

Skagit Adventist Academy

2021 - 2022

Application for Admission

Student Information

Applying for (school year): _____ Grade Entering: _____

Student's Legal Name: _____ / _____
Last First Middle (full) Goes by (if different)

Age: _____ Date of Birth: ____ / ____ / ____ Gender: Male Female

Birth Place: _____ Citizenship: _____

Student Address: _____
Street City State Zip

Mailing Address: _____

Student Home: (_____) _____ Student Cell: (_____) _____
If different from above

Social Security Number _____ Student E-mail _____

Is English Your Primary Language? _____ Ethnicity _____

Current school _____
School Name Address

(_____) _____
Phone Dates Attended Reason for Leaving

Previous School _____
School Name Address

(_____) _____
Phone Dates Attended Reason for Leaving

Information about student only:

Church where membership is held: _____
Church Name Address & Phone

Baptized Yes No ____ / ____ / ____
Date of Baptism Dates Attended this Church Pastor's Name

Why do you want the current applicant to attend Skagit Adventist Academy?

How did you hear about Skagit Adventist Academy? _____

Has the applicant ever had an IEP? Yes No If yes, please attach a copy of the most recent report.

