

FOR OFFICE USE ONLY:

9 10 11 12 _____ \$15.00

Date Application Rcvd _____

Date Acknowledgement Sent _____

References Rcvd _____

Action: 1 Accepted 2 Denied 3 Interview

Date Letter Mailed: _____

HIGHLAND ACADEMY

211 Highland Circle Drive
 Portland, TN 37148-4918
 (615) 325-2036
 (615) 325-4824 (Fax)

ATTACH
 CURRENT
 PHOTO
 HERE

Note: Before completing the application form, please read the handbook information carefully. Your signature on this application indicates that you have received and take responsibility to read and support all terms and conditions of the school handbook.

Application for Admission

A NON-REFUNDABLE \$15 APPLICATION FEE MUST ACCOMPANY THIS APPLICATION.

I. APPLICANT

LEGAL NAME: FIRST	MIDDLE	LAST	NAME YOU GO BY	
PERMANENT ADDRESS: STREET	CITY		STATE	ZIP
COUNTRY: <input type="checkbox"/> USA <input type="checkbox"/> _____	PHONE NUMBER	DATE OF BIRTH:	PRESENT AGE	PLACE OF BIRTH: (CITY/STATE/COUNTRY)
COUNTRY OF CITIZENSHIP <input type="checkbox"/> USA <input type="checkbox"/> _____	IF YOU ARE NOT LIVING IN YOUR COUNTRY OF CITIZENSHIP, WHAT IS YOUR LEGAL STATUS? <input type="checkbox"/> PERMANENT RESIDENCY <input type="checkbox"/> VISA (TYPE: _____)		SSN	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RELIGIOUS DENOMINATION: <input type="checkbox"/> SDA <input type="checkbox"/> _____	BAPTIZED: <input type="checkbox"/> YES (IF YES, DATE OF BAPTISM (MM/YY) _____) <input type="checkbox"/> NO		CHURCH WHERE YOU HOLD MEMBERSHIP: CONFERENCE:	
HEALTH: <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	DO YOU HAVE ANY PHYSICAL CONDITION THAT WOULD LIMIT YOU IN ANY CAPACITY? <input type="checkbox"/> YES DESCRIBE: _____ <input type="checkbox"/> NO		DO YOU HAVE A SPECIAL NEED THAT WOULD HINDER YOU FROM BEING SUCCESSFUL AT HA? <input type="checkbox"/> YES _____ <input type="checkbox"/> NO	

II. ENROLLMENT

I PLAN TO ENTER GRADE: <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th	I PLAN TO ENROLL FOR SCHOOL YEAR/SEMESTER: <input type="checkbox"/> 09-10 <input type="checkbox"/> 10-11 <input type="checkbox"/> 1st Semester <input type="checkbox"/> 2nd Semester	IS ANY CURRENT STUDENT RESPONSIBLE FOR RECRUITING YOU TO HIGHLAND ACADEMY? <input type="checkbox"/> YES _____ <input type="checkbox"/> NO
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LIST BELOW ALL SCHOOLS ATTENDED:

GRADE	SCHOOL	ADDRESS (Street, City, State, Zip)	PHONE	YR ATTENDED
8th				Graduation Date:
9th				
10th				
11th				

HOUSING: <input type="checkbox"/> GIRLS' DORM <input type="checkbox"/> BOYS' DORM <input type="checkbox"/> VILLAGE	FOR DORM STUDENTS, ROOMATE/ROOM PREFERENCE: NAME: _____ ROOM # _____	WHAT ARE YOUR INTERESTS: (Bells, Band, Choir, Gymnastics, Etc.)
WORK INTERESTS/EXPERIENCE:	WHY DO YOU WANT TO COME TO HIGHLAND ACADEMY?	

III. DISCIPLINE HISTORY

HAVE YOU EVER BEEN -- <input type="checkbox"/> Asked to withdraw (Explain) <input type="checkbox"/> Suspended (Explain) <input type="checkbox"/> Expelled (Explain)	EXPLANATION:
FROM ANY SCHOOL YOU HAVE ATTENDED? <input type="checkbox"/> No Major Discipline	
WHAT IS YOUR EXPERIENCE REGARDING THE FOLLOWING: (USE THE APPROPRIATE LETTER: P =PAST C =CURRENTLY N =NEVER) ____ Used Profanity ____ Used Narcotics ____ Used Alcohol ____ Used Tobacco ____ Been Involved in a Crime	IF P OR C ANSWERED, PLEASE EXPLAIN FREQUENCY AND LAST TIME:

IV. REFERENCES *Reference forms must be sent (BY THE APPLICANT) to the following people. Please choose those persons who know you well. References from relatives will not be accepted. References can and will be made available to on-campus industries upon industry request.*

1. PRINCIPAL or DEAN:	NAME	ADDRESS	PHONE NUMBER
2. PASTOR or BUSINESS PERSON:	NAME	ADDRESS	PHONE NUMBER
3. TEACHER:	NAME	ADDRESS	PHONE NUMBER

V. PERSONS TO RECEIVE INFORMATION

RELATIONSHIP	Father <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> _____	Mother <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> _____	Other - Relationship: _____
NAME			
SPOUSE'S NAME			
HOME ADDRESS			
HOME PHONE			
OCCUPATION			
EMPLOYER			
WORK ADDRESS			
WORK PHONE			
FAX #			
CELL #			
E-MAIL			
CHURCH MEMBERSHIP / DENOMINATION	<input type="checkbox"/> BAPTIZED SDA <input type="checkbox"/> NON-BAPTIZED SDA <input type="checkbox"/> _____	<input type="checkbox"/> BAPTIZED SDA <input type="checkbox"/> NON-BAPTIZED SDA <input type="checkbox"/> _____	<input type="checkbox"/> BAPTIZED SDA <input type="checkbox"/> NON-BAPTIZED SDA <input type="checkbox"/> _____
APPLICANT LIVES WITH	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
SEND GRADES	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
SEND BILL	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
RESPONSIBLE FOR BILL	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

PARENTS: <input type="checkbox"/> Married and Together <input type="checkbox"/> Divorced and neither parent remarried <input type="checkbox"/> One or more parents deceased <input type="checkbox"/> Separated <input type="checkbox"/> Divorced and at least one parent remarried <input type="checkbox"/> Other _____	APPLICANT'S SIBLINGS: # of Brothers: _____ # of Sisters: _____
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VI. FINANCIAL DISCLOSURE

DOES THE APPLICANT HAVE A BILL AT ANY PREVIOUS SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES", NAME OF SCHOOL:	APPROXIMATE AMOUNT OWED: \$
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I ACKNOWLEDGE THAT I AM THE RESPONSIBLE PARTY FOR SAID ACCOUNT AND DO HEREBY AGREE TO MAKE FINANCIAL ARRANGEMENTS WITH SAID SCHOOL AND HAVE THEM CONTACT HIGHLAND ACADEMY IN ORDER FOR PROPER RECORDS AND TRANSCRIPTS TO BE RELEASED.

X _____
PERSON RESPONSIBLE FOR PREVIOUS ACCOUNT

_____ DATE

VII. AGREEMENT

MADE THIS _____ DAY OF _____, 20____, BY AND BETWEEN HIGHLAND ACADEMY, STUDENT AND PARENT/GUARDIAN. IN THE EVENT HIGHLAND ACADEMY AGREES TO ACCEPT THIS STUDENT, WE UNDERSTAND IT WILL BE UNDER THE FOLLOWING CONDITIONS:

STUDENT AND PARENT/GUARDIAN ACKNOWLEDGE THE RECEIPT OF THE SCHOOL BULLETIN AND HANDBOOK AND AFFIRM THAT THEY TAKE RESPONSIBILITY TO READ AND SUPPORT ALL TERMS AND CONDITIONS OF SAID BULLETIN AND HANDBOOK. STUDENT AND PARENT/GUARDIAN CERTIFY THAT ALL STATEMENTS ON THIS FORM AND INFORMATION INCLUDED HEREIN ARE CORRECT AND COMPLETE.

I, THE UNDERSIGNED PARENT/GUARDIAN, ACCEPT FINANCIAL RESPONSIBILITY FOR THIS STUDENT AND DO UNDERSTAND AND AGREE THAT THE STUDENT WILL NOT BE PERMITTED TO TAKE FIRST OR SECOND SEMESTER EXAMS, AND WILL NOT BE ABLE TO PARTICIPATE IN GRADUATION EXERCISES UNTIL THE STUDENT ACCOUNT IS CURRENT OR SATISFACTORY FINANCIAL ARRANGEMENTS HAVE BEEN MADE. IT IS FURTHER UNDERSTOOD AND AGREED THAT HIGHLAND ACADEMY HAS OUR PERMISSION TO MAKE AVAILABLE REFERENCE INFORMATION ON THIS STUDENT TO ON-CAMPUS INDUSTRIES UPON REQUEST FROM THE INDUSTRY.

X _____ STUDENT

X _____ PARENT/GUARDIAN