



Jessie R. Wagner Adventist School Application for Student Enrollment

*Life-time learning is our priority.....
Heaven is our goal!*

APPLICANT INFORMATION

Today's Date: _____ / _____ / _____ Date of Birth: _____ / _____ / _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Resident School District: _____

School(s) Applicant has attended (please put current one first):

1. School: _____

School Address: _____

Date(s) Attended: _____

2. School: _____

School Address: _____

Date(s) Attended: _____

ACADEMIC INFORMATION

Grade Entering: _____ Grade Last Attended: _____ Any Grades Repeated: _____

Ever dismissed, suspended, or disciplined in any school? _____

If yes, explain: _____

FAMILY BACKGROUND

Student lives with: _____ Both Parents _____ Father _____ Mother _____ Guardian

Language(s) other than English used at home: _____

Father's Name: _____

Mother's Name: _____

Guardian's Name: _____

	Father		Mother			Guardian		
	Yes	No	Yes	No	Yes	No		
US Citizen								
Marital Status								
Religious Affiliation								
Occupation								
Employer								
Employer's Address								
Employer's Phone								
Home Address/Phone (if different than student's)								



Jessie R. Wagner Adventist School Application for Student Enrollment

*Life-time learning is our priority.....
Heaven is our goal!*

Other Children – List oldest to youngest	Age	Gender	Lives at Home		
			Yes		No

CHURCH INFORMATION

Family Church: _____ Is student a baptized member? Yes No
 Denomination: _____ If 'Yes', date baptized: _____

EMERGENCY INFORMATION

Name	Relationship to Student	Phone Number
_____	_____	_____
_____	_____	_____

Family Physician: _____ Phone: _____

Signature: _____ Date: _____

\$325.00 REGISTRATION FEE BREAKDOWN

General - \$125.00	Student Insurance - \$20.00
Textbooks - \$75.00	Testing - \$20.00
Library - \$40.00	Activities - \$45.00

TUITION COSTS

1 Child - \$415.00	4 Children - \$1,080.00
2 Children - \$655.00	5 Children - \$1,250.00
3 Children - \$880.00	

FOR OFFICE USE ONLY Payment Information

Amount Received: _____ Date Received: _____ Received By: _____
 Payment Type: Cash Check Money Order