

# ADMISSIONS PROCEDURE

## Grades 1<sup>st</sup> – 12<sup>th</sup>

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 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 Admission to AUA is a privilege and not a right and may be withheld or withdrawn by the academy at its discretion.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 based on race, color, national or ethnic origin in the admission of students.

### Admission Criteria

- Submission of AUA application form
- 2 Satisfactory recommendations:
  - 1 must be completed by a former teacher
  - 1 must be completed by a pastor, Sabbath/Sunday school teacher OR family friend who has known your child for **at least** 2 years (must be at least 21 years old).
- Satisfactory disciplinary and attendance records
- Commitment to academic success
- A demonstrated sincere desire to attend AUA

### Step 1: Application Requirements

- Student Application
- 2 Completed Recommendations
- A copy of the student's most recent Report Card
- A copy of student's current Standardized Test scores
- A copy of Disciplinary and Attendance Records
- Interview or Testing with classroom teacher and/or Principal

### Step 2: Additional Forms Necessary Once Admitted

- Transfer of Student Records
- Consent to Treatment
- Image Release Form
- Riding Permission (1<sup>st</sup>-8<sup>th</sup>)
- Automobile Regulations (Grades 9-12 only)
- Acceptable Use Policy
- Copy of [Immunization records](#)
- [Report of Health Examination For School Entry](#) filled out by a doctor (1<sup>st</sup> grade students **only**)
- [Tdap Booster](#) vaccine (7<sup>th</sup> grade students only)
- Medical examination form filled out and signed by a doctor (2<sup>nd</sup> -12<sup>th</sup>)
- Sports Physical completed by a doctor (Grades 5<sup>th</sup>-12<sup>th</sup> students participating in sports.)
- Copy of Birth Certificate
- Financial Agreement

*All documents must be submitted for your application to be reviewed.*





# ARMONA UNION ACADEMY

## Student Application

### STUDENT INFORMATION

Student Legal Name

\_\_\_\_\_

Last	First	Middle
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Home Address:

\_\_\_\_\_

Street	City	Zip code
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Student Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Student Ethnicity: \_\_\_\_\_ Grade applying for: \_\_\_\_\_

Please answer each question below:

1. Is this student sponsored by an Adventist church member? ( ) Yes ( ) No
2. Is this student a baptized member of the Seventh-day Adventist church? ( ) Yes ( ) No
  - a. If yes, indicate date of baptism: \_\_\_\_\_
  - b. Please list where membership is held: \_\_\_\_\_
3. Does this student have some other church affiliation? If yes, please list: \_\_\_\_\_

### STUDENT EDUCATIONAL INFORMATION

School Last Attended: \_\_\_\_\_

Name	Address	Phone
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Please answer each question below:

1. Has this student been previously identified as qualifying for a gifted education program?  
 Yes  No If yes, what kind? \_\_\_\_\_ When? \_\_\_\_\_  
Where? \_\_\_\_\_ By whom? \_\_\_\_\_
2. Has this student been previously identified as qualifying for a special education program?  
 Yes  No If yes, what kind? \_\_\_\_\_ When? \_\_\_\_\_  
Where? \_\_\_\_\_ By whom? \_\_\_\_\_
3. Does this student have an unpaid account at another school?  
 Yes  No If yes, what kind? \_\_\_\_\_ When? \_\_\_\_\_  
Where? \_\_\_\_\_ By whom? \_\_\_\_\_

### EMERGENCY CONTACT (required)

Please list numbers we can reach at any time.

Full Legal Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

Relation to Student: \_\_\_\_\_

**GUARDIAN INFORMATION (required)**

Check all that apply:     Father    Stepdad    Grandparent     Mother    Stepmom    Grandparent

Full Legal Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

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

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

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_

Denomination: \_\_\_\_\_

Church Membership \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Please list names of other children in the family:

SIBLING NAME	SEX	AGE	SCHOOL ATTENDING
1.			
2.			
3.			
4.			

**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.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**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) other financial educational obligations for this student.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



# ARMONA UNION ACADEMY

#1 Letter of Recommendation: **Former or Current Teacher**

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

**Grade:** \_\_\_\_\_

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 with, please rate this student in the following areas:

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

**ACADEMIC WORK:**

Compared to all students this age with whom you have dealt with, 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							
Effective Class Discussion							

**RECOMMENDATIONS:**

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

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

**COMMENTS:**

Briefly share any comments you feel will help us in deciding admission regarding the candidate:

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Please answer each question below:

1. In what capacity do you know the candidate? \_\_\_\_\_
2. How long have you known the candidate? \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Title: \_\_\_\_\_

Your Contact Number: \_\_\_\_\_

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

School/Church Address: \_\_\_\_\_

School/Church Contact: Number: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Thank you for providing a helpful recommendation for the applicant. These are the three ways to submit the recommendation: fax: 559.582.6609, email: [office@auaweb.com](mailto:office@auaweb.com), mail: Armona Union Academy, P.O. Box 397, Armona, CA 93202. Should you have questions, please contact Mr. Bovee or Mrs. Interiano at 559.582.4468 or email [office@auaweb.com](mailto:office@auaweb.com)*



# ARMONA UNION ACADEMY

#2 Letter of Recommendation: **Pastor or Sabbath/Sunday School Teacher**

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

**Grade:** \_\_\_\_\_

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 with, please rate this student in the following areas:

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

**ACADEMIC WORK:**

Compared to all students this age with whom you have dealt with, 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							
Effective Class Discussion							

**RECOMMENDATIONS:**

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

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

**COMMENTS:**

Briefly share any comments you feel will help us in deciding admission regarding the candidate:

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Please answer each question below:

1. In what capacity do you know the candidate? \_\_\_\_\_
2. How long have you known the candidate? \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Title: \_\_\_\_\_

Your Contact Number: \_\_\_\_\_

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

School/Church Address: \_\_\_\_\_

School/Church Contact: Number: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Thank you for providing a helpful recommendation for the applicant. These are the three ways to submit the recommendation: fax: 559.582.6609, email: [office@auaweb.com](mailto:office@auaweb.com), mail: Armona Union Academy, P.O. Box 397, Armona, CA 93202. Should you have questions, please contact Mr. Bovee or Mrs. Interiano at 559.582.4468 or email [office@auaweb.com](mailto:office@auaweb.com)*





# ARMONA UNION ACADEMY

#2 Letter of Recommendation: **Adult-must be 21 years old and NOT related to applicant**

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

**Grade:** \_\_\_\_\_

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 with, please rate this student in the following areas:

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

**ACADEMIC WORK:**

Compared to all students this age with whom you have dealt with, 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							
Effective Class Discussion							

**RECOMMENDATIONS:**

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

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

**COMMENTS:**

Briefly share any comments you feel will help us in deciding admission regarding the candidate:

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Please answer each question below:

1. In what capacity do you know the candidate? \_\_\_\_\_
2. How long have you known the candidate? \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Title: \_\_\_\_\_

Your Contact Number: \_\_\_\_\_

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

School/Church Address: \_\_\_\_\_

School/Church Contact: Number: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Thank you for providing a helpful recommendation for the applicant. These are the three ways to submit the recommendation: fax: 559.582.6609, email: [office@auaweb.com](mailto:office@auaweb.com), mail: Armona Union Academy, P.O. Box 397, Armona, CA 93202. Should you have questions, please contact Mr. Bovee or Mrs. Interiano at 559.582.4468 or email [office@auaweb.com](mailto:office@auaweb.com)*