

NEW STUDENT APPLICATION FORM

PLEASE SEND \$30
APPLICATION FEE
AND APPLICATION
TO ATTENTION:
**DIRECTOR
OF
ADMISSIONS**

GREAT LAKES ADVENTIST ACADEMY

P.O. Box 68, 7477 Academy Road
Cedar Lake, MI 48812-0068

Phone: (989) 427-5181

Fax: (989) 427-5027

E-mail Address: glaa@misda.org

Please Complete **Applicant's** Information Completely and Accurately. **PLEASE PRINT CLEARLY.**

Student Full Name:		Grade Entering: ____	Soc. Sec. No:	
Home Address:		City:	State:	Zip Code:
Home Phone No: ()		Student Cell Phone No: ()		Male__ /Female__
Email Address:		Home Church/Affiliation:		Baptized? Yes__/No__
Dorm __/Village __	Roommate Preference:		Birth Date: __/__/__	
School Currently Attending:		School Address & Phone No:		
Other Schools Attended:			T-Shirt Size:	
Does Your Student Have a Need for Special Education Services in Order to Experience Academic Success? Y__/N__				
Have You Ever Used? Tobacco: Y__/N__ Alcohol: Y__/N__ Drugs: Y__/N__ Most Recent Date?				
Have You Ever Been? Arrested/Convicted: Y__/N__ Suspended From School : Y__/N__ (If "yes", please explain.)				
How Did You Hear About Us?				

Please Complete Applicant's **Family** Information Completely and Accurately. **PLEASE PRINT CLEARLY.**

	Father	Mother	Stepfather	Stepmother	Guardian
Name					
Occupation					
Church Membership					
Baptized SDA? (Yes or No)					
Street Address					
City/State/Zip					
Home Phone Number					
Work Phone Number					
Cell Phone Number					
Home Fax Number					
Home E-mail Address					
I Live With (please check)					
Send Grades To (please check)					
Send Bill To (please check)					

Supply Complete Reference Names and Addresses of Persons, Other Than Relatives. **PLEASE PRINT CLEARLY.**

Pastor:	Address:	Phone: ()
Principal/Teacher:	Address:	Phone: ()
Other:	Address:	Phone: ()

STUDENT WORK AND FINANCIAL INFORMATION

Great Lakes Adventist Academy provides opportunity for students to earn a portion of their school fees and acquire experience at job skills through campus employment. While specific jobs cannot be guaranteed, Great Lakes Adventist Academy will endeavor to place each student according to age, skills, experience and preference.

Documents Needed In Order to Work on Campus Include: Birth Certificate _____ Social Security Card _____
(NOTE: GLAA needs to see original Birth Certificates and Social Security Cards. We will make the necessary copies.)

STUDENT RESPONSE

Your Previous Work Experience (eg. computers, engine repair, food preparation, clerical, childcare, etc.):

Your Age: _____ Your GPA (or grade average): _____ Your Best Skill: _____

Your Top Three (3) Work Preferences: _____ Good News Farm _____ Custodial
_____ Plant Services _____ Cedar Lake Foods (16 yrs and up)
_____ Food Service _____ Other _____

PARENT RESPONSE

My Student must maximize his/her earnings. Yes ___ No ___

There is an unpaid bill at another school. Yes ___ No ___ If yes, how much? _____
Name of School: _____ Phone: (_____) _____

We plan to apply for Project Assist funds? Yes ___ No ___ What Church? _____

(If "yes", complete the Project Assist application and turn it in to your church at the time of application.)

(If we qualify for Project Assist, it is understood that our student will work as assigned by the Student Labor Coordinator. We also understand this is most often the **Cedar Lake Foods, Lakeland Mills, Good News Farm or Food Service.**)

We work for an SDA Organization. Yes ___ No ___ Employee's Name: _____
SDA Organization: _____

STUDENT AGREEMENT

I have read and am in full harmony with the ideas and standards set forth in the School Handbook/Bulletin. I plan to keep my personal living and conduct in harmony with these principles and my signature pledges my cooperation and loyalty, if admitted as a student to Great Lakes Adventist Academy. As a student employee, I agree to work at my assigned duties. I voluntarily agree that the monies that I have earned will be applied to my statement each month. I agree to abide by all academy work policies and rules.

Student Signature _____ Date _____

PARENT AGREEMENT

I have read the answers to the above questions and find that they are correct. I hereby agree to cooperate with the regulations and policies as written in the School Bulletin. I understand my student may not leave campus on the few "closed weekends" that are posted in the school calendar, unless special permission is granted by the Administrative Committee. I also understand GLAA may sometimes use a photo of my student(s) in brochures, newspapers, yearbooks, promotional materials, including the school's online website and Facebook page. Additionally, I agree to assume financial responsibility for the above student and to pay bills promptly as outlined in the school bulletin. I understand that payment is due upon receipt of statement, or as mutually agreed upon, and becomes delinquent 25 days following the date of the statement. ***I also understand no transcript of credits or diploma will be released until my bill is paid in full.***

Parent Signature _____ Date _____