| **Application** Brookhaven SDA School4658 Reedy Branch RoadWinterville, NC 28590252-756-5777**Application for 201      -201      Grade**  |
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| Student Information |
| Student’s Full Name:  |
| Date of birth:  | Place of Birth:  |
| Citizenship: [ ]  United States [ ]  Other (specify):  | SSN:  |
| Current address:  |
| City:  | State:  | ZIP Code:  |
| Church Affiliation: [ ]  SDA [ ]  Other (specify):  | Date Baptized:  |
| Last School Attended/Address of School:       |
| City:  | State:  | ZIP Code:  |
| Parent/Guardian information |
| Father’s/Guardian’s Full Name:  |
| Address(if different than above):  |  |
| City:  | State:  | ZIP Code:  |
| Birth Date:  | Birthplace:  | Church Affiliation:  |
| Home Phone:  | Work Phone:  | Cell Phone:  |
| Occupation:  | Education Attained:  |
|  |
| Mother’s/Guardian’s Full Name:  |
| Address(if different than above):  |  |
| City:  | State:  | ZIP Code:  |
| Birth Date:  | Birthplace:  | Church Affiliation:  |
| Home Phone:  | Work Phone:  | Cell Phone:  |
| Occupation:  | Education Attained:  |
| Email Address of main contact person:  |
| emergency contact (whom should we contact if parent(s) can’t be reached |
| Name:  | Relationship:  |
| Home Phone:  | Work Phone:  |
| Cell Phone:  |
| Medical Information |
| Student’s Doctor/Clinic:  |
| Address:  |
| Office Phone:  |
| Allergies:  |
| Medical Concerns:  |
| Medication:  |