

June 2011

Dear International Student:

I am pleased you have an interest in enrolling in our school. We have a very fine program here at Andrews Academy. The academics are strong and our students do well when they go on to college entering into careers of their choice. Nearly every year some of our students are recognized as National Merit Scholars which makes us very grateful and proud. In addition, the social atmosphere, the co-curricular activities, and the multi-cultural experiences that are planned into our school program are most valuable.

Documents to be completed and returned to Andrews Academy as soon as possible:

1. ***Application Blank*** — Two sheets to be filled out and signed. Both a parent and the student need to sign the contract. Please note that international students are required to buy Andrews University Sickness and Accident Insurance or provide proof of other medical insurance.
2. ***Recommendation Form*** — Two copies, to be completed and signed by the student's school principal or knowledgeable teacher and one other person from your church or school. This is very important because a student must be strong academically, fully cooperative, and display very positive and exemplary behavior.
3. ***Medical Report Form*** — Two sheets to be completed by a physician, including the immunization report section.
4. ***Non-Parent Housing Form & Legal Guardianship*** — Required when a student lives in a home other than that of his/her parents. This authorizes the host guardian to provide permissions and signatures in the absence of the parents. Leave the "host" space blank so the family with whom you will be living can sign the form after you arrive here. The host will serve as legal guardian of the student. A notarized legal guardianship form is **required every six months** for students under 18 years of age .
5. ***Estimated Budget Form & Bank Statement*** — To be completed and signed by the parent. This will verify the expected expenses the student will incur and specific methods of payment while enrolled at our school. In addition, the parent or the guardian responsible for the student's tuition must provide bank statements with at least 12 months activity showing the total amount available.

Additional information that does not have to be returned:

6. ***Financial Information Sheet***

You must have a housing plan in mind (a specific guardian/place to stay) while attending school here in Berrien Springs. If you do not have the potential to make arrangements for this, we may try to assist in arranging satisfactory housing. It would most likely be with an American family living here in the community. Monthly charges range from \$500 to \$800 for board, room, and supervision. Personal items, toiletries, (toothpaste, shampoo, clothing) and any other individual purchases are to be paid for by the student.

March 4, 2010
Page 2

As an international student you may wish to e-mail (academy@andrews.edu) or fax completed forms to us (fax: 269-471-6368) rather than mailing them. Monies may be sent by bank draft through the mail, by direct wire transfer, or by Visa or Mastercard credit card.

Thank you again for your interest in Andrews Academy. If you have further questions, please feel free to contact me. Note the fax number above and email address <academy@andrews.edu> for rapid communication. We would be happy to e-mail copies of the forms required. They are also available on our web site www.andrews.edu/aa.

Best wishes to you. We hope to hear from you soon.

Sincerely,

Robert Overstreet
Principal

vn

ANDREWS ACADEMY
Overseas Student
Financial Information
2011-2012

International Student Deposit	\$2,000
(Held on deposit at Andrews University Student Accounts in fulfillment of immigration requirements to be refunded when the student either finishes or discontinues enrollment at Andrews Academy)	

Annual Expenses

Tuition	\$ 7,950
Books and Supplies (As needed, all books, P.E. uniform, & equipment for classes)	500
School Lunch (noon meal) (Approximately \$75 per month)	800
Medical Insurance (approximate charge) (Required of overseas students unless written confirmation of effective international medical insurance is submitted)	950
SUB-TOTAL	\$10,200
Board, Room, Laundry, Supervision (approximate amounts paid to approved guardian) ((\$500-\$800 per month for 10 months as charged by the housing host/hostess)	8,000
Miscellaneous Personal Needs (approximately) (As needed for clothing, personal supplies, holiday travel, elective school tours, etc.)	1,000

TOTAL ANNUAL EXPENSES	\$19,200

Method of Payment

An **International Student Deposit of \$2,000** is required with the application. The completed **Estimated Budget form, 12-month Bank Statement, and notarized legal guardianship form** are also required at the time of application.

The **balance of other listed expenses totaling approximately \$10,200 US (excluding housing)** is to be paid as follows:

Upon enrollment (August) one-half of the total should be paid	\$ 5,100.00 US
At the beginning of the second semester (January) the balance should be paid	\$ 5,100.00 US

The **personal allowance money of \$1,000** should be conveyed to the student directly, either in a lump sum to be placed in a local bank savings account or sent periodically throughout his/her stay in the United States. The guardianship monies should be paid directly to the host family.

If a different payment plan should be considered, please write or e-mail for further discussion.

Any additional individual charges will need to be cared for as billed; however, the budget suggested above should be sufficient to cover most expenses incurred.

ANDREWS ACADEMY
International Student Documents

Name _____ ID# _____ Date _____

- ☐ Application (signed)
- ☐ Recommendation form from previous school (2)
- ☐ Health form
- ☐ Transcripts / records from previous school(s)
- ☐ Non-parent Housing form
- ☐ *Notarized* Legal Guardianship form (required every 6 months)
- ☐ Estimated Budget
- ☐ 12-month Bank Statement
- ☐ \$2,000 International Student Deposit
- ☐ Student Health/Accident Insurance (AU student insurance if none)
- ☐ Copy of Passport

Office use only:

- ☐ ID# requested _____ (Date)
- ☐ Financial forms sent to Student Finance (<isfs@andrews.edu> fax 6099)
- ☐ International Student Services (Irlacy - 3310 <irlacy@andrews.edu>)
- ☐ I-20 Request
- ☐ Copy of Visa

ANDREWS ACADEMY
Estimated Budget–International Students

Student Applicant's Name (Print) _____ ID# _____

Visa Status:

☐ Immigrant/Permanent Resident ☐ Student Visa (F-1) ☐ Exchange Visitor (J-1)
☐ Other Specify: _____ Country of Citizenship _____

Please complete your annual budget:

Expenses for the Academic Year (Use the charge sheet provided)	2011-12	Resources (in U.S. dollars) (Must equal or exceed expenses)	
1. Tuition and Fees	\$ 7,950.00	1. Personal and/or family funds	\$
2. Books and Supplies	\$ 500.00	2. Other Source:	\$
3. Housing and Living Expenses	\$	3. Other Source:	\$
4. Accident/Sickness Insurance (estimated–A.U.)	\$ 950.00		
5. Other			
6. International Student Deposit	\$2,000.00		
TOTAL	\$	TOTAL	\$

IMPORTANT: A refundable International Student Deposit of \$2,000 is required in order to complete your admissions process. The \$2,000 will be placed in a deposit account in your name until you leave school.

FINANCIAL RESPONSIBILITY: *The following statement MUST BE signed prior to acceptance.*

I understand that all basic charges for each semester of attendance at Andrews Academy is payable in full at the time of registration for that semester and that all other charges, or upon approval, one-half of such charges, are due and payable upon registration for that semester with the balance to be paid by mid-term of that semester. I will be responsible for and do hereby agree to pay promptly all these charges. I understand that the terms are cash at the time of registration or at such times as approved by the school, and that if any charges remain unpaid thirty (30) days after I cease to be a student at the academy, a carrying charge of one percent (1%) per month will be added to all unpaid balances on my account. Andrews Academy holds a security interest in the nature of lien against the student's transcript and other documents of record until the account is paid in full. I further agree to pay reasonable costs of collection, including attorney's fees.

Parent or Guardian Signature: _____ Date _____

Student Signature: _____ Date _____

For value received, I or we, the undersigned, do hereby jointly and severally unconditionally guarantee unto Andrews University the prompt payment, when due, including any extended due date, of all charges and costs incurred by (student) _____ at Andrews Academy. Notice of any extension of a due date is waived. The undersigned also waive notice of acceptance, notice of nonpayment, protest, and notice of protest with respect to the obligation covered until written notice of its discontinuance is served upon Andrews University and after such notice it shall continue in force and effect as to any unpaid charges then owed to Andrews University. The undersigned agree to pay reasonable costs and collection including attorney's fees.

Guarantor's Signature: _____ Date _____

Guarantor's Signature: _____ Date _____

Please send your advance payment by check or bank draft, including the student's name, to the following:

Student Finance Office, Andrews University, Berrien Springs, MI 49104 USA

OR by Inter-Bank Direct Wire Money Transfer–please give the wiring bank all of the following instructions:

Fifth Third Bank: Cincinnati, OH

ABA# 042000314 , Andrews University, Account # 2112175

For Andrews Academy Student _____ Andrews Academy ID# (if known) _____

FAMILY INFORMATION			
	Mother Legal Guardian	Stepmother Legal Guardian	Father Legal Guardian
Name			
Place of Birth			
Country of Citizenship			
Baptized SDA?	Yes No	Yes No	Yes 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 _____ 1st Semester 2nd Semester

Application fee of \$10 due after May 31/\$20 if application is received within 2 weeks of registration

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: _____

Township Berrien Oronoko Other: _____

Parent's Status: Andrews University Employee Student Not Applicable

Parents: Attended Andrews Academy Yes Father Mother Neither

STUDENT INFORMATION

Student's 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)

- FAMILY FINANCED:** Regular monthly payments from family funds and student earnings to cover the billings as issued.
- 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, Magabooks, summer camp employment, etc) to cover the billings as issued. **(AU Employees must apply through Andrews University Human Resources)**
- 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# _____

RECOMMENDATION FORM

Date _____

ANDREWS ACADEMY
 8833 Garland Avenue
 Berrien Springs, MI 49104-0560
 Phone: 269.471.3138 Fax: 269.471.6368

Name of Applicant: _____

School applicant is currently attending: _____

Address: _____ Phone: _____

This is a request for you to provide a recommendation for enrollment at Andrews Academy for the above-named student. Please be candid, but remember that federal law permits the applicant to see this recommendation. Suggestions and comments are particularly helpful in guiding the Admissions Committee in their selection of students for enrollment at this school. Andrews Academy is a Christian school operated especially for students who either experience or sincerely desire to experience a personal fellowship with God. Andrews Academy fosters Christian growth in the context of a thoughtful, academic, behavioral, and responsible atmosphere. The school operates a standard liberal arts secondary program. Please evaluate and recommend the above-named applicant in terms of his/her acceptability for admission to this Seventh-day Adventist school (grades 9-12). Thank you so very much.

As you have known this young person, how would you characterize his/her experience? Check the appropriate boxes:

	Unsatisfactory	Area of Concern	Average	Satisfactory	Responsible/Committed
Academic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spirituality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We recommend the following:

- acceptance without reservation ☐
 acceptance with reservation ☐
 no acceptance at this time ☐

We would prefer talking to you personally about this applicant ☐

Telephone number _____

Comments:

Form filled out by: _____

Position: _____

Organization: _____

PLEASE MAIL OR FAX THIS FORM TO THE ADDRESS OR FAX NUMBER ABOVE.

RECOMMENDATION FORM

Date _____

ANDREWS ACADEMY
 8833 Garland Avenue
 Berrien Springs, MI 49104-0560
 Phone: 269.471.3138 Fax: 269.471.6368

Name of Applicant: _____

School applicant is currently attending: _____

Address: _____ Phone: _____

This is a request for you to provide a recommendation for enrollment at Andrews Academy for the above-named student. Please be candid, but remember that federal law permits the applicant to see this recommendation. Suggestions and comments are particularly helpful in guiding the Admissions Committee in their selection of students for enrollment at this school. Andrews Academy is a Christian school operated especially for students who either experience or sincerely desire to experience a personal fellowship with God. Andrews Academy fosters Christian growth in the context of a thoughtful, academic, behavioral, and responsible atmosphere. The school operates a standard liberal arts secondary program. Please evaluate and recommend the above-named applicant in terms of his/her acceptability for admission to this Seventh-day Adventist school (grades 9-12). Thank you so very much.

As you have known this young person, how would you characterize his/her experience? Check the appropriate boxes:

	Unsatisfactory	Area of Concern	Average	Satisfactory	Responsible/Committed
Academic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spirituality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We recommend the following:

acceptance without reservation ☐acceptance with reservation ☐no acceptance at this time ☐We would prefer talking to you personally about this applicant ☐

Telephone number _____

Comments:

Form filled out by: _____

Position: _____

Organization: _____

PLEASE MAIL OR FAX THIS FORM TO THE ADDRESS OR FAX NUMBER ABOVE.

☐ School
☐ Children's Group
☐ Child Care Center
☐ Child Caring Institution
☐ Other:

Dear Parent or Guardian: The following information is requested so that the school and parent can work together to meet the physical, intellectual, and emotional needs of the child. Fill out the information requested in Section I. Section II may be certified by transcription of information from the certificate of immunization. The remaining sections (111, IV, V) are to be completed by a doctor, nurse, and dentist. (BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)

Child's Name	_____	Sex	_____	Date of Birth	_____
	Last	First	Middle		
Address	_____			Today's Date	_____
	Number & Street	City	Zip		
Parent's or Guardian's Name	_____			Telephone (Home)	_____
	Last	First	Middle		
Address	_____			Telephone (Work)	_____
	Number & Street	City	Zip		

[illegible]

Parent's Signature: _____

Statements such as "UP TO DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information. *

VACCINES	DATE ADMINISTERED	
	Type	Mo/Day/Yr.
Hepatitis B (Hep B)	1	3
	2	
DTaP/DTp/DT/Td/Tdap (Specify Type)	1	5
	2	6
	3	7
	4	8
Haemophilus Influenza type b (HIB)	1	3
	2	4
Polio (IPV/OPV) (Specify Type)	1	3
	2	4
Pneumococcal Conjugate (PCV7)	1	3
	2	4
Rotavirus (Rota)	1	3
	2	
Measles, Mumps, Rubella (MMR)	1	2
Varicella (Chickenpox)	1	2
History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date:		
Hepatitis A (Hep A)	1	2
Influenza TIV/LAIV	1	3
	2	4
Meningococcal MCV4/MPSV4 (Specify Type)	1	2
Human Papillomavirus HPV	1	3
	2	4
Other Vaccines: (Specify Date & Type)		

Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable

I certify that the immunization dates are true to the best of my knowledge

Validating Signature	Title	Date
----------------------	-------	------

*According to Act 368, Public Acts of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious, and other objections provided that waiver forms are properly prepared, signed, and delivered to school administrators. Forms for these exemptions are available at your school or local health department.

SECTION III -- PHYSICAL EXAMINATION, INSPECTION, TESTS, AND MEASUREMENTS**EXAMINATIONS AND/OR INSPECTIONS**

ESSENTIAL FINDINGS DEVIATING FROM NORMAL AND/OR RECOMMENDATIONS

TESTS AND MEASUREMENTS

	Within Normal Limits	Under Care	Referred		Within Normal Limits	Under Care	Referred
Vision Tested? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ <input type="checkbox"/> Visual Activity <input type="checkbox"/> Muscle Imbalance <input type="checkbox"/> Other _____ (Specify)				Urinalysis Done? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ <input type="checkbox"/> Sugar <input type="checkbox"/> Albumin <input type="checkbox"/> Microscopic			
Hearing Tested? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ <input type="checkbox"/> Audiometer <input type="checkbox"/> Other _____ (Specify)				Blood Pressure Measured? <input type="checkbox"/> Yes <input type="checkbox"/> No Reading _____			
Hemoglobin/Hemotocrit Tested? <input type="checkbox"/> Yes <input type="checkbox"/> No				Height _____ Weight _____ Other:			
Blood Lead Level Tested? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Result _____				Blood Lead level recommended for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high risk areas should be tested at the same intervals as noted above.			

ESSENTIAL FINDINGS DEVIATING FROM NORMAL AND/OR RECOMMENDATIONS

Tuberculin Test (if given)

Date _____

Type _____

☐ Negative☐ Positive _____ mm.**SECTION IV -- RECOMMENDATIONS**Is there any defect of vision, hearing, or other condition for which the school could help by seating or other action? ☐ Yes ☐ No

If yes, please explain:

Should the student's activity be restricted because of any physical defect or illness? ☐ Yes ☐ No If yes, check below and explain degree of restriction:☐ Classroom ☐ Playground ☐ Gymnasium ☐ Swimming Pool ☐ Competitive Sports ☐ Camp ☐ Other

Examiner's Signature

Date

Examiner's Name (print or type)

Degree or License

Number & Street

City

Zip

Telephone

SECTION V -- DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined

teeth and make the following recommendations as for treatment:

Child's Name

Dentist's Signature

Date

COMMENTS

ANDREWS ACADEMY
Request for Non-Parent Housing

Approved _____ Date _____

Andrews Academy is a day school and does not operate residence halls. Students are to live with their parents/legal guardians. In exceptional cases students may receive permission to live with a member of their immediate family other than their parents or with approved families in the community. The school does not participate in locating housing for students. Prospective students who will not be living with their parents during the school year must seek and obtain approval for their housing arrangements at the time they apply for admission. Only students who show evidence of supporting the school's standards, both at the time of application and after approval, are permitted non-parent housing. Financial arrangements for room, board, medical, transportation, and any other needs are to be carefully negotiated and agreed upon between the parents and non-parent host/hostess. Requests for non-parent housing must be approved each year at the time of re-application. **Once housing approval is granted, students must not move to a new location without first obtaining permission from the school.**

Print Name _____ Andrews ID # _____ Date _____
Reason for requesting non-parent housing: _____ Age _____ Year in School _____

_____ Proposed move-in date _____

If this request is approved, I agree to abide by the housing policy as outlined above and to follow the guidance and accept the procedures of the non-parent home as outlined by the host/hostess. I consent that copies of my grades be sent to my host/hostess. I realize the approval may be revoked if I fail to live within and support the standards and regulations of the school.

Student's signature _____ Date _____

LEGAL GUARDIAN INFORMATION	<input type="checkbox"/> Host	<input type="checkbox"/> Hostess
Name (s)		
Street Address		
City, State Zip Code		
Telephone		
Relationship to student (if any)		
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		
Place of Employment		
Business Phone		
Cell Phone		
E-mail Address		
Names & Ages of Other Individuals Living in the Home		
<p><i>I/we agree to accept this student into our home as a member of my/our family. I/we will provide spiritual, academic, and social guidance as I/we would for my/our own child. Also, I/we agree to contact the school if this student should move from my/our home before the end of the school year.</i></p> <p>Signature: _____ Signature: _____</p>		

I/we support this request and I/we have arranged for my/our child to be a part of the family life of the home listed above. Also, to aid in guiding and planning the student's program, I/we give our consent for the host/hostess to sign the permission forms for student participation in school trips/off-campus activities. I/we grant authority to the host/hostess to arrange and sign for any needed emergency medical treatment. Legal guardianship papers must be submitted. I/we understand another request is to be submitted before my/our child moves to another home while still a student at Andrews Academy

Father's signature & printed name _____ Date _____

Mother's signature & printed name _____ Date _____

Witness' signature & printed name _____ Date _____

Power of Attorney
(Under Michigan Compiled Laws § 700.5103)

I, _____, of _____,
(Printed Name of Parent) (City/Town, State/Province, Country)

do hereby make, constitute and appoint _____, of _____,
(Printed Name of Appointee) (City/Town, State/Province, Country)

as my true and lawful attorney in fact for me and in my name, place and stead. I give unto said attorney full power to do and perform all duties which I have as a custodial parent and legal guardian of _____,
(Printed Name of Minor Child)

whose date of birth is _____, including, but not limited to,
(Month/Day/Year)

making necessary decisions concerning the health (including the authorization of medical treatment), education (including enrolling in school), property, custody and general care of said child. In accordance with Michigan Compiled Laws § 700.5103, this delegation does not include the power to consent to marriage and/or adoption.

This delegation of power will end six (6) months after the date that I affix my signature below, unless revoked by me in writing before that date.

(Signature of Parent)

(Witness)

(Date Signed)

(Witness)

Acknowledged before me this _____ day of _____, 200__.

Notary Public _____

_____ County

My Commission Expires: _____