

Student Name: _____ NAD ID# _____ (office use only)



APPLICATION

1523 Old Ranch Road 12
San Marcos, TX 78666
Ph. 512.392.9475 Fax. 512.392.2693

Today's Date: ____/____/____

STUDENT INFORMATION

First Name _____ Middle Name _____ Last Name _____ Nickname _____

Residential Address

Street _____ Apt./Lot _____

City _____ State _____ Zip _____

Male Female DOB: ____/____/____ Current Age: _____ SSN: _____ - _____ - _____
Month / Day / Year

Place of Birth: _____ First Language: _____ Date of SDA Baptism(if applicable): _____

Grade entering: _____ (Students applying for PreK/ Kinder must be 4/5 years by Sept 1)

FAMILY INFORMATION

Relationship	<input type="checkbox"/> Father	<input type="checkbox"/> Step-Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Step-Mother	Other Parent/Guardian
Name					
Home Address					
City, State and Zip					
Home Phone					
Cell Phone					
Work Phone					
Email					
Occupation					
Church Membership					

Applicant lives with? Father Mother Both Other: _____

Where should bills be sent? Father Mother Both Other: _____

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INFORMATION ABOUT SIBLING(S):

1. Name: _____ Grade: _____ Gender: M F Lives at Home: Yes No
2. Name: _____ Grade: _____ Gender: M F Lives at Home: Yes No
3. Name: _____ Grade: _____ Gender: M F Lives at Home: Yes No
4. Name: _____ Grade: _____ Gender: M F Lives at Home: Yes No
5. Name: _____ Grade: _____ Gender: M F Lives at Home: Yes No

EDUCATION

Last School Attended

School Name				Start Date
School Address	City/State	Zip	Phone	End Date

Has the applicant ever been suspended/expelled? Yes No

If yes, please explain reason:

Has the applicant ever received help for a reading or learning difficulty? Yes No

If yes, please explain frequency, type and/or diagnosis:

Has the applicant ever been diagnosed with any Learning Disability? Yes No

(Attach related testing data or reports)

FOR OFFICE USE ONLY

Grade enrolled: _____ Date enrolled: _____ Date withdrawn: _____

Immunizations received: Yes No Birth certificate received: Yes No

Verified by: _____

School Official

Once you have completed your pdf, DOWNLOAD it to your computer and email the completed form to araoffice@smaja.org. Or you may print and mail to our office at 1523 Old Ranch Road 12, San Marcos TX 78666