



# APPLICATION FOR ADMISSION TO HILLCREST ADVENTIST SCHOOL

## *Dakota Conference Seventh-day Adventist® Church Schools*

**NOTE:** Please submit a separate application for each child applying for admission.

Last Name: 
 First Name: 
 Middle Name: 
 Grade Entering: 
 Sex:  M  F
 Birthday: (m/d/y) 
 Age: (y/m) 
 Baptized: (m/d/y)

Place of Birth: (city/state/country) 
 Ethnic Origin:  Caucasian  Black  Hispanic  Oriental  Am. Indian  Other:

**FOR FEDERAL GOVERNMENT AND GENERAL CONFERENCE PURPOSES ONLY:**

Legal name of parent/guardian with whom pupil is living	Home Church	Home Phone	Work Phone	Occupation	Home Address
Father:					
Mother:					

**In case of an accident or serious illness, should the school be unable to contact me, I hereby authorize the school to take my child to the physician, emergency room and/or to the relative or neighbor indicated:**

Doctor  Phone  Address   
 Neighbor  Phone  Address

Siblings Name:	Birth Date	Siblings Name:	Birth Date
1.		4.	
2.		5.	
3.		6.	

**Please initial each box:**

	I agree to see that this student's tuition is cared for monthly
	I agree to cooperate with the school board and teachers by avoiding adverse criticism of any teacher or school policies in the presence of students
	I have read the school handbook and agree to support each regulation of the school, written and oral

**Signature of Parent/Guardian:** 
**Date:**