



Spokane Valley Adventist School
1603 S. Sullivan Road
Spokane Valley, WA 99037
(509) 926-0955

2024-2025 Application For Admission

Student Information (please print)

Grade Entering: _____

Student's Legal Name: _____ / _____
Last First Middle (full) Goes by (if different)

Age: _____ Date of Birth: ____ / ____ / ____ Gender: Male Female

Birthplace: _____ Citizenship: _____

Student Address: _____
Street City State Zip

Mailing Address: _____
(if different from above)

Student Home Phone: (____) _____ - _____ Student Cell Phone: (____) _____ - _____

Student Email: _____

Primary Language: _____ Ethnicity: _____

Current School: _____
School Name Address

(____) _____ - _____
Current School Phone Dates Attended Reason for Leaving

Previous School: _____
School Name Address

(____) _____ - _____
Previous School Phone Dates Attended Reason for Leaving

Church Preference: _____ Baptized?: Yes No

Why do you want the current applicant to attend Spokane Valley Adventist School?

How did you hear about Spokane Valley Adventist School?

Has the applicant ever had an IEP? Yes No If Yes, please attach a copy of the most recent report.

Does the applicant have any learning struggles? Yes No If Yes, please attach an explanation.

Please list any allergies your child has:

Please list any prescribed medications your child uses:

Parent/Guardian Information (please print)

Father (or Legal Guardian)

Name: _____ Home Phone: (____) _____ - _____
Last First

Home Address: _____
Street City State Zip

Email: _____ Home Cell Phone: (____) _____ - _____

Employed By: _____ Position: _____ Business Phone: (____) _____ - _____

Church Preference: _____
Name of Church Denomination

Mother (or Legal Guardian)

Name: _____ Home Phone: (____) _____ - _____
Last First

Home Address: _____
Street City State Zip

Email: _____ Home Cell Phone: (____) _____ - _____

Employed By: _____ Position: _____ Business Phone: (____) _____ - _____

Church Preference: _____
Name of Church Denomination

Marital Status of Parents Married Separated Divorced Single

If separated or divorced, explain legal custody and rights to information:

If separated or divorced, to whom should correspondence be sent? Father Mother Both

Emergency Contacts

Name: _____ Phone: (____) _____ - _____ Relationship: _____

Name: _____ Phone: (____) _____ - _____ Relationship: _____