

Enrollment Application

Sierra View Junior Academy
Phone: (559) 592-3689
Fax: (559) 592-5615



Grade for which applying _____ Applying for school year _____ Today's Date _____

Legal Name of Student _____			
_____	_____	_____	_____
_____	First	Middle	Last
Preferred Name _____	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Social Security No. _____
Date of Birth _____	Place of Birth _____	Country _____	
Type of document submitted to verify birthdate of child entering Kindergarten or 1st Grade:			
Birth Certificate <input type="checkbox"/>	Notarized Statement <input type="checkbox"/>	Hospital Statement <input type="checkbox"/>	Passport/Visa <input type="checkbox"/>
Verified by _____ (school official)			

Student living with: Father Mother Stepfather Stepmother Other

If other, please give name and relationship: _____

Parent/Guardian Information

Father/Guardian Name _____
Relationship to Applicant _____
Home Address _____
City _____ State _____ ZIP _____
Phone (H) _____ Phone (C) _____
Occupation _____
Company Name _____
Phone (W) _____ Fax (W) _____
Email _____
Denominational Affiliation _____
Church Where Membership is Held _____
Language Used at Home _____

Mother/Guardian Name _____
Relationship to Applicant _____
Home Address _____
City _____ State _____ ZIP _____
Phone (H) _____ Phone (C) _____
Occupation _____
Company Name _____
Phone (W) _____ Fax (W) _____
Email _____
Denominational Affiliation _____
Church Where Membership is Held _____
Language Used at Home _____

Who will be responsible for the tuition of the child/children _____ (name)

If person other than Parent/Guardian: _____
Name Address Phone

Sibling Information

Name _____ Age _____ Living at Home? _____ School Child is Attending _____
Name _____ Age _____ Living at Home? _____ School Child is Attending _____
Name _____ Age _____ Living at Home? _____ School Child is Attending _____
Name _____ Age _____ Living at Home? _____ School Child is Attending _____

Church Information

Is this student sponsored by an Adventist church member Yes No

Is this student a baptized member of the Adventist church Yes No

If yes, where is church membership held _____

Transportation

School Bus If your child is walking from the school bus stop to their home, you must write and sign
Parent Pick-up a permission slip and place it on file with the school.

Emergency Information

Please list two people to contact if the Parent/Guardian cannot be reached:

Name _____ Phone (H) _____ Cell _____

Name _____ Phone (H) _____ Cell _____

Does your child have any special health needs? _____

Any other information we'd need in case of emergency? _____

Any Allergies? _____

Please note that our staff cannot give medication to any student. If your child needs medication, please remember to send it with the original container and pharmacy label intact. The label needs to contain the name and place of business of the seller, the serial number and date of prescription, the name of the person for whom the drug has been prescribed, the name of the medical professional who prescribed it, and must bear directions for use as prescribed by the medical professional.

School Information and Background

Name of School Last Attended _____

Street Address _____

City _____ State _____ ZIP _____

Phone _____

How did you hear about Sierra View Junior Academy? _____

If you were referred by someone, who? _____

Any Kindergarten or new 1st Grade student must receive the Giselle Test before being accepted into Sierra View Junior Academy. This test helps determine the child's readiness. Please call the school office before August 1st to schedule an appointment. The cost is \$35 and may be paid to SVJA at the time of the appointment.