

Central Vermont Academy

Last Name	First Name	Middle Name	Grade	Entering	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Birthday(m/d/y)	Age(y/m)	Baptized(m/d/y)

Place of Birth: (city/state/country)	Ethnic Origins: <input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Oriental <input type="checkbox"/> Am. Indian <input type="checkbox"/> Other: _____
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For Federal Government and General Conference Purposes only:				Child's Social Security #	
Legal name of parent/guardian with whom pupil is living with	Home Church	Home Phone	Work Phone	Occupation	Home Address
Father:					
Mother:					

In case of an accident or serious illness, should the school be unable to contact me, I hereby authorize the school to take my child to the physician, emergency room and/or to the relative or neighbor indicated:

Doctor	Phone #	Address
Neighbor or relative	Phone#	Address

Allergies (food or medications)

Siblings Name:	Birth Date:	Siblings Name:	Birth Date:
1.		4.	
2.		5.	
3.		6.	

Please initial each box:

	I agree to see that this students tuition is cared for monthly
	I agree to cooperate with the school board and teachers by avoiding adverse criticism of any teacher or school policies in the presence of students
	I have read the school policy book and agree to support each regulation of the school, written and oral
	I hereby authorize the school to send, upon request, the permanent records to the next school to which my child may enroll

Signature of Parent or Guardian:	Date:
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Note: Please submit a separate application for each child applying for admission.

Please attach a copy of your child's Birth Certificate.