



Student Application and Information Form

How did you find us? _____ Referred by: _____

Grade Applying For: _____ Date of Application: _____ Start Date: _____
Parents/Guardians: Fill in the requested information as completely as possible. Please print clearly

STUDENT INFORMATION

Student's Full Legal Name: _____ Nickname: _____
Date of Birth: _____ Birth Place: _____ Sex: Male Female
Other siblings attending VHM Christian School: _____
School last attended: _____
Has the student been previously identified as qualifying for a special education program? Yes No

When? _____ Where? _____ By Whom? _____

Check document verification for birthdate of child entering kindergarten or 1st grade:
 Birth Certificate Passport Hospital Statement Notarized Statement Other _____

Church Membership/Denomination: _____ Student Baptized SDA? Yes No Date: _____

PARENT / GUARDIAN #1

Full Legal Name: _____ Relation to student: _____
Home Address: _____
Email: _____ Home Phone: _____
Cell Phone: _____ Work Phone: _____
Occupation: _____ Employer: _____
Church Membership/Denomination: _____ Baptized SDA? Yes No
Pick Up Student(s)? Yes No Receive Grade/School Info? Yes No Receive Bills? Yes No

PARENT/GUARDIAN #2

Full Legal Name: _____ Relation to student: _____
Home Address: _____
Email: _____ Home Phone: _____
Cell Phone: _____ Work Phone: _____
Occupation: _____ Employer: _____
Church Membership/Denomination: _____ Baptized SDA? Yes No

Pick Up Student(s)? Yes No Receive Grade/School Info? Yes No Receive Bills? Yes No

PLEASE NOTE: Separated or divorced parents may wish to provide a copy of your court order indicating custodial parent along with any special instructions.

PLEDGE AND PERMISSIONS

I agree to join my child's teachers as a partner. This means I will do my best to support and encourage his/her teachers, maintain cordial two-way communication, attend school functions and participate in student-parent-teacher conferences.

Signature: _____ Date: _____