| **Application** Brookhaven SDA School 4658 Reedy Branch Road  Winterville, NC 28590  252-756-5777  **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: | | | |