

| FAMILY INFORMATION | | |
|---|--|--|
| | <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Legal Guardian |
| Name | | |
| Place of Birth | | |
| Country of Citizenship | | |
| Baptized SDA? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Church Name/ Location of Membership | | |
| Degree/Grade Completed | | |
| Graduated from | | |
| Occupation | | |
| Place of Employment | | |
| Business Phone | | |
| Cell Phone | | |
| E-mail Address | | |
| Names & Ages of Applicant's Siblings | | |

Parents are married and living together separated divorced
 mother deceased father deceased

Applicant is living with both parents father mother
 step-parent legal guardian

PLEASE NOTE: If the applicant is NOT living with a parent, a "Non-Parent Housing Form" must also be completed and submitted for approval WITH this application

Please list the previous schools the applicant has attended, beginning with the most recent. Give complete mailing address and fax so records can be requested.

| Dates Attended | Name and Address of School | Fax Number |
|----------------|----------------------------|------------|
| | | |
| | | |

APPLICATION FOR ADMISSION



ANDREWS ACADEMY
 8833 Garland Avenue
 Berrien Springs, MI 49104-0560
 Phone: 269.471.3138 | Fax: 269.471.6368
 academy@andrews.edu |

OFFICE USE ONLY

Date: _____
 Accepted 1-R
 2-AP 3-CP
 3-CCP 1-SC
 Denied _____
 Advisor _____
 ID# _____

Date of Application _____

Grade Entering _____ School Year _____ 1st Semester 2nd Semester

Registration fee of \$200 due with application

GENERAL INFORMATION

Applicant's Full Legal Name

_____ First (given) Middle Last (Surname)

Male Female Birthdate (month / day / year) ____/____/____ Age _____

Parent's Name(s) _____

Mr. Mrs. Dr. Elder Other: _____

Home Address _____

City _____ State/Province _____ Zip Code _____

Emergency Phone _____ Home Phone _____

County Berrien Other: _____

Parent's Status: Andrews University Employee Student Not Applicable

Parents: Attended Andrews Academy Yes Father Mother Neither

STUDENT INFORMATION

Student Social Security # _____ Place of Birth _____

Citizenship USA Green Card-Permanent Resident

Other: _____

Type of Visa F1 / F2 J1 / J2 B1 / B2 Other: _____

PLEASE NOTE: If the applicant is NOT an American citizen they must also submit a copy of their passport and visa/green card

Fluent in English Y N Native Language: _____

Baptized SDA Y N Church Name or Location: _____

Major Illness(es): _____

Student's Cell Phone: _____

Student's E-mail: _____

FINANCIAL CONTRACT

The financial contract for full and complete payment of this applicant's school expenses is made with the parent/guardian whose name and address appears on the next page, and is verified by his/her signature. **Please read the following statements carefully:** *We certify that the information on this form is complete and accurate and hereby make application for this student's admission, pledging our cooperation and loyalty. Recognizing that it is a privilege to be a student at Andrews Academy, we promise to support and respect the rules and regulations as published or announced.*

We have carefully considered our plans for financing the educational expenses of this applicant and agree to assume such financial responsibility as outlined in the Andrews Academy *Sourcebook*. We agree to pay the tuition charges set forth therein according to the payment schedule specified for all charges incurred by the applicant as a student at Andrews Academy. We understand that a carrying charge of 1 percent per month will be added to all unpaid balances while the student is enrolled and that if any charges remain unpaid thirty (30) days after the student is no longer enrolled, a carrying charge of 1 percent per month will be added to all unpaid balances due.

All accounts with previous schools are: paid in full
 unpaid, with a balance of \$ _____

Owed to (name(s) of school(s)): _____

Will these accounts be paid in full by academy entry date? Yes No

We also agree and understand that Andrews Academy will not issue nor will we request a transcript of grades, other documents indicating academic achievement, or diploma, until the student's account is paid in full. We further agree, if nonpayment occurs, to pay reasonable costs of collection and attorney fees.

We are prepared to make the initial payment, and the remaining 9 monthly payments, as indicated below: (check one)

- 1. FAMILY FINANCED:** Regular monthly payments from family funds and student earnings to cover the billings as issued.
- 2. AU EMPLOYEES/SUMMER MINISTRIES MATCHING:** Regular monthly payments from family and student earnings **PLUS** approved scholarship monies (denominational employee educational assistance—AU or other, FLAG Camp, Megabooks, summer camp employment, etc) to cover the billings as issued. **(AU Employees must apply yearly through Andrews University Human Resources)**
- 3. FINANCIAL AID REQUEST:** The combination of family resources and student's summer/school year earnings are inadequate to cover the tuition; therefore, special financial arrangements must be made. **We are aware that we must submit the appropriate financial aid forms and schedule a financial aid interview.**

PARENT/GUARDIAN PLEDGE & AUTHORIZATION STATEMENT

We have read the academy's *Drug Free School Environment Policy* and *Computer Acceptable Use Policy* in the academy *Sourcebook*. We have noted that total abstinence from tobacco, alcohol, and other drugs in and out of school is required. We are further aware of the voluntary and prescribed programs for intervention. We have also noted that access to and use of school computer equipment, including the internet, is a serious responsibility which requires full compliance with each element of the policy. We are in agreement with and pledge to comply fully with these provisions and others as announced. In the event an authorized signature is required to secure academic and health records, testing scores, and/or cumulative folder materials from other schools, Andrews Academy is authorized to photocopy this section giving my consent to obtain these documents.

The signatures below give consent and agreement to the financial contract, pledge, Drug Free School Environment Policy, Computer Use Policy, and authorization statements.

Parent/Guardian Signature _____ Date _____

Print Name _____ Birthdate (month/day/year) ____ / ____ / ____

Social Security # _____ If none, Passport # _____

Driver's License # _____ State _____

Additional person (if any) assisting or assuming responsibility for this account in addition to, or in place of, the parent or guardian.

Signature _____ Relationship _____

Print Name _____ Birthdate (month/day/year) ____ / ____ / ____

Street Address _____

City _____ State/Province _____ Zip Code _____

Social Security # _____ If none, Passport # _____

Driver's License # _____ State _____

STUDENT PLEDGE & AUTHORIZATION STATEMENT

Are you now using or have you in the past year used alcohol, drugs, or tobacco? Y N

Have you ever been suspended or dismissed from any school? Y N

If so, what school? _____ When? _____

Why? _____

I (the student) also pledge to do my best in my class work, to be faithful in my attendance, to respect the rules and regulations as published or announced and to enter into a strong spiritual life along with my fellow students and teachers.

Student Signature _____ Date _____

Print Name _____ ID# _____