

WESTCHESTER AREA SCHOOL

456 Webster Avenue
New Rochelle, NY 10801
914-235-5799

MEMBERSHIP VERIFICATION FORM FOR SEVENTH-DAY ADVENTIST

This form must be filled in completely before it is returned

Student's Name _____

ADDRESS _____

Parent's Name _____

ADDRESS _____

Parent's Religious Denomination

SDA NON SDA

Student's Religious Denomination

SDA NON SDA

Name of Church _____

Church's Address _____

Phone # _____

Pastor's Name _____ Ph.# _____

Clerk's Name _____ Ph.# _____

We certify that the parents ARE ARE NOT members of the above named church.

We certify that the student IS IS NOT a member of the above named church.

_____ Date: _____
Clerk's Signature

_____ Date: _____
Pastor's Signature