



CYPRESS ADVENTIST SCHOOL

A Good Place to Grow

New Student Application

| Student Information | |
|---|--|
| Last Name: _____ | First Name: _____ |
| Address: _____ | Grade Entering: _____ School Year: _____ |
| _____ | Student Cell Phone: _____ |
| City/State/Zip: _____ | Student Email: _____ |
| Date of Birth: _____ | Place of Birth: (City/State/Country) _____ |
| Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male | Country of Citizenship: _____ |
| Baptized member of SDA Church? <input type="checkbox"/> yes <input type="checkbox"/> no | If yes, date: _____ Home church: _____ |
| Other faith preference: _____ | |
| Ethnicity: (for statistical purposes only) | <input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American |
| | <input type="checkbox"/> Other _____ |

| Family Information | Mother/Guardian | Father/Guardian |
|--|---|---|
| Name: | | |
| Home Address: | | |
| Primary Phone: | <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work | <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work |
| Alternative Phone: | <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work | <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work |
| Email: | | |
| Employer: | | |
| Baptized Seventh-day Adventist? | | |
| Home SDA Church? | | |
| Other faith preference: | | |
| Is English the primary language spoken at home? <input type="checkbox"/> yes <input type="checkbox"/> no | What other languages are spoken in the home? | |
| Check if applicable: | <input type="checkbox"/> Father Deceased <input type="checkbox"/> Parents Divorced | Child lives with: <input type="checkbox"/> Both Parents |
| | <input type="checkbox"/> Mother Deceased <input type="checkbox"/> Mother Remarried | <input type="checkbox"/> Mother only |
| | <input type="checkbox"/> Parents Separated <input type="checkbox"/> Father Remarried | <input type="checkbox"/> Father only |
| | | <input type="checkbox"/> Other: _____ |

Allergies/Medical/Special Needs Information

If a student is being treated for any of the below needs, please list service provider contact (tutor, doctor, psychiatrist, etc.)

Allergies: _____

Special Medical Needs/Medications: _____

Provider Name(s) & Contact Information: _____

Learning Disabilities: If available,
please attach copy of current IEP _____

Provider Name(s) & Contact Information: _____

Emotional Needs/Other: _____

Provider Name(s) & Contact Information: _____

School History – Transfer Students

Last School Attended: _____ Grade: _____

Address of Last School: (required) _____ City/State/Zip: _____

Please list three references with contact information

1. Previous Principal _____ Contact: _____

2. Previous Teacher _____ Contact: _____

3. Previous Counselor _____ Contact: _____

Please request that a copy of the student's most recent report card and disciplinary record be submitted to CAS.

We, the undersigned, pledge to uphold the policies and principles as outlined in the current student bulletin, and to accept full financial responsibility according to the published financial policies and contract. To the best of our knowledge, the questions on this application are answered completely and truthfully. We give our permission to Cypress Adventist School to contact service providers and educators listed above.

Student Signature

Mother/Guardian Signature

Father/Guardian Signature

Date

Date

Date