



INSTRUCTIONS:

1. **Please PRINT or type in blue or black ink.** Answer all questions on pages 1-4.
2. Ask two people who know you well (but are not related) to complete a Recommendation Form. One should be completed by a teacher or principal from your last school. These may be mailed or faxed by the individual completing the Recommendation Form and must be received before the application can be processed.
3. Please include copies of the following documents. **Most Recent Report Card** **Immunization Record**
4. International Students: Please enclose a non refundable \$50 application fee.
5. Notification of acceptance will be sent from the Admissions Committee. To avoid delays in processing, please ensure that all required forms and documents are sent with your application.
6. **Law requires us to see the original social security card and a certified copy of the birth certificate. Please bring these with you to registration: Social Security Card Birth Certificate**

Legal Name: _____ Social Security # _____
(First) (Middle) (Last)

Home (Mailing) Address: _____
(Street/Route #, PO Box #) (City) (State) (Zip)

Date of Birth: _____ Place of Birth: _____ Age: ____ Gender: Male Female
(Mo/Day/Yr) (City/State)

Citizenship: _____ Status for Non-U.S. Citizens: ____ Student Visa ____ Perm Resident ____ Other _____

Church Affiliation: _____ Have You Been Baptized? _____ If Yes, When? _____

Home Church: _____ Grade Entering? 9 10 11 12 Where Will You Reside? Dorm Village

	Father	Mother	Stepparent
Full Name			
Social Security #			
Address			
City/State/Zip			
Home Phone			
E-mail Address			
Present Employer			
Business Phone			
Occupation			
Church Affiliation And Location			
Legal Guardian			
Send Monthly Statement To:			

OZARK ADVENTIST ACADEMY

Do you have an unpaid account at any other school? _____ If so, what amount? _____

What school? _____ When will it be paid? _____

Will you need financial assistance? Yes No If yes, please complete the Financial Aid Application forms.

Do either of your parents work for an SDA organization? Yes No

If yes, what organization? _____

WORK INFORMATION

Please list any conditions that would render you unable to work in certain areas (*i.e. allergies, chronic illnesses, etc.**):

*Please attach Doctor's verification

What types of work experience have you had. Place an X in the areas you have had experience. Place a 1, 2, 3 in order of your work preference.

____ Academy Industry	____ Dormitory	____ Library
____ Administrative Office	____ Food Service	____ Maintenance
____ Custodial	____ Grounds	____ Reader Pool

RECRUITING INFORMATION

Who actively recruited you to attend OAA? (Please indicate their name)

An OAA recruiter _____ An OAA student _____

A pastor _____ Other _____

REFERENCES

Please give the following information for 3 people who are unrelated but know the student well, such as Pastor, Principal, Teacher, Pathfinder Leader, etc.

Name	Phone Numbers	Pastor, Principal, Teacher, etc.?
1.		
2.		
3.		

CONTRACT OF PARENT OR GUARDIAN

I am in harmony with the regulations and policies of Ozark Adventist Academy as stated in the student handbook or as shall be announced by the principal and manager during the year. My financial obligation is clearly understood and I agree to pay promptly each month the bill for the above-named student. I further agree to wait for a transcript of grades and diploma until the account is paid in full upon termination from school. To the best of my knowledge, the questions have been answered honestly and the applicant will cooperate with the principles and spirit of the academy.

SIGNED _____ Date _____
(Parent/Guardian)

Signature of person responsible for bill if different from above signature:

SIGNED: _____ Date _____

EDUCATIONAL INFORMATION

List the schools attended from the 8th grade to the current year. **Please provide complete names and addresses.**

8th Year _____ School Name _____ Phone _____
Mailing Address _____
(Street/Route #, Po Box #) (City) (State) (Zip)

9th Year _____ School Name _____ Phone _____
Mailing Address _____
(Street/Route #, Po Box #) (City) (State) (Zip)

10th Year _____ School Name _____ Phone _____
Mailing Address _____
(Street/Route #, Po Box #) (City) (State) (Zip)

11th Year _____ School Name _____ Phone _____
Mailing Address _____
(Street/Route #, Po Box #) (City) (State) (Zip)

Why did you leave your last school? _____

Have you been in a home school program? Yes No If so, what year(s)? _____

Have you taken or are you currently enrolled in any secondary level correspondence work? Yes No If so:

Name of School	Address	Course(s)
_____	_____	_____

Do you have any learning disabilities or difficulty in your studies? Yes No If yes, please explain. _____

Do you have any mental health issues? Yes No If so: _____

Do you have any brothers or sisters? Yes No If yes, please complete:

Name _____ Grade _____ Name _____ Grade _____

Name _____ Grade _____ Name _____ Grade _____

Have you ever smoked or used any other 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 or convicted of a crime? Yes No When? _____

Have you ever been suspended or expelled from school? Yes No Which school? _____

Have you ever been asked to withdraw from school? Yes No Which school? _____

Please explain the circumstances of any yes answer given above. _____

**OZARK ADVENTIST ACADEMY
STUDENT STATEMENT OF INTENT**

Full Name _____ Date of Birth _____

Our mission at Ozark Adventist Academy is to create a learning environment in which students come to discover a love for God, respect for self, and the skills for fulfilled Christian living.

We are committed to providing you with a quality Christian education and an atmosphere where you will feel comfortable and encouraged to develop a relationship with Jesus Christ.

Please answer the following questions to help us determine if we can meet your needs:

1. (a) Which of the following words best describes your spiritual life:

____ dedicated ____ searching ____ passive ____ negative

(b) Please describe your spiritual relationship and/or attitude toward God.

2. (a) Which of the following activities would you be willing to be involved in this year?

____ Community Service	____ Peer helping
____ Prayer Group Leader	____ Prayer group participant
____ Praise Worship	____ Bible study group leader
____ Output Groups (Worship teams)	____ Bible study group participant
____ Student Week of Prayer speaker	____ Mission Trip
____ Other: (please describe) _____	
____ Other: (please describe) _____	

(b) How will your contribution to the above activities enhance the spiritual atmosphere on campus? (Feel free to include any other ways you think your influence may contribute to an overall positive spiritual atmosphere.)

I have read the OAA Student Handbook and agree to abide by all school rules and policies. I am committed to growing spiritually and academically at Ozark Adventist Academy. I am committed to contributing to OAA's commitment to excellence.

Student Signature _____ Date _____