



OLNEY ADVENTIST PREPARATORY SCHOOL

REGISTRATION

Student's Name _____,
(Last) *(First)* *(Middle Initial)*

Street Address _____ Apt. # _____

City _____ State _____ ZipCode _____

Age _____ Birth Date _____ Grade _____ Gender Male Female

Ethnic Background _____ Social Security # _____

Telephone # _____ Birth Place _____
(City) *(State)*

Permission given to place **name, address, telephone number, and email address** in school directory Yes No

Family Information

Parents are: Married Divorced Separated Single Widowed

Father/Guardian Name

Mother/Guardian Name

Relationship to Student:

Relationship to Student:

Parent Guardian Step-Parent Other

Parent Guardian Step-Parent Other

Street Address

Street Address

City State Zip Code

City State Zip Code

Home Phone Business Phone

Home Phone Business Phone

Cell Phone E-Mail

Cell Phone E-Mail

Occupation

Occupation

Employer

Employer

Driver License #

Driver License #

Citizenship

Citizenship

Date/Initial-2021-2022

Date/Initial -2022 -2023

Date/Initial -2023-2024



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For the purposes of emergencies, school activities, and school development, it would be appreciated if you would provide us with the following information:

Paternal Grandparents

Name

Street Address

City State Zip Code

Home Telephone #

Maternal Grandparents

Name

Street Address

City State Zip Code

Home Telephone #

Religious Information

Father/Guardian

Religious Affiliation

SDA Other

Church Membership

Church Address

Church Telephone

Pastor's Name

Mother/Guardian

Religious Affiliation

SDA Other

Church Membership

Church Address

Church Telephone

Pastor's Name

Is your child baptized? Yes No

If baptized, provide date _____

Date/Initial -2021-2022

Date/Initial -2022 -2023

Date/Initial -2023-2024



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Permission Form

Student's Name _____ Grade _____

Car Pool & Early Closing Contact

My child has permission to ride home with the following persons for car pool or in the event that it is necessary for Olney Adventist Preparatory School to close before the end of the school day because of inclement weather or another emergency:

Name

Telephone Number

Name

Telephone Number

Name

Telephone Number

Signature of Parents

Date

Short Message Service (Text) Permission

Olney Adventist Preparatory School may SMS text me with updates, schedule changes, or in the case of an emergency.

Photograph Permission

Olney Adventist Preparatory School has my permission to use photographs or videos of my child in school publications, at their web site, and in promotional material.

Signature of Parents

Date

Social Media Permission

Olney Adventist Preparatory School has my permission to use photographs or videos on social media websites. **Student names will not be published.**

Signature of Parents

Date

Date/Initial-2021-2022

Date/Initial -2022 -2023

Date/Initial -2023-2024



OLNEY ADVENTIST PREPARATORY SCHOOL

Financial Information

All correspondence (billing, report cards, etc.) should be mailed to:

Parent(s) Name

Student's Name

Street Address

City

State

Zip Code

I realize that by registering my child at Olney Adventist Preparatory School, I agree to support the school's goals, philosophy, and discipline code and will comply with the policies, regulations, and activities outlined in the Parent/Student Handbook.

Signed _____

Date _____

Date/Initial-2021-2022

Date/Initial -2022 -2023

Date/Initial -2023-2024



06/18/21