



Niles Adventist School 2024-2025

Application for Admission to Michigan Conference

Seventh-day Adventist Church Schools



Please fill out a separate application for each child applying for admission.

Student's full legal name: (Last - First - Middle) _____ Grade Entering _____ Gender _____ Date Application Received _____

Place of birth: Country _____ Date of Birth: Mo./Day/Yr. _____ Age _____ Baptized Yes _____ No _____ If Yes, Date Baptized in SDA Church _____

Father (Full Legal Name)		Mother (Full Legal Name)	
Home Street Address, City, State, Zip		Home Street Address, City, State, Zip	
County	E-mail Address	County	E-mail Address
Home Phone	Work	Home Phone	Work
Cell	Occupation	Cell	Occupation
SDA Church Member? Yes / No Where?		SDA Church Member? Yes / No Where?	

_____ Do you owe a bill at a previous school? Yes _____ No _____
Initial

If yes, the following information is needed.

Name of School _____

_____ I agree to see that this student's tuition and fees are cared for monthly.
Initial

Address _____

_____ I have read the school handbook and agree to support each regulation of the school.
Initial

Phone _____

_____ I agree to cooperate with the school board and teachers by avoiding criticism of any teacher or school policy in the presence of students.
Initial

Name of Parent or Legal Guardian (Printed) *Signature of Parent or Legal Guardian* *Date*