



# Cypress Adventist School

## Application for Enrollment

### **Student Information:**

Student's Full Name _____			
First _____	Middle (full name) _____	Last _____	
Student lives with: Both Parents _____	Mother _____	Father _____	Guardian _____
Grade _____ (08-09)	Birthdate ____/____/____	Age _____	
Birthplace _____ (Birth Certificate required for school entrance)			
City _____	State _____	County _____	
Baptized church member? Yes _____ No _____ What church? _____			
School last attended _____			Date last attended ____/____/____
Address _____			
_____			

### **Student Special Needs:**

Special Medical Needs / Medications: _____
_____
Emotional Needs: _____
_____
Learning Disabilities: _____
_____

### **Pledge:**

I agree to support the philosophy, rules and regulations as outlined in the Cypress Bulletin and in other published forms.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use:
Date Enrolled: _____ Sent for records _____ Date Withdrawn _____