

**SPRINGFIELD SEVENTH-DAY ADVENTIST JUNIOR ACADEMY**  
**797 STATE STREET, SPRINGFIELD, MA 01190**

**APPLICATION FORM**

**STUDENT DATA**

Student's Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
Present Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Gender: Male  Female  Race/Ethnicity: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Church Affiliation: \_\_\_\_\_ Baptism Date: \_\_\_\_\_

**FAMILY INFORMATION**

**Mother**

**Father**

Relationship to Student (If not Parent):	_____	_____
Name:	_____	_____
Home Address:	_____	_____
Social Security #:	_____	_____
Home Phone:	_____	_____
Mobile Phone:	_____	_____
Email Address:	_____	_____
Church Affiliation:	_____	_____

Please list names and ages of other children in your family:

<u>Name</u>	<u>Age</u>	<u>Name</u>	<u>Age</u>
_____	_____	_____	_____
_____	_____	_____	_____

**EMERGENCY INFORMATION**

Do you authorize the school to take your child on unscheduled walking trips and scheduled field trips?

Yes       No

Please note that in the event of an emergency, unauthorized individuals desiring to pick up students are required to bring a signed statement from the authorized adults listed above. The following individuals are cleared to pick up my child at the end of the school day or in an emergency:

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Name

Relationship

Phone

_____	_____	_____
_____	_____	_____
_____	_____	_____

My child is  not  allowed to walk home or take the city bus.

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

