

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



**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 \_\_\_\_\_  1<sup>st</sup> Semester  2<sup>nd</sup> Semester

Registration fee of \$100 due with application / Early Registration fee of \$50 if paid before May 1

## 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# \_\_\_\_\_