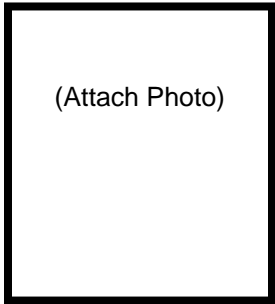


**Spencerville Adventist Academy**  
15930 Good Hope Road, Silver Spring, MD 20905  
Phone: 301-421-9101 Fax: 301-421-0007



# APPLICATION FORM

Applicant's Name \_\_\_\_\_  
(Last) (First) (Middle)

Grade applying for \_\_\_\_\_ Race \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ mm/dd/yyyy

Applicant's Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone/Beeper \_\_\_\_\_ Place Birth \_\_\_\_\_

Student's Church Membership \_\_\_\_\_ Date of Baptism \_\_\_\_\_  
(Denomination/Location)

Billing Address if different from above \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Social Security # \_\_\_\_\_

Address (if different) \_\_\_\_\_

Address (if different) \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

U.S. Citizen \_\_\_\_\_  
y/n

U.S. Citizen \_\_\_\_\_  
y/n

Church Membership \_\_\_\_\_  
(Denomination)

Church Membership \_\_\_\_\_  
(Denomination)

\_\_\_\_\_  
(Location)

\_\_\_\_\_  
(Location)

Home Status: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Remarried \_\_\_\_\_ Widowed \_\_\_\_\_

Name of Custodial Parent/Legal Guardian \_\_\_\_\_

Name and Address of School last attended: \_\_\_\_\_

Children in family in order of birth including student:

Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

**PERSONS TO NOTIFY IN CASE OF EMERGENCY:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_  
Phone \_\_\_\_\_  
Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Date of Last Physical Examination \_\_\_\_\_

Has the student ever been dismissed from any school because of unsatisfactory scholarship conduct?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If so, where and why? \_\_\_\_\_  
\_\_\_\_\_

Has the student ever or within the last six months used: Drugs? Yes \_\_\_\_\_ No \_\_\_\_\_  
Liquor? Yes \_\_\_\_\_ No \_\_\_\_\_ Tobacco? Yes \_\_\_\_\_ No \_\_\_\_\_

Has the student attended Spencerville Adventist Academy Previously? If So, what Year \_\_\_\_\_

Does the student have credit for or is he/she now taking correspondence work? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, what course? \_\_\_\_\_ Where? \_\_\_\_\_

Is there any physical or health condition which would hinder him or her in carrying a full  
school program? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, describe \_\_\_\_\_

Do you owe an account at any other school? \_\_\_\_\_ If so, where? \_\_\_\_\_

**REFERENCES**

- 1. Pastor \_\_\_\_\_ Phone \_\_\_\_\_
- 2. Teacher/Principal \_\_\_\_\_ Phone \_\_\_\_\_
- 3. Other \_\_\_\_\_ Phone \_\_\_\_\_

**STUDENT PLEDGE:** I am in full harmony with the principles of Spencerville Adventist Academy. If accepted, I hereby agree to obey the regulations and to cooperate in upholding the standards of the school.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**CONTRACT OF PARENT OR GUARDIAN:** I am in full harmony with the principles of Spencerville Adventist Academy as stated in the handbook, or as shall be announced by the Principal and the School Board during the year, and I agree to assume full financial responsibility for the student.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Please submit with \$35.00 application fee.**

DO NOT WRITE BELOW THIS LINE

Application Date \_\_\_\_\_ Fee \_\_\_\_\_ Transcript \_\_\_\_\_ Immunization Record \_\_\_\_\_

Admission Committee Action: Accepted \_\_\_\_\_ Waiting List \_\_\_\_\_ Rejected \_\_\_\_\_

Other Comments \_\_\_\_\_