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www.EddlemonSDA.com

Re-Application Form

2019-2020

This form is for returning students to attend Eddlemon Adventist School.

School Year: _____ Date: _____

Mother: _____ SDA Member: Yes No

Father: _____ SDA Member: Yes No

Address _____ Telephone _____

City _____ State _____ Zip _____

Home Phone: _____ Email Address: _____

Mother's Work Phone: _____ Cell: _____

Father's Work Phone: _____ Cell: _____

Child(ren) attending school and grade they are enrolling in.

Name of Child	Grade	Baptized SDA Date:

*Please note: If the child's last name is different from the parent's please write the full name.

Emergency Contact: _____ Phone: _____

Parent Signature: _____ Date: _____