



Adventist Education

A JOURNEY TO EXCELLENCE

Poughkeepsie Seventh-Day Adventist Elementary School

71 Mitchell Avenue
Poughkeepsie, NY 12603
Tel. (845) 454-1781 Fax: (845) 790-5223
Email: SeventhdayAdventist@hvrr.rr.com
Website: POKSDAELM.COM

NEW STUDENT APPLICATION

Social Security Number: _____

Student's Full Name: _____

DOB: _____ Age at Registration: _____ Sex: _____

Place of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact: Day Time _____ Cell: _____

Grade Entering: _____

Physical Condition: _____

State Allergies If Any: _____

Parents Information:

Mother's Name and Address: _____

Religious Affiliation: _____ POB: _____

Occupation: _____ Nationality: _____

Education: High School: _____ yrs College: _____ yrs Marital Status: _____

Employment Status: _____ Work Phone: _____

Father's Name and Address: _____

Religious Affiliation: _____ POB: _____

Occupation: _____ Nationality: _____

Education: High School: _____ yrs College: _____ yrs Marital Status: _____

Employment Status: _____ Work Phone: _____

Language Spoken at Home: _____

No. of Siblings if Any: _____

Name of Physician: _____

In Case of Emergency Call: _____ Phone: _____

Students Grades Have Been: Below Average: _____ Superior: _____ Average: _____

Above Average: _____ Has Child ever Failed? _____

If so, please explain _____

Has student ever been dismissed or expelled from school? _____

If so, please explain _____

List activities and special interests student is involved in: _____

Comment upon child's personality traits (well-behaved, responsible, aggressive, fearful, etc.)

Why do you as parents desire your child to enter the Poughkeepsie Seventh Day Adventist Elementary

School? _____

Church presently attending? _____

REFERENCE:

1. **School Principal**
Name and Address: _____

Telephone Number: _____

2. **Last Teacher**
Name and Address: _____

Telephone Number: _____

3. **Pastor**
Name and Address: _____

Telephone Number: _____

4. **Other (Position):**
Name and Address: _____

Telephone Number: _____

Do you have an unpaid school account? _____ If yes, where? _____

SIGNATURE:

Father: _____ Mother: _____

Student: _____ Date: _____

.....FOR OFFICE USE ONLY.....

Application fee paid: _____ Transcript Received: _____

Medical Report: _____ Interviewed: _____

Grade Placement: _____ Accepted: _____ Rejected: _____

Principal/School Board Committee: _____

Recommendation: _____
