

Berkshire Hills SDA School

Enrollment Application

Date of Application _____

Name of Student Applicant _____
Last First Middle

Age _____ Date of Birth _____ Grade Entering _____ Sex _____

Place of Birth _____

School Last Attended _____ Year(s) _____
 Address _____ City _____
 State _____ Zip _____

Name of Child's Physician _____ Phone _____

Number of years spent in School _____ Church School _____ Home School _____

Child baptized SDA? Yes _____ No _____ Date of Baptism _____

Number of Brothers _____ Sisters _____

Family

Address _____ City _____

State _____ Zip _____ Phone Number (home) _____

Mother (work) _____

Father (work) _____

Parent Information

	Mother	Father or Guardian
Name		
Address (if different from above)		
City		
State		
Zip		
Occupation		
Employer		
Home Church		
US Citizen yes/no		

Who will be responsible for payment of tuition and registration fee? _____

We understand the objectives and regulations of the Berkshire Hills SDA
 School and pledge our full support:

Office use	
School Year _____	Board Approval _____
Physical Forms _____	Student Records _____

_____ Mother or Father

_____ Pupil