Phone: 559-582-4468

Fax: 559-582-6609

ADMISSIONS PROCEDURE

Grades 1st - 12th

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 Admission to AUA is a privilege and not a right and may be withheld or withdrawn by the academy at its discretion.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
$\square$ Sub	mission of AUA application form
$\Box$ 2 Sa	ntisfactory recommendations:
	<ul> <li>1 must be completed by a former teacher</li> </ul>
	o 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).
	sfactory disciplinary and attendance records
	nmitment to academic success
$\Box$ A d	emonstrated sincere desire to attend AUA
<b>Step 1</b> : App	lication Requirements
☐ Stud	ent Application
□ 2 Co	mpleted Recommendations
□ A co	py of the student's most recent Report Card
□ A co	py of student's current Standardized Test scores
□ A co	py of Disciplinary and Attendance Records
☐ Inter	view or Testing with classroom teacher and/or Principal
Step 2: Add	itional Forms Necessary Once Admitted
_	sfer of Student Records
□ Cons	ent to Treatment
☐ Imag	e Release Form
_	g Permission (1 <sup>st</sup> -8 <sup>th</sup> )
□ Autor	nobile Regulations (Grades 9-12 only)
	ptable Use Policy
☐ Copy	of Immunization records
□ Repo	rt of Health Examination For School Entry filled out by a doctor (1st grade students only)
□ <u>Tdap</u>	Booster vaccine (7 <sup>th</sup> grade students only)
☐ Medi	cal examination form filled out and signed by a doctor (2 <sup>nd</sup> -12 <sup>th</sup> )
☐ Sport	s Physical completed by a doctor (Grades 5 <sup>th</sup> -12 <sup>th</sup> students participating in sports.)
$\Box$ Copy	of Birth Certificate
☐ Fina	ncial Agreement



#### **STUDENT INFORMATION**

Student Lega	ai ivame				
		Last	First		Middle
Home Addre	ess:				
		Street	City		Zip code
Student Ema					
Date of Birth			ace of Birth:		
Student Ethr	nicity:		Grad	e applying for:	
Please answe	er each ques	ition below:			
1.	Is this stud	ent sponsored b	y an Adventist church r	member? ( ) Yes	( ) No
2.	a. If y	es, indicate date	nember of the Seventh- of baptism: embership is held:	·	
3.			ne other church affiliati		
				, , , , , , , , , , , , , , , , , , , ,	
STUDENT E	EDUCATION	NAL INFORMAT	ΓΙΟΝ		
School Last A	Attended:				
DI		Name	Ado	dress	Phone
Please answe			iously identified as aug	lifying for a gift on	laduation program?
1.			iously identified as quand?		
	Where?	o ii yes, wiiat kii	By	whom?	en:
2.			iously identified as qua		
			nd?		
	Where?		Ву	whom?	
3.	Does this s	tudent have an	unpaid account at anot	her school?	
	□Yes □N	o If yes, what kir	nd?	Wh	en?
	Where?		By	whom?	
EMED CENC	N CONTRAC	T (			
		<b>T (required)</b> an reach at any t	timo		
		all reach at any	liiile.		
Full Legal I	_				
Street Add	ress:				
City, State,	Zip:				
Cell Phone	:				
Relation to	Student:				

<b>GUARDIAN INFORM</b>	AATION (require	ed)		
Check all that apply:	☐ Father ☐ Stepda	ad □Gran	dparent	☐ 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 oth	er children in the fa	mily:	1 1	
SIBLING	NAME	SEX	AGE	SCHOOL ATTENDING
1.				
2.				
3.				
4.				
STUDENT CONTRA I agree to uphold the employees. I will live	school's regulatior			operation with and loyalty to the school and its' an principles.
Stud	dent Signature			Date
PARENT CONTRAC	т			
I hereby agree to su examination reports f	pport school regu for this student, a)	entering	school f	Ip my child observe them, to supply physical or the first time, b) at grade seven (this should other financial educational obligations for this
Parei	nt Signature			Date



Student Name:	Grade:
The student named above has applied for admission to Armona U	Union Academy. AUA is a K-12 Christian School operated
by the Seventh-Day Adventist Church. Students need not be S	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 each student. In helping us to make an evaluation of this applic	
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 PLEASE RETURN THIS FORM DIRECTLY TO ARMON	<b>A</b>
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	Нарру	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 cand	idate for admis	sion to Armona Union Ac	ademy?
With Enthusiasm With Co	onfidence	With Reservations	Not Recommended
COMMENTS:			
Briefly share any comments you fe	el will help us i	n deciding admission rega	arding the candidate:
Please answer each question below			
1. In what capacity do you know t			
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:			
Nate:			

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, 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



**Student Name:** 

# ARMONA UNION ACADEMY

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

**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							
	•	•					

<b>RECOMMENDATIONS</b> :			
How do you recommend this cand	idate for admis	sion to Armona Union Ac	ademy?
With Enthusiasm With Co	onfidence	With Reservations	Not Recommended
COMMENTS:			
Briefly share any comments you fe	el will help us i	n deciding admission rega	arding the candidate:
Please answer each question below			
1. In what capacity do you know t			
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:			
Nate:			

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, 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



# ARMONA UNION ACADEMY

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

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

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

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 Out		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 cand	idate for admission to Armona Union Academy?
With Enthusiasm With Co	onfidence With Reservations Not Recommended
COMMENTS:	
<u> </u>	el will help us in deciding admission regarding the candidate:
, ,	
Please answer each question below	N:
·	he candidate?
	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, 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