



# WORTHINGTON ADVENTIST ACADEMY

## Student Information Form

**Parents:** Fill in the requested information on BOTH SIDES of this form as completely as possible. Please print clearly:

Child's Full Legal Name:

First  Middle  Last

Nickname/Prefers to be called:  Sex  Male  Female

Birthday (MM/DD/YY):

Student's Home Address:

City  State  Zip

Student's Home Phone Number:

Grade Student will be Entering:

Student's Place of Birth (City, State):

Resident School District:

Student's Ethnicity (Check all that apply) *Note: The state of Ohio requires we gather this information on all of our students:*

- African-American       Asian       Caucasian       Hispanic  
 Native-American       Other - please specify: \_\_\_\_\_

Student's First Language:  English       Other - please specify: \_\_\_\_\_

Are there other languages spoken in the home? If yes, what are they? \_\_\_\_\_

Home Church:  Worthington Adventist Church       Other - please specify: \_\_\_\_\_

Is this child baptized       Yes       No      Date Baptized?

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**Special Needs** – Are there any physical, mental, and/or emotional factors which may affect your child’s learning experience? *Please check all that apply:*

- Hearing                                       Vision                                       Speech  
 Learning Disabilities                       Other – *please specify:* \_\_\_\_\_

**Allergies or other health conditions:**

- Food     Medicine                                       Environment  
 Animal     Asthma  
 Other – *please specify:* \_\_\_\_\_

Has a professional (such as a teacher, counselor, etc.) ever expressed concern about any other challenges with regard to this child? *Please check all that apply:*

- Math Disability/Difficulty                       Reading Disability/Difficulty                       Social Problems  
 Behavioral Problems                               ADD/ADHD  
 Giftedness     Other – *please specify:* \_\_\_\_\_

**Other Medical Professionals:** Please list any other medical professionals that see your child regularly.

Dentist Name and Phone Number:

Other Specialist (ophthalmologist, audiologist, etc.) Name and phone number:

I verify that all the information on this form is accurate and true to the best of my knowledge.

Signature of Parent/Guardian:  Date: