Rogue Valley Adventist School

Providing Quality Academics in a Safe Environment

ESTABLISHED 1926

3675 South Stage Road • Medford, Oregon 97501 • fax (541) 779-7575 • tel (541) 773-2988

Student Application

Legal Name of Student: _____ M( ) F( )
Last First Middle

Address: _____ Age: _____
City State Zip

Telephone: _____ Cell: _____ S.S.# _____

Entering Grade: _____ E-Mail: _____ Address to be published unless checked: _____

Date of Birth: _____ Place of Birth:_____ Birth Certificate for Kindergarten:_____

Citizenship: U.S.A. _____ If other, name of country: _____

Name of Family Doctor: _____ Doctor's Telephone #: _____

Physical deficiencies: Hearing ( ) Heart ( ) Sight ( ) Speech ( ) Other: _____

Baptized Church Member (student): Yes ( ) Date: _____ Denomination: _____ No ( )

Parent/Guardian	Church Affiliation	Occupation	Work Phone Number	Cell Phone Number

If Parents/Guardians cannot be reached, person to notify in case of emergency: _____

_____

School last attended: _____ Grade Completed: _____

Address: _____Phone #_____

If neither parent is a Seventh-day Adventist, please state reason for applying: _____
_____
_____

I am acquainted with the standards of Seventh-day Adventist schools and I agree to abide by them. By signing, I agree to read the RVAS school handbook prior to the beginning of school and will support the policies therein.

Students Signature: _____

I understand and agree to support the regulations of the school and to assist the school in implementing its policies. Prior to the beginning of school, I will read the RVAS school handbook and will support the policies therein.

Parent/Guardian Signature: _____