Eastwood Seventh-day Adventist Jr. Academy



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Student / Family Information

PARENTS/GUARDIANS: Fill in the requested information on this form as completely as possible. For Kindergarten students or those entering school for the first time, please include a copy of the child's birth certificate. Please print clearly. You may photocopy this form as needed for additional children.

ONE FORM PER STUDENT!

Legal				Gender			Grade	
Last Name			First Name		Ma	le	Female	Entering
Student Prefers to be Called (Nickname)					Student Birth Date in MM/DD/YYYY form			1
Student's Home Address	City State			ZIP				
Students Place of Birth	City			State	Country			
Student's Primary Language English Other			Ethnicity (check one)					
Students Religion:			Native American Hispanic Other					
Home Church: Student Baptized 🛛 Yes 🗋 No If Yes, Date: 🖊 🖊								
Special Needs: Are there a disabilities, or other proble				ffect your child's lea	rning (suc	h as hea	ring, vision, spee	ech, learning

	Parent / Guard	ian Information				
Parent / Gu	uardian #1	Parent / Guardian #2				
Salutation: DR. Mr.	Mrs. Ms. Miss	Salutation: DR. Mr. Mrs. Ms. Miss				
Other		Other				
Legal Last Name:		Legal Last Name:				
Legal First Name:	Middle Initial:	Legal First Name: Middle Initial:				
Relationship to Student:		Relationship to Student:				
Marital Status Arried (Check One) Separated	Divorced Re-married Single Widowed	Marital Status Married Divorced Re-married (Check One) Separated Single Widowed				
Home Phone:	Cell Phone:	Home Cell Phone: Phone:				
E-Mail		E-Mail				
Parent's Religion		Parent's Religion				
Home Address Same as Student?	Yes No	Home Address Same as Student? Yes No				
Street Address (if Different):		Street Address (if Different):				
City:	State: ZIP:	City: State: ZIP:				
Occupation		Occupation				
Company	Phone	Company Phone				

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Parent / Guardian Information

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Parent /	Guardian #1			Parent / G	uardian #2	
Custodial Parent / Guardiar	n? 🗌 Yes 🗌	No	Custodial Pare	nt / Guardian?	🗌 Yes	🗌 No
Emergency Contact?	🗌 Yes 🗌	No	Emergency Cor	ntact?	🗌 Yes	🗌 No
Should Grades / School Information be sent to			Should Grades Information be	-		
this person?	🗌 Yes 🗌	No	this person?		🗌 Yes	🗌 No
Last Name	First Name	Relat	tionship	Home #	Cell #	Work #
Last Name	First Name	Relat	tionship	Home #	Cell #	Work #
		•			•	
Effective Jan. 20	, 2012: (This informa		Eligibility for funding that is ava	ailable to the sch	ool and to fam	ilies).
HOUSEHOLD SIZE	•	THLY ,862 .522	ANNUALL) \$22,340 \$30,260)	WEEKLY \$430 \$582	

HOUSEHOLD SIZE	MONTHLY	ANNUALLY	WEEKLY	
1	\$1,862	\$22,340	\$430	
2	\$2,522	\$30,260	\$582	
3	\$3,182	\$38,180	\$734	
4	\$3,842	\$46,100	\$887	
5	\$4,502	\$54,020	\$1,039	
6	\$5,162	\$61,940	\$1,191	
8	\$5,822	\$69,860	\$1,343	
8	\$6,482	\$77,780	\$1,496	
Is your family's gross income below	, the specified amount as s	hown in the above table?	□ Yes	
		_		
Will you be using Latch-key servio	ce?		🛛 Yes	
Will your child be using Latc	□ _{Yes}	□ <u>No</u>		
Will your child be using Late	□ _{Yes}	□ <u>No</u>		
Do you give the school permission	on to publish your family's	address and phone number	in the	
school's directory and online di	□ _{Yes}			
Do you give the school permission	on to publish your child's p	hotograph for publication o	r	
Broadcast, i.e. brochures, video	□ _{Yes}	□ <u>No</u>		