

Date \_\_\_\_\_

2014-2015

# APPLICATION DESERT ADVENTIST ACADEMY

74-200 Country Club Dr.  
Palm Desert, CA 92260  
760-779-1799

www.desertadventistacademy.com

### Office Use Only

### Date

Application Received \_\_\_\_\_  
References Received \_\_\_\_\_  
Physical Received \_\_\_\_\_  
Immunization Received \_\_\_\_\_  
New Student interview \_\_\_\_\_

### Financial Clearance

\$300 Registration Fee  Tuition Agreement   
Return \_\_\_\_\_ Accept \_\_\_\_\_  
New \_\_\_\_\_ Deny \_\_\_\_\_  
I-20 \_\_\_\_\_ Date Started \_\_\_\_\_  
Cum file requested

Student's Name \_\_\_\_\_ Grade entering \_\_\_\_\_  
first middle last

Preferred Name \_\_\_\_\_

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

SS # \_\_\_\_\_

Sex \_\_\_ Age \_\_\_ Birth date \_\_\_\_\_ Birthplace \_\_\_\_\_ Citizenship \_\_\_\_\_

Father's Name \_\_\_\_\_  
first middle last

\*Address (or mailing address) if different:  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone (if different) \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Social Security # \_\_\_\_\_

SDA Church Member Y / N

Church Affiliation \_\_\_\_\_

Mother's Name \_\_\_\_\_  
first middle last

\*Address (or mailing address) if different:  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone (if different) \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Social Security # \_\_\_\_\_

SDA Church Member Y / N

Church Affiliation \_\_\_\_\_

In case of emergency, we will make every effort to notify parents. In case we are unable to reach you please give an emergency contact name and number, your child's doctor, and your hospital preference.

Emergency name \_\_\_\_\_ Phone \_\_\_\_\_

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

Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Has this student been previously identified as qualifying for a special education program? No \_\_\_ Yes \_\_\_ If yes,  
What kind? \_\_\_\_\_ When? \_\_\_\_\_ By Whom? \_\_\_\_\_

Previous School \_\_\_\_\_ Address \_\_\_\_\_

Is there an outstanding balance for Tuition or other charges from your child's previous school? No \_\_\_ Yes \_\_\_ Amt. \$ \_\_\_\_\_

It is DAA's policy that no child will be admitted whose account from a former school has not been paid in full. Any request for exception to this policy will be considered on an individual basis.

I understand and am in harmony with the regulations and policies as stated in the current Desert Adventist Academy Handbook. I recognize that regulations adopted by the school administration and publicly announced will be as binding as those printed in the Handbook. Application to DAA gives consent for administration to use student pictures and video for marketing purposes.

X \_\_\_\_\_  
Student Signature

X \_\_\_\_\_  
Parent Signature