

# RETURNING STUDENT APPLICATION FORM

## GREAT LAKES ADVENTIST ACADEMY

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

Phone: (989) 427-4444

Fax: (989) 427-5027

Admissions Office Email: admissions@glaa.net

PLEASE SEND  
APPLICATION  
TO ATTENTION:  
**DIRECTOR  
OF  
ADMISSIONS**

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

Legal Name:		Soc. Sec. No:		Male ___ / Female ___	
Home Address:		City:		State:	Zip:
Home Phone No: (    )		Student Cell Phone No: (    )		Email Address:	
Birth Date: ___/___/___		Home Church:		Baptized? Yes ___/No ___	T-Shirt Size:
Grade Entering: ___/Sch Yr: _____ - _____		Dorm ___ / Village ___		Roommate Preference:	
Applying for <b>Project Assist</b> funds? Yes ___ No ___ What Church? _____					
<i>(If eligible for Project Assist, it is understood that the student will work as assigned by the Student Labor Coordinator. It is also understood that this is most often the <b>Heritage Health Food, Good News Farm or Food Service.</b>)</i>					

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

	Father	Mother	Stepfather	Stepmother	Guardian
Name					
Occupation					
Church Membership					
Baptized SDA?					
Street Address					
City/State/Zip					
Home Phone Number					
Work Phone Number					
Home Fax Number					
Cell Phone Number					
Home E-mail Address					
I Live With <i>(please check)</i>					
Send Grades To <i>(please check)</i>					
Send Bill To <i>(please check)</i>					

## 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.

### STUDENT RESPONSE

Have you been approved for a specific position? Yes \_\_\_ No \_\_\_ What Position? \_\_\_\_\_

IF NOT approved for a specific position, what are your top three (3) work preferences:

<input type="checkbox"/> Teacher Reader (name: _____)	<input type="checkbox"/> Good News Farm
<input type="checkbox"/> Plant Services	<input type="checkbox"/> Heritage Health Food (16 yrs and up)
<input type="checkbox"/> Food Service	<input type="checkbox"/> Custodial
<input type="checkbox"/> Dormitory (job: _____)	<input type="checkbox"/> Other _____

### PARENT RESPONSE

I want my son/daughter to have tithe (10%) automatically taken from their earnings each month Yes \_\_\_/No \_\_\_. Tithe funds will be sent to the Michigan Conference. If you do not choose to have tithe deducted, it will be your responsibility to take care of your tithe needs.

My Student must maximize their earnings. Yes \_\_\_ No \_\_\_

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

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. 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, and I voluntarily agree that all monies I earn will be applied to my school account 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 handbook. I understand my student may not leave campus on the few "closed" weekends that are posted in the school calendar. I also understand that 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, etc. I agree to assume financial responsibility for the above student and to pay bills promptly as outlined in the handbook. 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 \_\_\_\_\_