and your spouse and two other individuals we may contact in case of emergency:

Name	Relationship to the Child	If SDA, Member of Which Church?	Home Phone	Work Phone	Mobile Phone	E-mail Address	Occupation	Address
	Father							
	Mother							

Student's Physician:

\_\_\_\_\_ Name

\_\_\_\_\_ Address

\_\_\_\_\_ Phone

Please check the following statements to indicate your understanding and support:

1. I agree to make sure this student's tuition is cared for monthly.  
\_\_\_\_\_
2. I have read the school handbook and agree to support all rules and procedures of this school  
\_\_\_\_\_
3. I will always treat my child's teacher with courtesy and respect, even when we have a disagreement.  
\_\_\_\_\_
4. My child may take part in all field trips that are approved by the school board.  
\_\_\_\_\_
5. I authorize the school to send my child's records to his / her next school at the appropriate time.  
\_\_\_\_\_
6. My child's picture may appear in school or Indiana Conference newsletters, press releases, or videos.  
\_\_\_\_\_

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

**Student's Siblings**

Name

Date of Birth

_____	_____
_____	_____
_____	_____
_____	_____