



SAN FERNANDO VALLEY ACADEMY

17601 Lassen Street
Northridge, CA 91325
Tel 818-349-1373

2022-2023

APPLICATION FOR ADMISSION

Please fill in every space (if not applicable, mark N/A).

Application Date: _____
Amt. Rec'd: \$ _____
Check Date: _____ By: _____
Accounting #: _____
Scholarships _____

For Business Office Use Only

DEMOGRAPHIC INFORMATION

APPLICANT'S FIRST NAME			MIDDLE			LAST			
APPLICANT'S HOME ADDRESS (USA)			CITY			ST	ZIP	HOME PHONE	
CURRENT SCHOOL & ADDRESS			PHONE			ENROLLING FOR GRADE		SCHOOL YEAR	
GPA FOR 2020-2021 SCHOOL YEAR			TEACHER OR CLASS SPONSOR			CHURCH CHILD ATTENDS			
FAMILY E-MAIL ADDRESS						DENOMINATION		DATE BAPTIZED	
APPLICANT'S CELL PHONE				APPLICANT'S E-MAIL ADDRESS					

BIOGRAPHICAL INFORMATION

GENDER		SOCIAL SECURITY NO.		DATE OF BIRTH:				
BIRTHPLACE/COUNTRY OF BIRTH			COUNTRY OF CITIZENSHIP		PRIMARY HOME LANGUAGE			

FATHER'S/GUARDIAN'S (MALE) INFORMATION

MOTHER'S/GUARDIAN'S (FEMALE) INFORMATION

MARITAL STATUS OF NATURAL PARENTS/GUARDIANS:

IS FATHER/GUARDIAN A BAPTIZED SEVENTH-DAY ADVENTIST?				IS MOTHER/GUARDIAN A BAPTIZED SEVENTH-DAY ADVENTIST?			
FATHER IS A MEMBER OF WHICH CHURCH?				MOTHER IS A MEMBER OF WHICH CHURCH?			
FIRST	MIDDLE	LAST		FIRST	MIDDLE	LAST	
HOME ADDRESS				HOME ADDRESS			
CITY		STATE	ZIP	CITY		STATE	ZIP
HOME PHONE		CELL		HOME PHONE		CELL	
COMPANY NAME				COMPANY NAME			
BUSINESS ADDRESS				BUSINESS ADDRESS			
CITY	STATE		ZIP	CITY		STATE	ZIP
WORK PHONE		FAX		WORK PHONE		FAX	
E-MAIL ADDRESS				E-MAIL ADDRESS			
OCCUPATION/JOB TITLE				OCCUPATION/JOB TITLE			
FATHER'S YEARS OF EDUCATION		SSN:		MOTHER'S YEARS OF EDUCATION		SSN:	
US CITIZEN		If No, CITIZEN OF:		US CITIZEN		If No, CITIZEN OF:	

NOTE: THE ABOVE APPLICANT WILL NOT BE CONSIDERED FOR RE-ADMISSION WITHOUT CLEARANCE OF THE ACADEMIC/ADMISSIONS COMMITTEE AND ALL REQUIRED MATERIALS ARE RECEIVED.

EMERGENCY CONTACTS

NAME AND RELATIONSHIP OF PERSONS TO CONTACT (IN ADDITION TO PARENTS/GUARDIAN) IN CASE OF EMERGENCY

EMERGENCY CONTACT:	RELATION:	CELL PHONE:	ALTERNATE PHONE:
EMERGENCY CONTACT:	RELATION:	CELL PHONE:	ALTERNATE PHONE:

ALUMNI/SIBLING CONNECTIONS

NAME AND RELATIONSHIP OF FAMILY MEMBERS WHO HAVE ATTENDED SAN FERNANDO VALLEY ACADEMY IN THE PAST

NAME/RELATIONSHIP	YEARS ATTENDED	GRADUATION YEAR
NAME/RELATIONSHIP	YEARS ATTENDED	GRADUATION YEAR
NAME/RELATIONSHIP	YEARS ATTENDED	GRADUATION YEAR

NAME AND RELATIONSHIP OF SIBLINGS CURRENTLY ATTENDING SAN FERNANDO VALLEY ACADEMY

NAME	RELATIONSHIP	GRADE
NAME	RELATIONSHIP	GRADE
NAME	RELATIONSHIP	GRADE

HAS STUDENT PREVIOUSLY APPLIED TO SAN FERNANDO VALLEY ACADEMY?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, WHAT YEAR?
HAS APPLICANT BEEN DISMISSED FROM ANY SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, PLEASE EXPLAIN:	

WHAT SPECIAL GIFTS DOES THE APPLICANT HAVE? (I.E. ACADEMIC, ATHLETIC, ARTISTIC, MUSICAL, SPECIAL AWARDS)

SPECIAL EDUCATION NEEDS

HAS APPLICANT BEEN EVALUATED FOR EDUCATIONAL, LEARNING, BEHAVIORAL, OR PSYCHIATRIC REASONS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES, WHAT WAS THE DATE OF THE EVALUATION?	DATE: IEP: <input type="checkbox"/> Yes <input type="checkbox"/> No
WHAT IS THE DIAGNOSIS:	

PLEASE INCLUDE A COPY OF ALL DOCUMENTATION RELATED TO DIAGNOSIS.

I HEREBY SUBMIT THIS APPLICATION FOR ADMISSION OF MY CHILD TO SAN FERNANDO VALLEY ACADEMY AND HAVE ANSWERED ALL QUESTIONS TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF PARENT OR GUARDIAN	DATE:
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