

APPLICATION FOR ADMISSION

DATE _____

LAST NAME _____ FIRST _____ MIDDLE _____ PREFERRED NAME _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ APPLICANT SOCIAL SECURITY NUMBER _____

MALE FEMALE BIRTHDATE _____ PRESENT GRADE _____

APPLYING FOR ADMISSION TO GRADE _____ IN _____ (YEAR) _____

IS APPLICANT A BAPTIZED MEMBER OF THE SDA CHURCH? YES NO _____

CURRENT CHURCH MEMBERSHIP? _____ CONFERENCE _____

MOTHER/GUARDIAN	FATHER/GUARDIAN
NAME _____	NAME _____
HOME ADDRESS _____	HOME ADDRESS _____
HOME PHONE _____	HOME PHONE _____
CELLULAR PHONE _____	CELLULAR PHONE _____
E-MAIL ADDRESS _____	E-MAIL ADDRESS _____
OCCUPATION _____	OCCUPATION _____
BUSINESS PHONE _____	BUSINESS PHONE _____
IS PARENT A BAPTIZED SDA MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO _____	IS PARENT A BAPTIZED SDA MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO _____
IF YES, CURRENT MEMBERSHIP? _____	IF YES, CURRENT MEMBERSHIP? _____
SEND CORRESPONDENCE TO _____	
IS ENGLISH THE PRIMARY LANGUAGE? _____	WHAT OTHER LANGUAGES ARE SPOKEN IN THE HOME? _____
CHECK IF APPROPRIATE: <input type="checkbox"/> FATHER DECEASED <input type="checkbox"/> MOTHER DECEASED <input type="checkbox"/> PARENTS DIVORCED <input type="checkbox"/> PARENTS SEPARATED <input type="checkbox"/> FATHER REMARRIED <input type="checkbox"/> MOTHER REMARRIED	CHILD LIVES WITH: <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> BOTH <input type="checkbox"/> OTHER _____
DO YOU PLAN TO APPLY FOR FINANCIAL AID? _____	AVG. GROSS INCOME FROM PREVIOUS TAX YEAR _____
CURRENT RESIDENTIAL SCHOOL DISTRICT _____	
CHILD'S PRESENT SCHOOL _____	
ADDRESS _____	PROGRAM DIRECTOR / TEACHER / PRINCIPAL _____
CITY _____ STATE _____	ZIP _____ PHONE _____
HAS THE CURRENT APPLICANT OR ANY MEMBER OF THE FAMILY PREVIOUSLY APPLIED TO MOUNT VERNON ACADEMY? _____	
IF YES, NAME OF APPLICANT, YEAR OF APPLICATION, AND GRADE LEVEL _____	

> OVER



APPLICATION FOR ADMISSION (CONTINUED)

Does your child have any physical, emotional health, or educational needs? _____

Please explain _____

Has your child participated in any psychological or educational assessment by a professional? _____

If yes, please provide the test results. _____

Is your child currently taking medication? _____ If yes, please specify _____

Is your child allergic to any medications or foods? _____ If yes, please specify _____

What is your child's current GPA? _____

Have you ever been suspended or asked to withdraw? _____ If so why? _____

Other schools to which you are applying: _____

How did you learn about Mount Vernon Academy? _____

Other children in family:

NAME	DATE OF BIRTH	CURRENT SCHOOL	CURRENT GRADE

GRANDPARENTS (MATERNAL)	GRANDPARENTS (PATERNAL)
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NAME _____ NAME _____

ADDRESS _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ CITY _____ STATE _____ ZIP _____

PHONE _____ PHONE _____

Please return this form completed with a \$50.00 Non-refundable application fee, picture of the applicant, and signed authorization to: Mount Vernon Academy, P.O. Box 311, Mount Vernon, OH 43050

Parent Signature _____

Date _____

