



Financial Information

New Orleans Adventist Academy

Student Information

Please make sure this application is filled out completely so processing will not be delayed. *Type or use blue or black ink.* If you print, please print legibly.

Student's Name _____

Address _____
City State Zip

Phone # (____) ____-____ Male Female

Social Security # _____

I am baptized member of the Seventh-day Adventist Church
 Yes No

Membership _____

Grade Entering: ____ PreK ____ K ____ 1st ____ 2nd ____ 3rd ____ 4th ____ 5th ____ 6th ____ 7th ____ 8th

Do you have an unpaid school bill at another school Yes No

School Name _____

Address _____
City State Zip

Are you qualified to receive an Educational Allowance per the Lake Union Code? Yes No

If Yes, who is financially responsible for the Education Allowance?

Your Job Position _____

Financial Guarantor Information

Name _____

Billing Address *(complete if different from above)*

City State Zip

Cell Phone # (____) _____

Work Phone # (____) _____

Email _____

Guarantor's Social Security # _____

Guarantor employed by:

Name _____

Address _____
City State Zip

Work Phone # (____) _____

Email _____

I am a baptized member of the Seventh-day Adventist Church
 Father Mother Legal Guardian

Membership _____

Payment Agreement

By signing below, I confirm that I have read and understand the financial policies as outlined in the current school handbook, (i.e. the non-refundable entrance fee, results of becoming delinquent, etc.)

I understand that I am responsible for all charges made on the above account. I also understand that enrollment into the FACTS tuition payment system is a non-negotiable term of acceptance to SSSDA. Failure to register or withdrawal during the year will result in either denial or dismissal to / from the school.

Signature of Financial Guarantor Date

(Print) Name of the Financial Guarantor

Relationship to student

FACTS Registration is completed (Signature) Date