



STUDENT APPLICATION PENINSULA ADVENTIST SCHOOL

Please Print

Grade applying for _____ Date of Application _____

Full legal name of student _____
LAST FIRST MIDDLE

Birthdate: _____

Student living with: Father Mother Stepfather Stepmother

Other: _____
SPECIFY

Student's home address: _____
STREET APT.

_____ CITY STATE ZIP

Phone numbers of those checked above:

Father/Stepfather/other: Home: _____

Do you text? Cell: _____

yes

no

Work: _____

Mother/Stepmother/other: Home: _____

Do you text? Cell: _____

yes

no

Work: _____

Emails:

Father/Stepfather/other: _____

Mother/Stepmother/other: _____

Parent/Gaurdian Information

Legal Names	Church affiliation	Church where membership is held	Language spoken at home	Occupation

School that student last attended: _____
NAME PHONE

_____ STREET CITY STATE ZIP

Has this student been baptized in a Seventh-Day Adventist Church? yes no If yes, when? _____

Names of other children living at home	Sex	Grade in school	School child is attending

Has this student been previously identified for: Gifted education program
 Special education program

What kind? _____

Where? _____

Does this student have an unpaid account at another school? yes no

If yes, what school? _____
NAME PHONE

STREET CITY STATE ZIP

STUDENT CONTRACT (GRADES 7-8)

I agree to uphold the school's regulations. I pledge my cooperation with and loyalty to the school and its employees. I will live in harmony with the school's Christian principles.

PRINT NAME

DATE STUDENT SIGNATURE

PARENT CONTRACT

I hereby agree to support school regulations and to help my child observe them, to supply physical examination reports for this student, a) entering school for the first time, and b) at grade seven. I further agree to accept all financial educational obligations for this student. I understand that this school is a Seventh-Day Adventist School and as such, Seventh-Day Adventist beliefs will be taught to, but not forced upon our students.

PRINT NAME

DATE PARENT SIGNATURE



Parent Questionnaire

Parents' Name: _____

Student's Name: _____

1. How did you hear about Peninsula Adventist School?

2. Why did you choose a Christian school over another private or public school?

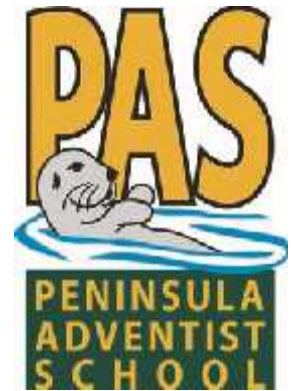
3. Are you a Christian? If so, what religion are you? What church do you attend?

4. Has your child ever been retained? If yes, please explain.

- I understand that Peninsula Adventist School (PAS) is a Seventh-day Adventist Christian school that believes in teaching children about the love of God and the soon return of His Son, Jesus.
- I understand that Seventh-day Adventist beliefs and values will be taught at PAS. PAS requires you to respect our beliefs, but does not require you to believe the same.
- I recognize that attendance at PAS is a privilege, not a right: therefore, I recognize that if my son/daughter does not uphold the standards of PAS, the school reserves the right to suspend or expel him/her from school.
- I agree to support and abide by the school policies and procedures. I will support the faculty and administration of the school and agree to make every effort to resolve conflicts in a Biblical and Christian manner.

Parent/Guardian Signature: _____ Date: _____

Peninsula Adventist School
1025 Mescal St.
Seaside CA 93955
(831) 394-5578
www.PAS.today



Dear Parent,

Please supply 3 recommendations for your child from the school they attended last year:

1. principal or another administrator or counselor
2. teacher
3. pastor

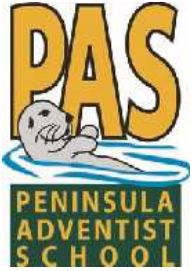
If your son/daughter has never attended school before, please ask a teacher from your church, or a child care provider for a recommendation.

See the attached recommendations forms.

Thank you,

Principal

Peninsula Adventist School



Recommendation

Thank you for taking the time to complete this request for information regarding the prospective student named below. Please note that the information on this form will remain confidential and, therefore, we ask you to be as accurate as possible in providing the information requested. **Please return this form directly to Peninsula Adventist School at 1025 Mescal St., Seaside, CA 93955.**

PAS Prospective Student/Grade _____ Date _____

Parent Name _____ Phone Number _____

Name of Organization/School: _____

Name and position of person completing recommendation: _____

1. How long have you known the above-named student? _____

In what capacity? _____

2. Did this student ever experience disciplinary problems? If so, explain.

3. Did this student ever have difficulty getting along with other students? If so, explain.

4. Please rate the student in the categories below using the following scale:

1 – Always 2 – Usually 3 – Sometimes 4 – Seldom 5 – Never

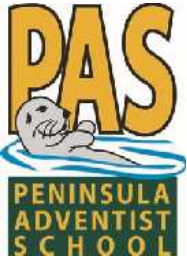
Articulates his/her desires or needs effectively/clearly.	Is neat and organized
Demonstrates an interest in studying and learning	Gets along well with classmates
Works independently to complete assigned work	Willingly participates in learning activities.
Reads and follows directions.	Joins in with classmates on the playground
Asks for help when unable to do a task.	Turns their work in on time
Displays a positive attitude	Has trouble accepting limits.

5. Circle all the words below that describe this child.

quiet	friendly	distracted	demanding	loud
immature	competitive	respectful	obedient	advanced
courteous	motivated	shy	outgoing	leader
slow	talkative	disruptive	follower	strong-willed
insecure	loner	neat	disobedient	creative

6. Have the parents been supportive? If not, please explain.

7. Would you accept this student into your classroom if you had a choice? You may explain on the back.



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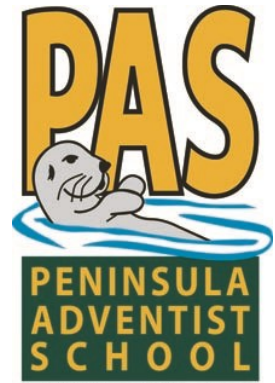
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Peninsula Adventist School
1025 Mescal Street
Seaside CA 93955



SHARING • LEARNING • CARING

Enrollment Disclosure

Failure to disclose thoroughly any and all serious behavioral or academic difficulties that a student applicant to Peninsula Adventist School has had in previous schools, will subject the student to immediate withdrawal from PAS. Tuition will be charged and is payable in accordance with the enrollment contract for the period of time the student was enrolled. The student will not be refunded for any part of a month in which they have attended if they withdraw or are dismissed early.

Name of student: _____

Please outline any behavioral difficulties the above named student has had at previous schools:

Please outline any academic difficulties the above named student has had at previous schools (you may supply an IEP instead if you have one).
