

1217 John B. White Sr. Blvd. Spartanburg, SC 29306

www.EddlemonSDA.com

Fax: 864-587-9623

## **Application for Admission** 2019-2020

Name of Applicant			Grade
Last		First	Middle
Address			
City			Zip
Sex Date of Birth	Age av/ Year	Place of Birth Citv/S	State SS#
School Last Attended School Addres	ss/State/Zip Code		Grade
Baptized?  Yes  No Year	Church Me	mbership Location?	
PARENT INFORMATION		Father	Mother
Name of Parents			
Birthplace			
Church Affiliation			
Date of Birth			
Occupation			
Educational Status			
Work Phone Number			
Stepparent			
Guardian			
Marital Status			
Address if different from above	:		
Number of Children in Family			
E-mail			
US Citizen (Yes or No)			
Does the child have any special h	ealth condition that th	ue teachers need to know	/2 □ Yes □ No
If Yes, please explain:			
In Case of Accident or illness notify			
Name of Family Doctor			
Name of Family Dentist			Phone
and first grade must meet the adn present Southern Union Conferen registration.	nission requirements ce School Entry Med	as stated in the Handboo ical Examination Form w	at registration. Children entering kindergarten ok. All first graders and new students must ith Certificate of Immunizations at the time of perate with them. I will be responsible for the
financial agreement as stated in the	ne handbook.		
Signed			Date
I have read the policies of the sch myself in harmony with these policies		s pledge in the school ha	andbook. I promise to do my best to conduct
Student's Signature			Date



1217 John B. White Sr. Blvd. Spartanburg, SC 29306

**864-576-2234**Fax: 864-587-9623

www.EddlemonSDA.com

**Application for Admission** 2019-2020