



**RE-REGISTRATION BLANK**  
Ohio Conference of Seventh-day Adventists Schools

Student's Legal Name \_\_\_\_\_

Change of Address (If needed) \_\_\_\_\_

Change of Phone Number (If needed) \_\_\_\_\_

Student's Grade Placement \_\_\_\_\_

Seventh-day Adventist Church Member:

Student \_\_\_\_\_yes \_\_\_\_\_no

Student's Baptism Date \_\_\_\_\_

Father \_\_\_\_\_yes \_\_\_\_\_no

Mother \_\_\_\_\_yes \_\_\_\_\_no

Person to notify in emergency:

1. \_\_\_\_\_

Phone: \_\_\_\_\_

2. \_\_\_\_\_

Phone: \_\_\_\_\_

Physician to call in emergency:

\_\_\_\_\_

Phone: \_\_\_\_\_

If this Physician is not available, does the school have your permission to call another? \_\_\_\_\_

Date of last physical examination? \_\_\_\_\_

Current Physical examination forms brought for Grades (1)\_\_\_\_ (4)\_\_\_\_ (7)\_\_\_\_

List any immunizations given during the last year: \_\_\_\_\_

List any other changes since the last registration : \_\_\_\_\_

We understand the requirements of the school and pledge our full cooperation.

Signed: \_\_\_\_\_

(Parent or Guardian)