**SAN FERNANDO VALLEY ACADEMY**

# 17601 Lassen Street

**Northridge, CA 91325**

**Tel 818-349-1373**

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| **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.** | | | | | | | | | | | | | | | | | | | | | | |

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| ***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: |  | | | |
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| **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.