



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

864-576-2234

Fax: 864-587-9623

[www.EddlemonSDA.com](http://www.EddlemonSDA.com)

## Re-Application Form

2020-2021

**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: \_\_\_\_\_