



# NEW STUDENT APPLICATION

## Student Information

Date application received _____
Date application reviewed _____
Date recommendations received _____
Admissions letter sent _____

Student Name \_\_\_\_\_  
 Last First Middle Last 4 digits of Soc. Sec. #

Address \_\_\_\_\_  
 Street City State Zip Code

Home Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth (City, State, Country) \_\_\_\_\_

Grade Entering \_\_\_\_\_ Gender:  Male  Female Student's Citizenship \_\_\_\_\_

Home Church \_\_\_\_\_ Pastor \_\_\_\_\_

Baptized?  Yes  No If Yes, date of baptism (Month, Year) \_\_\_\_\_

Student lives with  Mother  Father  Guardian

Check all that apply  Parents separated  Parents divorced  Father deceased  Mother deceased

## Family Information

Check all that apply  Father  Stepfather  Guardian  Mother  Stepmother  Guardian

Name in Full \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Denomination \_\_\_\_\_

Send grades to  Father  Stepfather  Guardian  Mother  Stepmother  Guardian

## Educational Information

Elementary Students (K-8): List the last three schools your child has attended

Grade \_\_\_\_\_ Year \_\_\_\_\_ School \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

Grade \_\_\_\_\_ Year \_\_\_\_\_ School \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

Grade \_\_\_\_\_ Year \_\_\_\_\_ School \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

High School students new to BAA list date of 8<sup>th</sup> grade graduation: \_\_\_\_\_

Grade 9 Year \_\_\_\_\_ School \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

Grade 10 Year \_\_\_\_\_ School \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

Grade 11 Year \_\_\_\_\_ School \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

Are you currently enrolled in a correspondence course?  Yes  No If Yes, name of school and subject(s) taken  
School \_\_\_\_\_ Subject(s) \_\_\_\_\_

Do you desire special help with any subjects?  Yes  No If yes, list subjects \_\_\_\_\_

Have you been identified to have a learning disability through a formal evaluation?  Yes  No

If yes, submit a copy of the evaluation to the registrar prior to registration.

Have you been suspended or dismissed from school?  Yes  No If Yes, give the reason below.

---

### Financial Information

Do you have an unpaid account(s) in any school(s)?  Yes  No If yes, amount owed \$ \_\_\_\_\_

Name of the school where amount is owed? \_\_\_\_\_

Individual(s) responsible for the student's account? \_\_\_\_\_

### Student Agreement & Pledge

It is my choice to attend Bakersfield Adventist Academy. I understand and agree with the mission of the school and agree to willingly participate in the programs of the school including religious activities. As a student of Bakersfield Adventist Academy, I pledge to support the administration's efforts to provide a positive, safe and orderly environment by promising to read, to become familiar with, and to follow the policies outlined in the *Student Handbook*. I understand that failure to do so may jeopardize my enrollment at Bakersfield Adventist Academy. I also pledge to choose to be a student who both on and off campus:

- Seeks to develop physical, mental and spiritual energies to serve and honor God
- Respects and protects the rights of all people
- Practices principles of honesty, integrity, and morality
- Pledges to make consistent and lasting progress toward achieving my highest academic potential
- Refuses to use or support the use of tobacco, alcohol, or other drugs
- Endeavors to influence and assist fellow students in supporting these ideals.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Parent or Guardian Agreement

I agree to support the policies and regulations of Bakersfield Adventist Academy. I clearly understand my financial obligations and agree to pay my student's account as stated in the Financial Agreement Form as arranged with the Business Manager or designee. I understand that my student's transcript and diploma may not be released until the account is paid in full. To the best of my knowledge the questions and information given have been answered honestly. I will encourage my student(s) to cooperate with the principles and mission of Bakersfield Adventist Academy.

Signature \_\_\_\_\_ Date \_\_\_\_\_