



SAN FERNANDO VALLEY ACADEMY

17601 Lassen Street
Northridge, CA 91325
Tel 818-349-1373

2024 - 2025

APPLICATION FOR ADMISSION

Please fill in every space (if not applicable, mark N/A).

For Office Use Only

Accounting #: _____

UDID #: _____

IXL Username: _____

IXL Password: _____

School Student email:

_____ @sfva.org

Transcripts in file? __YES__NO

Immunization current? __YES__NO

DEMOGRAPHIC INFORMATION

| | | | | | |
|------------------------------|--|---------------------------|---|-----|---------------------------|
| Student's FIRST NAME | | MIDDLE | LAST | | |
| Student's HOME ADDRESS (USA) | | CITY | ST | ZIP | IMMUNIZATION CURRENT? |
| | | | CA | | __YES__NO |
| CURRENT SCHOOL NAME: | | CURRENT SCHOOL PHONE # | ENROLLING FOR GRADE | | SCHOOL YEAR 2024-2025 |
| CURRENT SCHOOL ADDRESS: | | City, State and Zip Code: | Is your child a Seventh-day Adventist? __YES__NO. If yes, what SDA church the child attends? _____ SDA Church | | |
| FAMILY E-MAIL ADDRESS | | | Student's BAPTISM YEAR:: | | If non-SDA, denomination? |
| STUDENT'S RACE: | | | STUDENT'S ETHNICITY: | | |

Student's INFORMATION

| | | | | | |
|-----------------------------|-----------------------|--|-----------------------|--|--|
| Student's GENDER | DATE OF BIRTH: / / | FOR NEW STUDENTS ONLY: GPA FOR 2023-2024 SCHOOL YEAR | | | |
| BIRTHPLACE/COUNTRY OF BIRTH | | COUNTRY OF CITIZENSHIP | PRIMARY HOME LANGUAGE | | |

FATHER'S/GUARDIAN'S INFORMATION

MOTHER'S/GUARDIAN'S INFORMATION

| | | | | | |
|---|-----------------------------|------|--|-----------------------------|------|
| __Married __Deceased __Separated __Divorced __Foster Parent __Remarried | | | __Married __Deceased __Separated __Divorced __Foster Parent __Remarried(give current name) | | |
| IS FATHER A BAPTIZED SEVENTH-DAY ADVENTIST? __YES__NO | | | IS MOTHER A BAPTIZED SEVENTH-DAY ADVENTIST? | | |
| FATHER IS A MEMBER OF WHICH CHURCH? | | | MOTHER IS A MEMBER OF WHICH CHURCH? | | |
| FIRST | MIDDLE | LAST | FIRST | MIDDLE | LAST |
| HOME ADDRESS | | | HOME ADDRESS | | |
| CITY | STATE | ZIP | CITY | STATE | ZIP |
| HOME PHONE | | CELL | HOME PHONE | | CELL |
| COMPANY NAME | | | COMPANY NAME | | |
| BUSINESS ADDRESS | | | BUSINESS ADDRESS | | |
| CITY | STATE | ZIP | CITY | STATE | ZIP |
| WORK PHONE | FAX | | WORK PHONE | FAX | |
| E-MAIL ADDRESS | | | E-MAIL ADDRESS | | |
| OCCUPATION/JOB TITLE | | | OCCUPATION/JOB TITLE | | |
| FATHER'S YEARS OF EDUCATION | California D.L. Exp. / / | | MOTHER'S YEARS OF EDUCATION | California D.L. Exp. / / | |
| US CITIZEN | If No, CITIZEN OF: | | US CITIZEN | If No, CITIZEN OF: | |

NOTE: THE ABOVE APPLICANT WILL NOT BE CONSIDERED FOR RE-ADMISSION WITHOUT CLEARANCE OF THE ACADEMIC/ADMISSIONS COMMITTEE AND ALL REQUIRED MATERIALS ARE RECEIVED.

EMERGENCY CONTACTS

NAME AND RELATIONSHIP OF PERSONS TO CONTACT (IN ADDITION TO PARENTS/GUARDIAN) IN CASE OF EMERGENCY

| | | | |
|--------------------|-----------|-------------|------------------|
| EMERGENCY CONTACT: | RELATION: | CELL PHONE: | ALTERNATE PHONE: |
| | | | |
| EMERGENCY CONTACT: | RELATION: | CELL PHONE: | ALTERNATE PHONE: |
| | | | |

ALUMNI/SIBLING CONNECTIONS

NAME AND RELATIONSHIP OF FAMILY MEMBERS WHO HAVE ATTENDED SAN FERNANDO VALLEY ACADEMY IN THE PAST

| | | |
|-------------------|----------------|-----------------|
| NAME/RELATIONSHIP | YEARS ATTENDED | GRADUATION YEAR |
| | | |
| NAME/RELATIONSHIP | YEARS ATTENDED | GRADUATION YEAR |
| | | |
| NAME/RELATIONSHIP | YEARS ATTENDED | GRADUATION YEAR |
| | | |

NAME AND RELATIONSHIP OF SIBLINGS CURRENTLY ATTENDING SAN FERNANDO VALLEY ACADEMY

| | | |
|------|--------------|-------|
| NAME | RELATIONSHIP | GRADE |
| | | |
| NAME | RELATIONSHIP | GRADE |
| | | |
| NAME | RELATIONSHIP | GRADE |
| | | |

| | | |
|--|-------------------------|--------------------|
| HAS STUDENT PREVIOUSLY APPLIED TO SAN FERNANDO VALLEY ACADEMY? | ___Yes ___No | IF YES, WHAT YEAR? |
| | | |
| HAS APPLICANT BEEN DISMISSED FROM ANY SCHOOL? ___Yes___No | IF YES, PLEASE EXPLAIN: | |
| | | |

WHAT SPECIAL GIFTS DOES THE APPLICANT HAVE? (I.E. ACADEMIC, ATHLETIC, ARTISTIC, MUSICAL, SPECIAL AWARDS)

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|--|
| |
|--|

SPECIAL EDUCATION NEEDS

| | |
|---|-------------------------|
| HAS APPLICANT BEEN EVALUATED FOR EDUCATIONAL, LEARNING, BEHAVIORAL, OR PSYCHIATRIC REASONS? | ___ Yes ___ No |
| IF YES, WHAT WAS THE DATE OF THE EVALUATION? | DATE: IEP: ___Yes___ No |
| WHAT IS THE DIAGNOSIS: | |
| | |

PLEASE INCLUDE A COPY OF ALL DOCUMENTATION RELATED TO DIAGNOSIS.

I HEREBY SUBMIT THIS APPLICATION FOR ADMISSION OF MY CHILD TO SAN FERNANDO VALLEY ACADEMY AND HAVE ANSWERED ALL QUESTIONS TO THE BEST OF MY KNOWLEDGE.

| | |
|---------------------------------|----------------|
| SIGNATURE OF PARENT OR GUARDIAN | DATE: / / |
|---------------------------------|----------------|