

**SLIGO ADVENTIST SCHOOL**

8300 Carroll Avenue  
Takoma Park, MD 20912  
Phone: 301-434-1417  
Fax: 301-434-4680

**Seventh-day Adventist Church Verification Form**

Date \_\_\_\_\_

I certify that I am a member of the \_\_\_\_\_  
Seventh-day Adventist Church. Since the certification below may involve a  
financial commitment on the part of the certifying church, I understand that each  
church may have requirements in addition to membership before certifying me as a  
member to receive constituent rates. I further understand that if I do not obtain  
certification, I will automatically be charged full Non-Member (NSDA) rates.

Student(s) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

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I certify that according to the criteria established by the \_\_\_\_\_  
Seventh-day Adventist Church, the above individual(s) is a member of this church  
for the purpose of being granted (check one):

\_\_\_\_\_ Seventh-day Adventist Constituent tuition rates or

\_\_\_\_\_ Seventh-day Adventist Non-Constituent tuition rates

\_\_\_\_\_  
Pastor or Designee Signature

\_\_\_\_\_  
Date