



# SAN FERNANDO VALLEY ACADEMY

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

**2025-2026**

## 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 CA	ZIP	IMMUNIZATION CURRENT? __YES__NO
CURRENT SCHOOL NAME:	CURRENT SCHOOL PHONE #	ENROLLING FOR GRADE	Is your child an I.E.P. STUDENT? __YES__NO	
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 2024-2025 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.**

<b>EMERGENCY CONTACTS</b>			
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:
<b>ALUMNI/SIBLING CONNECTIONS</b>			
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)			
<b>SPECIAL EDUCATION NEEDS</b>			
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: / /