

Welcome to Cleburne Adventist Christian School!

Below is the official Student Application **enrollment form**.

To print this form with your printer, look at the menu bar with the pictures (icons) on it above the document. There you will see a tiny picture of a printer. Click on that. A dialog box with the title, "Print" will appear. This box has four "radio-boxes," the second of which is "Print Range," with four circles below it. Choose "Pages from:" and type "2" in each of the boxes. This skips printing this title page since you will need this only if you want a hard copy of the address and phone number.

After filling in the information, take it, and the requisite documents specified on the enrollment form below, to CACS to get your little one(s) in the best school around Cleburne, Texas!

Here's the school number to speak with one of the teachers;
Mrs. Hambright - Pre-K / K; Mrs. Westerman - grades 1-3;
Mrs. Read, principal / teacher - grades 4-8:

817-645-4300.

And here's the address again:

Cleburne Adventist Christian School
111 Meadowview Dr.
Cleburne TX 76033

STUDENT APPLICATION

SOUTHWESTERN UNION CONFERENCE OF SEVENTH-DAY ADVENTIST SCHOOLS

Grade applying for _____ Date of Application _____
 Student's Social Security # _____

Full legal name of Student _____ Sex: _____
LAST FIRST MIDDLE NICKNAME

Date of Birth: ____/____/____ Place of Birth: _____ Age: _____

Check document submitted to verify birthday for child entering Kindergarten or 1st Grade:
 Birth Certificate Notarized Statement
 Hospital Statement Passport or Visa
 Verified by: _____
SCHOOL OFFICIAL

Student lives with: Father Mother Stepfather Stepmother Other: _____
SPECIFY

Home address: _____ P.O. Box _____
NUMBER STREET

Telephone () _____
CITY STATE ZIP

Legal names of parents/guardians checked above	Denomination Affiliation	Church where membership is held	Languages used at home	Occupation	Business Phone ()

Is this student sponsored by an Adventist church member? Yes No
 Is this student a baptized member of the Adventist church? Yes No

If yes, indicate year baptized _____ Church where membership is held _____

If student has another church affiliation, please specify _____

School last attended: _____
NAME OF SCHOOL ADDRESS TELEPHONE

OFFICE USE ONLY

Name: _____

Grade Enrolled: _____

Enter Dates Documents Received: _____

Room Assigned: _____

Verification of Birthday: _____

Withdrawn: _____

Transcript(s): _____

Names of other children in the family	Sex	Age	Check if living at home	School child is attending

FAMILY DATA	MOTHER (First, Middle, Last)	FATHER (First, Middle, Last)
NAME		
BIRTHPLACE		
LANGUAGE SPOKEN IN HOME		
DATE OF BIRTH		
CITIZENSHIP		
OCCUPATION		
MARITAL STATUS		
STEP-PARENT		
GUARDIAN		
CHURCH AFFILIATION		
CHURCH INFORMATION	Date Student Baptized, SDA: _____	Place of Church Membership: _____