



FINANCIAL INFORMATION

PARENTS/GUARDIANS: Please complete this form and submit it to the school office. The principal will use the information to complete your family's Financial Agreement.

FINANCIAL INFORMATION

PARENT/GUARDIAN NAMES: _____

Is at least one parent/guardian a member of a constituent church? Yes No

If yes, which church? Harrisonburg SDA Church New Market SDA Church

Please complete the following table for your family:

	Oldest Child	2 nd Child	3 rd Child	4 th Child
Student Name(s)				
Grade Entering				

PERSON FINANCIALLY RESPONSIBLE FOR THIS FAMILY: _____

ADDRESS OF PERSON: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

Payment option: 10 monthly payments (Aug-May) 12 monthly payments (July-June)

Statement option: U.S. mail E-mail at address: _____

Do you anticipate receiving financial assistance from any source? Yes No

If "yes," please describe: _____
