

## References for Recommendation

(Suggested references: Minister, Principal, Teacher, Counselor, etc.)

**Please list three references below:**

<b>Name:</b>	<b>Relationship:</b>
Address:	
City/State/Zip:	
Home Phone:	Business Phone:
<b>Name:</b>	<b>Relationship:</b>
Address:	
City/State/Zip:	
Home Phone:	Business Phone:
<b>Name:</b>	<b>Relationship:</b>
Address:	
City/State/Zip:	
Home Phone:	Business Phone:

<b>TRANSPORTATION:</b>
<i>Bus transportation is on a first come first served basis and is also based on location.</i>
Do you want Bus Transportation? <b>YES</b> <b>NO</b>
<b>A.M. Pickup address:</b>
<b>P.M. Pick-up address:</b>

**Will your previous school accounts be paid in full when you register at MSDA School? Yes    No**  
If "no", how much and where?

**I accept the full responsibility for the financial obligation of:**

**Student's Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Signature** \_\_\_\_\_

*(Please note financial information as stated in the handbook)*

**I understand that Milwaukee Seventh-day Adventist School is a Christian school. I have read the handbook, and shall willingly uphold the standards and principles of my school.**

**Student's Signature** \_\_\_\_\_

**Understanding as I do the education philosophy of Milwaukee Seventh-day Adventist School and the high ideals upheld, and having read the handbook, I willingly pledge to support the standards of the school.**

**Parent's/Guardian's Signature** \_\_\_\_\_

**Name and address of organization you will be receiving subsidy from. If none, write "NONE".**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

- All new families must schedule an interview with our Principal, Mr. Alberto Torres.
- All paperwork and the registration fee are due at that time.
- Please call (414) 353-3520 to set up an appointment.