

SPRINGFIELD SEVENTH-DAY ADVENTIST JUNIOR ACADEMY
797 STATE STREET, SPRINGFIELD, MA 0119

STUDENT RETURNING FORM
2020-2021

Student Data

Student's Name: _____ Grade: _____
(Last) (First) (M.I.)

SS#: _____ Church Affiliation: _____ Baptism Date: _____

Present Address: _____ City: _____ Zip: _____

DOB: _____ Place of Birth: _____

Gender: Male _____ Female _____ Race/Ethnicity: _____

Home Phone: _____ Email Address: _____

FAMILY INFORMATION

Mother

Father

Relationship to Student (if not Parent): _____

Name: _____

Social Security #: _____

Home Address: _____

Home Phone: _____

Mobile Phone: _____

Email Address: _____

Church Affiliation: _____

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

(1) Name: _____ Age: _____ (2) Name: _____ Age: _____

(3) Name: _____ Age: _____ (4) Name: _____ Age: _____

The following individuals are authorized to take my child from the **Springfield SDA Junior Academy** at the end of the day or any other necessary times:

Name	Relationship
1. _____	_____
2. _____	_____
3. _____	_____

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.

Please Print Name of Parent/Guardian

Signature of Parent/Guardian