

# ENROLLMENT APPLICATION

**Cypress Bend Adventist School**  
2997 FM 728, Jefferson, TX 75657  
Phone: (903) 665-7402 Fax: (903) 665-7402

Student's Full Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Grade applying for \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Phone \_\_\_\_\_  
Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Church Affiliation \_\_\_\_\_ Baptized \_\_\_\_\_ Date \_\_\_\_\_  
Place of Membership \_\_\_\_\_ Place Baptized \_\_\_\_\_

Check document submitted to verify date of birth for child entering our school

Birth Certificate ( ) Hospital Statement ( )  
Passport or visa ( ) Notarized Statement ( ) Other \_\_\_\_\_

Verified by \_\_\_\_\_ (school official)

Student is living with: Father ( ) Mother ( ) Stepfather ( ) Stepmother ( ) Other \_\_\_\_\_

<b>FAMILY DATA</b>	<b>Mother</b>	<b>Father</b>
Name	_____	_____
Home Address	_____	_____
Birthplace	_____	_____
Occupation	_____	_____
Educational Status	_____	_____
Church Affiliation	_____	_____
Language Spoken at Home	_____	_____
Business Phone	_____	_____
Cell Phone	_____	_____
E-mail Address	_____	_____

Are you able to pay the full school expense? \_\_\_\_\_

Do you have an unpaid school account? \_\_\_\_\_ Amount \$ \_\_\_\_\_

Where \_\_\_\_\_

Name and address of person to receive the financial statements

\_\_\_\_\_  
Name Address Phone

### SCHOOLS PREVIOUSLY ATTENDED

School	Address	Years Attended	Grades
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student's Full Name \_\_\_\_\_ Date \_\_\_\_\_

Has the student ever been dismissed from school? \_\_\_\_\_

If so, for what reason \_\_\_\_\_

Has this student been previously identified as qualifying for either gifted/talented or special education programs? Yes ( ) No ( )

If yes, what kind? \_\_\_\_\_ When? \_\_\_\_\_

Where? \_\_\_\_\_ By whom? \_\_\_\_\_

Who is authorized to pick up the child after school? \_\_\_\_\_

What doctor should we call in case of an emergency?

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Who should we contact in an emergency if we cannot reach you?

Name	Relationship	Phone
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This information is complete and correct to the best of my (our) knowledge. I (we) agree to abide by the requirements given in the current Parent/Student Handbook. I understand that pictures of my child, \_\_\_\_\_, may be used in promotional materials for the school. I do hereby give permission for the use of such pictures solely for the purpose of school promotion.

(Parent or Guardian signature) \_\_\_\_\_ Date \_\_\_\_\_

Accepted for Enrollment: \_\_\_\_\_ Grade Assignment: \_\_\_\_\_