**SAN FERNANDO VALLEY ACADEMY**

# 17601 Lassen Street

**Northridge, CA 91325**

**Tel 818-349-1373**

|  |  |
| --- | --- |
| **2023-2024****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? |  YES \_ NO | IF YES, WHAT YEAR? |
| HAS APPLICANT BEEN DISMISSED FROM ANY SCHOOL? \_YES 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? |  \_ YES \_ NO |
| IF YES, WHAT WAS THE DATE OF THE EVALUATION? | DATE: | IEP: \_ YES \_ NO |
| WHAT IS THE 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: |

PLEASE INCLUDE A COPY OF ALL DOCUMENTATION RELATED TO DIAGNOSIS.