



GEORGE E. PETERS

ADVENTIST SCHOOL

The Christian School that Makes a Difference

6303 Riggs Road Hyattsville, MD 20783

TEL: 301-559-6710

FAX: 301-559-6444

WEB: www.gepeters.org

Application for Admissions

George E. Peters Adventist School welcomes qualified applicants for openings in all of its grades - Pre-Kindergarten to Eighth. The admissions committee bases its decisions on a prospective student's previous academic and social records, including recommendations from teachers, personal references, and scores from previously taken standardized tests. All new students (except Pre-Kindergarten) will be administered the Norris Education Achievement Test (NEAT) or similar tests to provide a profile of the student's academic needs. George E. Peters Adventist School does not discriminate on the basis of race, color, religion, sexual orientation, or national or ethnic origin in administration of its educational policies, scholarships, athletic, and other school-administered programs. The administration also reserves the right, when occasion demand, whether for falsification of information, non-disclosure, or by evidentiary basis, to deny, suspend, or expel for the violation of its regulation, as it deems necessary.

STUDENT INFORMATION: (Please type or use blue or black ink)

Last Name		First Name		Middle Name	
U.S. Social Security Number		Birth Date (M/D/Y)		Place of Birth	
Country of Citizenship		Grade Applying For:		Last Grade Completed:	
Current Address		City		State	
Zip Code		Baptized: YES NO		If Yes, year of baptism	
Church Name		Address		Religious Affiliation	
Conference (if applicable)		Has the applicant applied to George E. Peters Adventist School Before:		YES NO	
What Grade:					

CUSTODIAL PARENT/GUARDIAN INFORMATION:

Circle One: MOTHER FATHER GUARDIAN Sending Information Regard: GRADES FINANCIAL STATEMENTS

Last Name		First Name		Relationship to Student	
Current Address		City		State	
Zip Code		Home Telephone		Work Telephone	
Fax Number		Cellular/Mobile Number		Email Address	
Other Contact					

Circle One: MOTHER FATHER GUARDIAN Sending Information Regard: GRADES FINANCIAL STATEMENTS

Last Name		First Name		Relationship to Student	
Current Address		City		State	
Zip Code		Home Telephone		Work Telephone	
Fax Number		Cellular/Mobile Number		Email Address	
Other Contact					

Parent Status: (Circle One) Married Divorced Separated

If parents are divorced or separated please clarify custody or living arrangements:

Students Full Name: _____

Social Security Number: _____

FAMILY INFORMATION:

Please give the name and birth day for student's siblings:

1 _____
 2 _____
 3 _____

4 _____
 5 _____
 6 _____

Current family members who attend Adventist Schools: _____

Are there any physical (allergies, medications, etc.) or emotional factors that the school should know about us?

Has the student had psychological treatment or evaluation: YES NO

If yes, please explain. Give age at the time.

Has the student had any professional educational evaluation? YES NO

Does the student have an unpaid school bill? YES NO

If yes, where? _____ Amount? _____

Name of last school attended. Please include complete address.

School Name	Grade	Academic Year
Street Name/P.O. Box		
City	State	Zip Code
School Contact Name	School Contact Number	

How did you learn about George E. Peters Adventist School?

www.gepeters.org/website

Employee Referral (specify)

Parent Referral (specify)

Advertisement (specify publication below)

Other (specify)

SUPPLEMENTARY INFORMATION:

Indicate below the two (2) teachers you sent references forms: Grades 3-8 Applicants must have both Math, English, and Reading References.

Teacher	School	Grade/Subject	Telephone
Teacher	School	Grade/Subject	Telephone

Would you like information about the following?

Before/After Care

Tutoring or Music Lessons

Transportation

Other: _____

SIGNATURE:

I certify that the information on this application is complete and correct. If it is not, I understand that cancellation of admission and registration may result. I agree to abide by the rules, policies, and regulations of George E. Peters Adventist School. **By signing this document I agree to pay the \$35 application fee unless the fee has been waived.**

Signature of parent or legal guardian	Date
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Signature of parent or legal guardian	Date
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