



# HARRISBURG ADVENTIST SCHOOL

## New Student Application

School Year  
2020 | 2021

STUDENT INFORMATION			
First Name	Last		
Street Address			
City	State	Zip Code	
Gender	M	F	Grade Entering Into

Does the student have an Individualized Educational Program (IEP)?   Y   N

LAST THREE SCHOOLS ATTENDED			
SCHOOL NAME	ADDRESS	GRADES COMPLETED	YEARS ATTENDED

GENERAL INFORMATION	
How did you first learn about our school?	
What factor(s) most influenced you to apply?	
Why are you moving your child from their current school?	

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ACADEMIC REVIEW			
Has your child been tested for, diagnosed with, or is suspected to have any of the following?	Y	N	If yes, please give details:
IEP			
Retained or Advanced Early			
Learning Disability			
ADD or ADHD			
Auditory			
Vision			
Motor Skills			
Other (Describe):			

BEHAVIOR REVIEW			
Does your child have a history with any of the following?	Y	N	If yes, please give details
Physical, emotional, mental, or social issues			
Counseling or psychological testing			
School suspension			
School expulsion			
Asked to withdraw from school			
Drug or Alcohol use			
Arrested			
Other (Describe):			

***By signing, I certify that all the information is true and correct to the best of my knowledge.***

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_