

**SOUTHERN UNION
REGISTRATION FORM**

Murphy

**Adventist Christian
School**

1584 Old Ranger Road
Murphy, NC 28906
828-837-5857

School Year _____

PLEASE PRINT IN INK

PUPIL'S LEGAL NAME _____
LAST FIRST MIDDLE NICKNAME

SEX: MALE ___ FEMALE ___ PLACE OF BIRTH _____
CITY STATE

VERIFICATION OF BIRTH _____ DATE OF BIRTH ____/____/____

ADDRESS _____
STREET CITY STATE ZIP

TELEPHONE (_____) _____ - _____ PARENT'S EMAIL _____
Please designate Cell, Home or Work phone.

FAMILY INFORMATION	FATHER	MOTHER	GUARDIAN
LEGAL NAME			
CHECK ONE	NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER <input type="checkbox"/>	NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER <input type="checkbox"/>	RELATION TO CHILD
OCCUPATION			
EDUCATION			
BUSINESS NAME and ADDRESS			
BUSINESS TELEPHONE			
DATE and PLACE OF BIRTH			
US CITIZEN	YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER:	YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER:	YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER:
SDA MEMBER	YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER:	YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER:	YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER:
MARITAL STATUS	MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> OTHER <input type="checkbox"/>	MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> OTHER <input type="checkbox"/>	MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> OTHER <input type="checkbox"/>

CHURCH CHILD ATTENDS _____ DENOMINATION _____

BAPTIZED? YES ___ NO ___ DATE _____ AGE AT BAPTISM _____

CHILDREN IN FAMILY IN ORDER OF BIRTH INCLUDING THIS CHILD

NAME	LIVING AT HOME	SEX	DATE OF BIRTH
	YES <input type="checkbox"/> NO <input type="checkbox"/>	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	
	YES <input type="checkbox"/> NO <input type="checkbox"/>	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	
	YES <input type="checkbox"/> NO <input type="checkbox"/>	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	

PERSON TO NOTIFY IN CASE OF EMERGENCY

	NAME	RELATIONSHIP	#1 PHONE NUMBER	#2 PHONE NUMBER
1				
2				
3				
4				

PHYSICIAN TO CALL IN EMERGENCY: _____
NAME PHONE NUMBER

DENTIST TO CALL IN EMERGENCY: _____
NAME PHONE NUMBER

PREFERRED HOSPITAL: _____
NAME CITY/STATE

FACTORS WHICH MAY INTERFERE WITH CHILD'S LEARNING

Medical/Learning Concerns or Allergies: _____

Medications: _____

I UNDERSTAND THE REQUIREMENTS AND REGULATIONS OF THE SCHOOL AND PLEDGE OUR COOPERATION.

PARENT'S SIGNATURE

DATE

SECTION FOR TRANSFER STUDENTS ONLY

SCHOOL LAST ATTENDED _____

ADDRESS _____
STREET CITY STATE ZIP

LAST GRADE COMPLETED _____

NOTE: GRADE PLACEMENT OF TRANSFER STUDENTS IS TENTATIVE UNTIL OFFICIAL TRANSCRIPT AND RECORDS ARE RECEIVED FROM LAST SCHOOL

HAS STUDENT EVER BEEN SUSPENDED OR EXPELLED FROM ANY SCHOOL? NO ____ YES ____

PLEASE EXPLAIN _____
