



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

# 2026 - 2027 Application For Admission

February • 2026

**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: \_\_\_\_\_

---