

# Glendale Adventist Elementary Financial Form

School Year \_\_\_\_\_

Student Name \_\_\_\_\_ Birthday \_\_\_\_\_ Grade Applying For \_\_\_\_\_

Student Name \_\_\_\_\_ Birthday \_\_\_\_\_ Grade Applying For \_\_\_\_\_

Student Name \_\_\_\_\_ Birthday \_\_\_\_\_ Grade Applying For \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_

Church membership (SDA) \_\_\_\_\_ City \_\_\_\_\_

(If not SDA member, please indicate religion none)

Father's Name \_\_\_\_\_

Father's Date of birth \_\_\_\_\_ Social Security # \_\_\_\_\_ Dr. Lic. # \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Work phone \_\_\_\_\_ Cell number \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Date of birth \_\_\_\_\_ Social Security # \_\_\_\_\_ Dr. Lic. # \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Work phone \_\_\_\_\_ Cell number \_\_\_\_\_

I have read and understand my financial obligations to Glendale Adventist Academy/Elementary school. I will be responsible for all charges incurred by my child or children.

Parent or guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Send bill to (if different from above address)

Name \_\_\_\_\_ Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Other Responsible Party \_\_\_\_\_ S.S. # \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_