

New Student Application Form



Student Name	Last		First		Middle		Sex (M/F)		Grade			
	Street Address			City		State		Zip		Phone		
	Place of Birth: (City, State/Country)				Date of Birth: (Mo/Day/Yr)		Baptized SDA?		If yes, when? (Mo/Day/Yr)			
Prominent Ethnic Background (statistical purposes only)	<input type="checkbox"/>	Asian		<input type="checkbox"/>	Caucasian		Student E-mail Address:					
	<input type="checkbox"/>	African American		<input type="checkbox"/>	Multiple / Mixed							
	<input type="checkbox"/>	Latin American		<input type="checkbox"/>	Other: Specify _____							
Church Affiliation of Parents	<input type="checkbox"/> SDA		<input type="checkbox"/> Non-SDA		If Non-SDA, what church?							
	If SDA, check church location											
	<input type="checkbox"/>	Arlington		<input type="checkbox"/>	Kansas Avenue		<input type="checkbox"/>	Mira Loma		<input type="checkbox"/>	Riverside Korean	
<input type="checkbox"/>	Corona		<input type="checkbox"/>	La Sierra Univ		<input type="checkbox"/>	Norco		<input type="checkbox"/>	Riverside Spanish		
<input type="checkbox"/>	Corona Spanish		<input type="checkbox"/>	La Sierra Spanish		<input type="checkbox"/>	Peris 5th		<input type="checkbox"/>	Mt. Rubidoux		
<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>	Riverside Jurupa		<input type="checkbox"/>	Rubidoux Spanish		
Responsible Adults at above address	Responsible Male		Last Name			First Name			Relationship to Student			
	E-mail Address:											
	SDA? (Yes/No)		Occupation			Place of Employment			Work Phone			
	Responsible Female		Last Name			First Name			Relationship to Student			
E-mail Address:												
SDA? (Yes/No)		Occupation			Place of Employment			Work Phone				
Also Inform <small>Adult (not at home address) to receive grades and other information</small>	Last Name		First Name			Relationship to Student						
	E-mail Address:											
	Street Address		City		State		Zip		Home Phone			
References <small>Give the names of school officials or teachers who can evaluate your academic & behavioral records</small>	1. Last Name		First Name			Title						
	Street Address		City		State		Zip		Phone			
	2. Last Name		First Name			Title						
	Street Address		City		State		Zip		Phone			
Education History <small>List previous schools attended (most recent first)</small>	1. School		Address								Grades:	
	2. School		Address								Grades:	
	<i>I agree to abide by the policies of La Sierra Academy as stated in its most recent handbook</i>											
Signature	Date			Signature of Parent or Guardian								
	Student's Social Security #			Signature of Student								