

NEW STUDENT APPLICATION FORM

GREAT LAKES ADVENTIST ACADEMY

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

Phone: (989) 427-4444

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Admissions Office Email: admissions@glaa.net

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

Please enter **STUDENT Applicant's** information completely and accurately.

Student's Full Legal Name (first, middle, last):		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Grade Entering:	School Year:
Home Address:		City/State/Zip:		
Parent's preferred phone #:		Student's cell phone #:		
Email Address:	Home Church:		Baptized? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Dorm <input type="checkbox"/> Village <input type="checkbox"/>	Name of Roommate:		Birth Date:	
School Currently Attending:	School Address		School Phone:	
Other Schools Attended:		(Adult) T-shirt Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL		
Has your student ever had special education services in order to experience academic success? Yes <input type="checkbox"/> No <input type="checkbox"/> When? _____ (If yes, a copy of the most recent IEP or similar special services report must accompany this application.)				
Has student ever used: Tobacco: Yes <input type="checkbox"/> No <input type="checkbox"/> Alcohol: Yes <input type="checkbox"/> No <input type="checkbox"/> Drugs: Yes <input type="checkbox"/> No <input type="checkbox"/> Most Recent Date: _____				
Has student ever been: Arrested/Convicted: Yes <input type="checkbox"/> No <input type="checkbox"/> Suspended from School Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please explain on a separate sheet.)				

Please enter **FAMILY** information completely and accurately.

	Father	Mother	Stepfather	Stepmother	Guardian
Name					
Occupation					
Church Membership?					
Baptized SDA?					
Street Address					
City/State/Zip					
Home phone					
Work phone					
Cell phone					
E-mail Address					
Student lives with	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/>
Send grades to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Send bill to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supply **REFERENCE** information for individuals who are not relatives. Each person must submit a **STUDENT RECOMMENDATION** form directly to the school.

Pastor:	Email:	Phone:
Principal/Teacher:	Email:	Phone:
Other:	Email:	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

Documents needed to work on campus are: Birth Certificate ☐ Social Security Card ☐ I-9 ☐ Fed W4 ☐ MI W4 ☐
(**NOTE:** GLAA needs to see original Birth Certificates and Social Security Cards. We will make the necessary copies.)

STUDENT RESPONSE

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

Your Age:

Your GPA (or grade average):

Your Best Skill:

Your Top Three (3)

☐ Custodial

☐ Dormitory (job: _____)

Work Preferences:

☐ Plant Services/Maintenance

☐ Teacher assistant (name: _____)

☐ Food Service

☐ Other _____

PARENT RESPONSE

I want my son/daughter to have tithe (10%) automatically taken from their earnings each month Y ☐ N ☐
Tithe funds will be sent to the Michigan Conference.

My student must maximize his/her earnings. Y ☐ N ☐

There is an unpaid bill at another school. Y ☐ N ☐

If yes, how much? _____

Name of
school: _____

Phone: _____

We plan to apply for Project Assist funds. Y ☐ N ☐

What Church? _____

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

If you qualify for Project Assist, it is understood that your student will work as assigned by the Student Labor Coordinator.

We work for an SDA organization Y ☐ N ☐

Employee's Name: _____

SDA Organization: _____

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 GLAA may sometimes use a photo of my student(s) in brochures, newspapers, yearbooks, promotional materials, including the school's online website, social media pages, etc. I agree to assume financial responsibility for the above student and to pay bills promptly as outlined in the school 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:** _____