



# VALLEY BIBLE ACADEMY

ST. JOHN'S LUTHERAN

## APPLICATION FOR ENROLLMENT

Student Name _____	Phone _____
Address _____	City _____ State _____ Zip _____
Date of Birth _____	Baptized <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Baptism _____

Date of Application \_\_\_\_\_ Grade last school year \_\_\_\_\_ Age \_\_\_\_\_

Previous Schools Attended

Grades

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Reason for transfer to Valley Bible Academy (This is necessary for transfer students)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special medical or other physical information regarding child, about which the school should know.

\_\_\_\_\_

\_\_\_\_\_

Father/Guardian Name _____	Place employed _____
Home Phone _____	Cell Phone _____ Work Phone _____
Mother/Guardian Name _____	Place employed _____
Home Phone _____	Cell Phone _____ Work Phone _____
Church affiliation of father/guardian _____	Denomination _____
Church affiliation of mother/guardian _____	Denomination _____
Parent/Guardian Signature _____	Date _____