



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

2025 - 2026 Application For Admission

May • 2025

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: _____