



Application for Admissions

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	
Current Address			City	State	Zip Code
Baptized:	YES	NO	If Yes, year of baptism		Religious Affiliation
Church Name		Address		Conference (if applicable)	

CUSTODIAL PARENT/GUARDIAN INFORMATION:

Circle One: MOTHER FATHER GUARDIAN

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

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:

How did you learn about Peters Development Center?

www.gepeters.org/website

Employee Referral (specify)

Parent Referral (specify)

Advertisement (specify publication below)

Other (specify)

Students Full Name: _____

Social Security Number: _____

MEDICAL INFORMATION:

Doctor's Name: _____ Telephone No.: _____

Allergies: _____

Allergic to any medications: _____

EMERGENCY CONTACT:

Name: _____ Number: _____
Relation: _____

Name: _____ Number: _____
Relation: _____

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 Peters Development Center. **By signing this document I agree to pay the \$30 application fee unless the fee has been waived.**

Signature of parent or legal guardian Date

Signature of parent or legal guardian Date