Anoka Adventist® Christian School
1035 Lincoln St
Anoka, MN 55303-1805
763-421-6710

Admission Application

Student Information

Student's Legal Name: _____
                      Last   **First**   **Middle Initial**   **Nickname**

Birth date: _____ Current age: _____ Grade: _____ Gender: M   F

Address:_____
               Street   City   State   Zip

Best phone number: _____ Public school district #: _____

Baptized in SDA Church: Y N   Home church: _____

Name of last school attended: _____ Years attended: _____

School address: _____
               Street   City   State   Zip

School phone: _____

Is there anything we need to know about your past school experience?   No   Yes   If yes, what? _____

_____

Previous principal/teacher contact information: _____
                                       Name   Title   Phone

Family Information

Mother: _____
             Last   **First**   **Middle Initial**

Marital status: Single   Married   Separated   Divorced   Widowed

Address (if different than the student): _____
                                    Street   City   State   Zip

Best phone number: _____ Email address: _____

Occupation: _____ Church affiliation: _____

Father: _____
             Last   **First**   **Middle Initial**

Marital status: Single   Married   Separated   Divorced   Widowed

Address (if different than the student): _____
                                    Street   City   State   Zip

Best phone number: _____ Email address: _____

Occupation: _____ Church affiliation: _____

Other Information

Emergency Contact (other than parent)

Name: _____ Phone: _____ Relation: _____

Bus Service: Please circle what is applicable.

    Only AM   Only PM   Both AM and PM   No service needed

Medical Information: Please circle as applicable. If you answer yes, please give more information as needed.

Food allergies?   No   Yes   _____

Allergic to medication?   No   Yes   _____

Taking any medications?   No   Yes   _____

Existing medical conditions? No   Yes   _____

Hearing and vision tested?   No   Yes   Most recent date of testing _____

Signatures

I verify that the above information is accurate.

I have read the AACS Handbook and agree to all the policies as stated in it. I therefore agree to support my teachers and staff, complete my assignments satisfactorily, follow the dress code, conduct myself courteously and wisely, maintain a positive attitude towards the school, and abide by the technology and harassment policies.

_____   _____

Student's signature   Date

_____   _____

Parent/Guardian signature   Date