

## APPLICATION/REGISTRATION PROCESS (for first-time students)

### APPLICATION STEPS

Students will be considered for application only after all of the following have been received:

- A completed application, including student and parent/guardian personal statement pages and required signatures
- A completed recommendation contact form
- A transcript release form (an official transcript of grades must be received by the Admissions Office so that admission can be considered)

### REGISTRATION STEPS

Upon acceptance, students will be required to submit the following documents to the Registrar's Office: (These forms are available on our website: [www.iasda.org](http://www.iasda.org).)

- Field Trip Permission Form
- Enrollment Agreements (both student and parent copies)
- Health Appraisal Form, including immunization records
- Continuing Consent to Treatment Form - we can notarize this for you (requires proof of medical and prescription drug insurance coverage)
- Technology Usage agreement

### DOCUMENTS TO BRING TO REGISTRATION

Please consult the school calendar for the registration dates. The following documents are required at student registration:

- The completed registration forms (as listed above) Note: Please do not sign the consent to treatment form, if you intend for our staff to provide the notary verification.
- The original copy of the student's birth certificate
- The student's signed social security card

At Registration, the Business Office will provide the following forms for your completion:

- W-4 Form
- WH-4 Form
- I-9 Form

**Please see our website for copies of the above-mentioned forms and for more information about Indiana Academy.**

**[www.iasda.org](http://www.iasda.org)**

# Indiana Academy

## Application

24815 State Road 19  
Cicero, IN 46034  
Telephone: 317-984-3575  
Fax: 317-984-5081  
[www.iasda.org](http://www.iasda.org)

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
*last* *first* *middle*

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Applicant's SS #: \_\_\_\_\_ Citizenship: \_\_\_\_\_

\_\_\_ Dormitory      \_\_\_ Non-dormitory      \_\_\_ Gender      Entering Grade: 9 10 11 12  
*(circle one)*

Church Affiliation: \_\_\_\_\_ Name of Home Church: \_\_\_\_\_

Baptized? \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

Have you ever smoked or used any form of tobacco? Yes \_\_\_ No \_\_\_ When last? \_\_\_\_\_

Have you ever used alcohol? Yes \_\_\_ No \_\_\_ When last? \_\_\_\_\_

Have you ever used illegal drugs? Yes \_\_\_ No \_\_\_ When last? \_\_\_\_\_

Have you ever been arrested/convicted of crime? Yes \_\_\_ No \_\_\_ Give details \_\_\_\_\_

Have you ever been suspended or asked to withdraw from school? Yes \_\_\_ No \_\_\_ What School? \_\_\_\_\_

List Siblings: (Name and year in school)

\_\_\_\_\_  
*Name* *grade* *Name* *grade*

\_\_\_\_\_  
*Name* *grade* *Name* *grade*

**Who actively recruited this applicant?** (indicate name)

IA Staff Member: \_\_\_\_\_ Pastor \_\_\_\_\_

IA Student \_\_\_\_\_ IA Alumnus \_\_\_\_\_

Other \_\_\_\_\_

Thank you for your interest in Indiana Academy. To complete the application process we need:

- Completed application
- Three character references
- Completed transcript release form

**NOTE: Upon acceptance to Indiana Academy, \$50 will be credited to your account if your application is received by May 31, 2011.**

**FAMILY INFORMATION**

	<b>FATHER</b>	<b>MOTHER</b>	<b>STEPFATHER</b>	<b>STEPMOTHER</b>	<b>GUARDIAN</b>
Full Name					
Mailing Address					
Home Phone #					
E-mail Address					
Date of Birth					
Present Employer					
Occupation					
Work Address					
Work Phone #					
Cell Phone #					
Emergency Phone #					
Home Church Affiliation					
Send Grades to (please check)					
Send Bill to (please check)					

***Note: Proof of legal guardianship must be provided for students whose parents are divorced or whose guardianship is maintained by someone other than a birth parent.***

**EDUCATIONAL INFORMATION**

School currently attending: \_\_\_\_\_

\_\_\_\_\_  
(Address and Phone Number)

Are you currently enrolled in any correspondence courses? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list school & subject.

School \_\_\_\_\_  
*Subject*

School \_\_\_\_\_  
*Subject*

Do you have any difficulty learning? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_

Do you desire special help in any subject? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, which subject \_\_\_\_\_

Have you had a case conference for special education needs at any previous school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of school: \_\_\_\_\_

Do you have a current or an expired IEP? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of school: \_\_\_\_\_

**FINANCIAL INFORMATION**

Do you have an unpaid bill at any other school? If yes, what is the amount? \_\_\_\_\_

School name: \_\_\_\_\_ Phone \_\_\_\_\_

Do you plan to apply for financial aid funds? Yes \_\_\_\_\_ No \_\_\_\_\_

Do either parent/guardian work for an SDA organization? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of organization \_\_\_\_\_

**ADMISSIONS POLICY**

It is the policy of Indiana Academy to admit students who already have a personal relationship with God and are living a Christian lifestyle, as well as those who are willing to experience the same. It is our policy to admit students who by their behavior or declaration show commitment to the principles found in Scripture. We feel strongly that there should be mutual accountability between the school, the parents, and the student. This makes it a necessity that the student is actively involved in the decision to apply to Indiana Academy.

Applicants and their parents/guardians are expected to carefully complete the following two pages as a required portion of the application process to Indiana Academy.

**For office use only**

*Date application was received* \_\_\_\_\_

*Acknowledgement Sent* \_\_\_\_\_

*Recommendations received* \_\_\_\_\_

*Date Accepted* \_\_\_\_\_

*Letter Sent* \_\_\_\_\_

**APPLICANT'S PERSONAL STATEMENT**

Please answer the following questions in your own handwriting:

Why would you like to be considered for acceptance at Indiana Academy?

What do you most hope to gain by attending Indiana Academy?

**APPLICANT CONTRACT**

I have read and understand the admissions policy and it is my choice to attend Indiana Academy. I am willing to participate in the religious training provided by the Seventh-day Adventist Church. If accepted as a student, I agree to obey willingly all printed and announced regulations and I understand that any failure to do so may jeopardize my stay at Indiana Academy. I agree to have my student labor applied to my account. As a student employee, I agree to work at my assigned duties.

Signature of Applicant \_\_\_\_\_

Date

**PARENT/GUARDIAN PERSONAL STATEMENT**

Please use the space below to describe your child, with relation to leadership, choice of friends, academic motivation, and self-discipline.

Why have you chosen Indiana Academy as a possible school for your child?

**PARENT/GUARDIAN CONTRACT**

I agree to support the policies and regulations of Indiana Academy. My financial obligation is clearly understood, and I agree to pay my child's account each month unless arranged otherwise in advance. I further agree to wait for transcript of grades until my child's account is paid in full. To the best of my knowledge the questions on the application have been answered honestly, and I will encourage the applicant to cooperate with the principles and spirit of Indiana Academy.

Parent/Guardian Signature: \_\_\_\_\_

Date

**Indiana Academy  
Recommendation Contact Form**

As part of the Indiana Academy application process, input from persons who are acquainted with prospective students is very valuable. Please provide us with accurate contact information for persons in the following categories. ***Please write neatly – thanks!***

**Teacher** (a school teacher who has taught the prospective student during the most recent school year)

***Home Schoolers: Please contact us concerning this category.***

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

**Pastor** (the pastor of the local church you attend)

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

**Adult of your Choice** (a non-family member)

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_



# Indiana Academy

Office of the Registrar

24815 State Road 19 Cicero, Indiana 46034 • Phone 317.984.3575 • Fax 317.984.5081 • www.iasda.org

## *TRANSCRIPT REQUEST*

Date: \_\_\_\_\_

Requesting the transcript for the following individual:

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

Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ FAX: \_\_\_\_\_

\_\_\_\_\_

The student named above has applied for admission to Indiana Academy. Please send a transcript of grades (including credits), standardized test scores, health records, special education records (if applicable) and any additional information that would be useful to us in placing this student.

Thank you for your assistance.

Beth Bartlett  
Registrar

Parent/Guardian permission to release school records:

I hereby permit you to release any information, including transcript of grades, including credits, standardized test scores, health records and any additional information requested by Indiana Academy for the admission of the student listed above.

\_\_\_\_\_  
(Print) Name of Parent/Guardian

\_\_\_\_\_  
(Signature) Name of Parent/Guardian

\_\_\_\_\_  
Date