

Student Application to Sunnydale Adventist Academy

6818 Audrain Road 9139, Centralia, MO 65240-9401 ♦ (573) 682-2164 ♦

Web Site: www.sunnydale.org E-mail Address: info@sunnydale.org

This student application form may be completed, printed, and mailed to Sunnydale.

Legal Name: _____
(First) (Middle) (Last)

Suffix (Jr, II, III, IV, ...) _____

Name student goes by: _____

Street Address: _____

Social Security Number: _____

City: _____ State: _____ Zip: _____

Biological Sex: M F Date of Birth: _____

Cell Phone: _____

Applying for the 20____-20____ School Year

Religious Affiliation (Denomination): _____

Grade Entering: 9 10 11 12

Are you baptized? Yes No

Do you plan to live in the dorm? Yes No

Where do you attend church? _____

Name of Pastor: _____

With whom do you live? Mother Father Both

Legal Guardian Other _____

Family Information

Father/Male Guardian Step

Mother/Female Guardian Step

Name: _____

Name: _____

Street Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Home Phone: _____

E-mail Address: _____

E-mail Address: _____

Cellular Phone: _____

Cellular Phone: _____

Occupation: _____

Occupation: _____

Work/Day Phone: _____

Work/Day Phone: _____

Church Membership: SDA Other: _____

Church Membership: SDA Other: _____

Married Divorced Single Widowed Separated

Married Divorced Single Widowed Separated

Educational Information

List all schools attended from the 8th grade to the current year (include all correspondence work)

8th Grade Year: _____ School: _____ Phone: _____

Street: _____ City: _____ State: _____ Zip: _____

9th Grade Year: _____ School: _____ Phone: _____

Street: _____ City: _____ State: _____ Zip: _____

10th Grade Year: _____ School: _____ Phone: _____

Street: _____ City: _____ State: _____ Zip: _____

11th Grade Year: _____ School: _____ Phone: _____

Street: _____ City: _____ State: _____ Zip: _____

