



Adventist Education

Student Application for Admission

Bishop Adventist Christian School

Date: _____

Student ID#: _____

Child's Full Legal Name:

Last	First	Middle	
Grade Entering	Gender	Place of Birth	
Birth Date	Age	Ethnic Origin	Date of SDA Baptism

Family Information:

Legal Name of Parent or Guardian	Father	Mother
Home Address		
City, State Zip		
Phone	Home Work	Home Work
	Mobile	Mobile:
Email		
Occupation		
Church Membership		

Siblings	Full Name	Birthdate

STUDENT CONTRACT

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

Name

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 when required by the Conference Board of Education, and to accept all financial education obligations for this student.

Name

Parent Signature

**Bishop Adventist Christian School
730 Home Street
Bishop, CA 93514**