**Student Application**Mother Lode Adventist Junior Academy 80 N. Forest Rd. Sonora, CA 95370 (209)532-2855



## Student's Name and Information

and reference information for my child.

ast First		N	Middle Preferred Name		me	
Date of Birth	Place of E	Birth	Is St	tudent a Baptized Member of the	ne SDA Church	
Grade Age	Sex	Student's Social Security N		Home Phone		
Mailing Address		City		State Zip Code		
tatements Sent To: Mother	Fathe	er Other				
lother's/Guardian's Name a	nd Information					
ast	_ First	Church Affiliatio		Occupation		
ell Phone	E-Mail	Employer		Business Phone		
ailing Address (If Different)_						
Student Living With This Pa	rent? YES/NO	Emergency Contact	? YES/NO	Receive E-Mails? YES/NO	)	
Step-parent's Information (If Applicable) Last			First	rst Cell Phone		
mergency Contact? YES/NC	)					
ather's Name and Informati	on					
ast	First	Church Affiliation		Occupation		
ell Phone	E-Mail	Employer		Business Phone		
ailing Address (If Different)_						
Student Living With This Pa	rent? YES/NO	Emergency Cont	act? YES/NO	Receive E-Mails? YES/NC	)	
_				Cell P		
mergency Contact? YES/NC	)					
amily Information						
Names of Other Children in Family			Sex	Date of Birth	Grade	
Grandparents Name		City/State		Phone	Emergency Contact	
		- City/Citato		1	YES/NO	
					YES/NO	
					YES/NO	
					YES/NO	
				I		

Date:\_\_\_\_\_ Parent/Guardian Signature:\_\_\_\_\_