

STUDENT APPLICATION
UKIAH JUNIOR ACADEMY
180 Stipp Lane
Ukiah, CA 95482
707-462-6350

Grade applying for _____ Date of Application _____

1. Full legal name of student _____ Sex _____
Last First Middle

2. Date of birth _____ Place of birth _____ Age _____
Mo. Day Yr.

The school office will need a copy of the birth certificate and a record of all immunizations.

3. Student lives with father, mother, stepfather, or stepmother: Please circle appropriate, or other: Please specify _____

Home address _____ P O Box _____

_____ Preferred day-time # _____

4. Legal names of those circled in #3.

Church where membership is held: _____

Language(s) spoken at home: _____

Occupations: _____

Email addresses: _____

5. Is this student a baptized member of the Seventh-day Adventist Church? Yes ___ No ___

If yes, indicate the year baptized _____ Church where membership is: _____

If student has some other church affiliation: _____

6. School last attended: _____

Address and phone number: _____

(Please request student records be sent to Ukiah Junior Academy.)

7. Has this student been previously identified as qualifying for a special education program? Yes _____ No _____

If yes, what kind? _____ When? _____

Where? _____ By whom? _____

8. Names of other children in the family:

_____ Sex _____ Age _____ Check if living at home _____

_____ Sex _____ Age _____ Check if living at home _____

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STUDENT CONTRACT:

I agree to uphold the school's regulations. I pledge my cooperation with and loyalty to the school and its' employees. I will live in harmony with the school's Christian principles.

_____ Date

_____ Student's signature

PARENT CONTRACT:

I hereby agree to support school regulations and it's Christian principles and to help my child observe them. I accept all financial educational obligations for this student.

_____ Date

_____ Parent/Guardian's Signature