

## Admissions Procedure

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A prospective student must submit a formal application to AUA. There is no application fee. Students must submit evidence of a successful completion of the previous grade or its equivalent. There must be evidence that there is no outstanding financial obligation to any previous school. Membership in the Seventh-day Adventist Church is not a requirement for admission. **However, only those students who have a sincere desire to grow spiritually, academically, and physically should apply.** A prospective student may be given placement testing prior to admission.

AUA strives to maintain reasonable student-teacher ratios in order to offer quality instruction. Admission to AUA is a privilege and not a right, and may be withheld or withdrawn by the academy at its discretion. AUA does not discriminate on the basis of race, color, national or ethnic origin in the admission of students.

### Admission Criteria

- Submission of AUA application form
- Satisfactory recommendations (2) of teacher, principal, or pastor (**Grades 3-12**)
- Satisfactory disciplinary and attendance history
- Commitment to academic success
- A demonstrated sincere desire to attend AUA

### Step 1: Application Requirements

- Admission application
- Financial agreement
- Completed recommendation from current teacher, principal, or pastor (**Grades 3-12**)
- A copy of the student's most recent report card
- A copy of student's current standardized testing scores
- Interview or testing with classroom teacher and/or Principal

### Step 2: Additional Forms Necessary Once Accepted

- Transfer of student records form
- Consent to treatment form
- Signed agreement to comply with our Acceptable Use Policy
- Image release form
- Riding permission form (Grades K-8)
- Current medical and immunization records
- Report of Health Examination For School Entry (1<sup>st</sup> grade students only)
- Tdap Booster examination (7<sup>th</sup> grade students only)
- Medical examination form filled out and signed by a doctor
- Sports physical form completed by a doctor (Grades 5-12 students participating in sports.)
- Automobile regulations form (Grades 9-12 only.)
- Birth Certificate



Date of application \_\_\_\_\_ Grade applying for \_\_\_\_\_ Student Social Security # \_\_\_\_\_

1. Full legal name of student \_\_\_\_\_ Sex \_\_\_\_\_  
Last First Middle

2. Date of birth \_\_\_/\_\_\_/\_\_\_ Place of birth \_\_\_\_\_ Age \_\_\_\_\_ Student email \_\_\_\_\_

Check document submitted to verify birth date for child entering kindergarten or first grade. Birth certificate ( ) Notarized statement ( ) Hospital statement ( )  
 Passport or visa ( )  
 Verified by \_\_\_\_\_  
School Official

3. Student living with: Father ( ) Mother ( ) Stepfather ( ) Stepmother ( ) Other ( ) \_\_\_\_\_  
Specify

Home address \_\_\_\_\_ City \_\_\_\_\_ P.O. Box \_\_\_\_\_

Zip \_\_\_\_\_ Home phone \_\_\_\_\_ Cell \_\_\_\_\_ email \_\_\_\_\_

4.

Legal names of those checked in #3	Denomination Affiliation	Church where membership held	Languages used at home	Occupation	Business Phone

5. Additional Parent / Guardian to receive academic and discipline information:

Father ( ) Mother ( ) Stepfather ( ) Stepmother ( ) Other ( ) \_\_\_\_\_  
Specify

Home address \_\_\_\_\_ City \_\_\_\_\_ P.O. Box \_\_\_\_\_

Zip \_\_\_\_\_ Home phone \_\_\_\_\_ Cell \_\_\_\_\_ email \_\_\_\_\_

6.

Legal names of those checked in #5	Denomination Affiliation	Church where membership held	Languages used at home	Occupation	Business phone

7. Is this student sponsored by an Adventist church member? Yes ( ) No ( )  
 Is this student a baptized member of the Adventist church? Yes ( ) No ( ) If yes, indicate date of baptism \_\_\_\_\_  
 Church where membership is held \_\_\_\_\_  
 If student has some other church affiliation, specify \_\_\_\_\_

8. School last attended \_\_\_\_\_  
Name of school Address Phone

9.

Names of other children In family	Sex	Age	Check if living at home	School child is attending

10. Has this student been previously identified as qualifying for a gifted education program? Yes ( ) No ( )

If yes, what kind? \_\_\_\_\_ When? \_\_\_\_\_

Where? \_\_\_\_\_ By whom? \_\_\_\_\_

11. Has this student been previously identified as qualifying for a special education program? Yes ( ) No ( )

If yes, what kind? \_\_\_\_\_ When? \_\_\_\_\_

Where? \_\_\_\_\_ By whom? \_\_\_\_\_

12. Does student have an unpaid account at another school? Yes ( ) No ( )

If so, state where \_\_\_\_\_

**VERY IMPORTANT-IN CASE OF AN EMERGENCY OR DISASTER**  
(We need numbers where we can reach someone at any time)

1. Name \_\_\_\_\_ Family \_\_\_ Friend \_\_\_ Phone# \_\_\_\_\_ Cell# \_\_\_\_\_

2. Name \_\_\_\_\_ Family \_\_\_ Friend \_\_\_ Phone# \_\_\_\_\_ Cell# \_\_\_\_\_

3. Name \_\_\_\_\_ Family \_\_\_ Friend \_\_\_ Phone# \_\_\_\_\_ Cell# \_\_\_\_\_

**STUDENT CONTRACT:**

I AGREE TO UPHOLD THE SCHOOL'S REGULATIONS. I PLEDGE MY COOPERATION WITH AND LOYALTY TO THE SCHOOL AND ITS' EMPLOYEES. I WILL LIVE IN HARMONY WITH THE SCHOOL'S CHRISTIAN PRINCIPLES.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STUDENT'S SIGNATURE

**PARENT CONTRACT:**

I HEREBY AGREE TO SUPPORT SCHOOL REGULATIONS AND TO HELP MY CHILD OBSERVE THEM, TO SUPPLY PHYSICAL EXAMINATION REPORTS FOR THIS STUDENT, a) ENTERING SCHOOL FOR THE FIRST TIME, b) AT GRADE SEVEN (THIS SHOULD INCLUDE THE SCOLIOSIS EXAMINATION), c) AT GRADE 9, AND d) AT OTHER GRADES, WHEN REQUIRED BY THE CONFERENCE BOARD OF EDUCATION; AND TO ACCEPT ALL FINANCIAL EDUCATIONAL OBLIGATIONS FOR THIS STUDENT.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

Student Name: \_\_\_\_\_

Applying for Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

## Letter of Recommendation

The student named above has applied for admission to Armona Union Academy. AUA is a K-12 Christian School operated by the Seventh-Day Adventist Church. Students need not be Seventh-Day Adventists to attend, but must be willing to cooperate in maintaining a Christian atmosphere. We offer a challenging academic program within a Christ-centered framework. We make every effort to develop and strengthen the spiritual, intellectual, physical and emotional sides of each student. In helping us to make an evaluation of this applicant, we ask that you fill out this form to the best of your knowledge. We will appreciate your careful consideration of his or her intellectual and personal qualities, as your recommendation will be a very important part of our evaluation and will be kept in the strictest of confidence. **PLEASE RETURN THIS FORM DIRECTLY TO ARMONA UNION ACADEMY.**

### CHARACTERISTICS:

From the list, choose **THREE** words that best describe the applicant. Please circle your choices.

Agreeable	Disobedient	Humorous	Patient	Troubled
Aggressive	Distractible	Hyperactive	Perfectionist	Trustworthy
Ambitious	Energetic	Industrious	Prompt	Untrustworthy
Athletic	Generous	Late	Rebellious	Underachiever
Attentive	Happy	Lazy	Slow	Other:_____
Consistent	Healthy	Obedient	Sneaky	_____
Daydreamer	Honest	Overachiever	Supportive	_____

### PERSONAL QUALITIES

Compared to all students this age with whom you have dealt, please rate this student in the following areas:

	Truly Outstanding	Excellent	Good	Average	Below Average	Poor	Not Known
Integrity							
Self-discipline							
Perseverance							
Concern for Others							
Reaction to Criticism							
Respect for Authority							
Tolerance of Peers							
Common Sense							
Energy							
Creativity							
Leadership							
Respect of Peers							
Sense of Humor							
Christian Values							
Relationship w/Parents							
Choice of Friends							
Emotional Stability							

**ACADEMIC WORK:**

Compared to all students this age with whom you have dealt, please rate this student in the following areas:

	Truly Outstanding	Excellent	Good	Average	Below Average	Poor	Not Known
Reading Ability							
Reading Achievement							
Writing Ability							
Writing Achievement							
Math Ability							
Math Achievement							
Study Habits							

**COMMENTS:**

The following space may be used to briefly share any comments you feel will help us in making a decision regarding the candidate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RECOMMENDATIONS:**

How do you recommend this candidate for admission to Armona Union Academy?

With Enthusiasm \_\_\_\_\_ With Confidence \_\_\_\_\_ With Reservations \_\_\_\_\_ Not Recommended \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In what capacity do you know this candidate? \_\_\_\_\_

How long have you known the candidate? \_\_\_\_\_

Your Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

School/Church Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_ School/Church Number \_\_\_\_\_