

Please Place Stamp Here

APPLICATION TO

DAKOTA ADVENTIST ACADEMY

15905 SHEYENNE CIRCLE, BISMARCK, ND 58503 ☎ (701) 258-9000 ☎ Fax (701) 258-0110 ☎ WWW.DAKOTAADVENTISTACADEMY.COM

DAKOTA ADVENTIST ACADEMY

15905 SHEYENNE CIRCLE

BISMARCK ND 58503

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
ADDRESS (STREET/PO BOX)	CITY	STATE
HOME PHONE	SOCIAL SECURITY NUMBER	
BIRTH DATE	BIRTH PLACE	CITIZENSHIP

PLEASE ATTACH A CURRENT PICTURE WITH YOUR APPLICATION

Grade Entering (circle one) 9 10 11 12 Gender M F Where will you reside? Dorm Village

Church Affiliation _____ Baptized? Yes No Date _____

HOME CHURCH	PASTOR
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My health is generally: Excellent Good Fair Poor

DESCRIBE ANY PHYSICAL DISABILITY YOU MAY HAVE

Have you ever smoked? Yes No When Last? _____

Have you ever used alcohol or other illegal drugs? Yes No When Last? _____

Have you ever been arrested or convicted of a crime? Yes No When Last? _____

Have you ever been suspended or dismissed from school? Yes No When Last? _____

FAMILY INFORMATION

Marital Status of Parents or Guardians: Married Separated Divorced

	FATHER	MOTHER
Email Address:	_____	_____
Full Name:	_____	_____
Street Address:	_____	_____
City, State, Zip	_____	_____
Area Code & Home Phone:	_____	_____
Social Security Number:	_____	_____
Present Employer:	_____	_____
Business Phone:	_____	_____
Occupation:	_____	_____
Church Affiliation:	_____	_____

If you are not living with your parents, or with only one parent, do you wish to have correspondence sent to more than one address? If so, please indicated second address below.

NAME	ADDRESS	CITY	STATE	ZIP
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EDUCATIONAL INFORMATION

List schools attended from 8th grade to the current year.

8TH GRADE

YEAR	SCHOOL	PHONE
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ADDRESS	CITY	STATE	ZIP
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9TH GRADE

YEAR	SCHOOL	PHONE
------	--------	-------

ADDRESS	CITY	STATE	ZIP
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10TH GRADE

YEAR	SCHOOL	PHONE
------	--------	-------

ADDRESS	CITY	STATE	ZIP
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11TH GRADE

YEAR	SCHOOL	PHONE
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ADDRESS	CITY	STATE	ZIP
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Please request transcript(s) to be sent to DAA for all schools previously attended.

Are you enrolled in correspondence courses? Yes No If yes complete the following:

SCHOOL	SUBJECT(S)
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Have you been identified to have a learning disability through a formal evaluation? Yes No

Do you desire special help with any subject? Yes No List subject(s)_____

FINANCIAL INFORMATION

Do you have an unpaid account(s) in any school(s)? Yes No Amount \$_____ School _____

Do you plan to apply for Financial Aid Funds? Yes No

INDIVIDUAL RESPONSIBLE FOR MY ACCOUNT

WORK INFORMATION

DAA provides work opportunities for students to earn a substantial portion of their school fees. A copy of your birth certificate and Social Security card must be on file in the School Office before you can be employed.

JOB PREFERENCES

While specific jobs cannot be guaranteed, DAA will endeavor to place you according to your age, skills, and experience. Please indicate your choice of jobs by preference. (1, 2, 3, etc.)

Classroom Reader Custodial Dormitory Grounds/Maintenance
 Clerical (Office) Food Service Shop (Auto Body)

Please list skills, classes taken or experience that will assist you in your job placement.

1. Typing/Keying: Yes No If yes, how many words a minute?_____

2. _____

3. _____

4. _____

ADMISSION POLICY

It is the policy of Dakota Adventist Academy to admit students who express and demonstrate a definite interest in Christian education. Only those students who show due respect for the Word of God; maintain a reverent attitude toward that which is spiritual; and conduct themselves in harmony with Biblical principles should apply. It is understood that each student is actively involved in the decision to apply for enrollment at Dakota Adventist Academy and will willingly observe school regulations and uphold the Christian principles upon which the school is founded.

APPLICATION PROCEDURE

Thank you for your interest in attending Dakota Adventist Academy. To apply you must provide the following:

- A completed application
- \$10 application fee***
- Three references

*Fee is waived if application is received by May 1.

When you have received your acceptance letter please submit the following documents:

- Record of credits and transcript from last school attended and/or eighth grade certificate of completion.
- Medical form including dates for immunizations
- State immunization certificate
- Birth certificate
- Social Security card

STUDENT CONTRACT

I have read and understand the admissions policy and it is my choice to attend Dakota Adventist 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 understand that any failure to do so may jeopardize my stay at Dakota Adventist Academy. I agree to have my student labor apply to my account.

SIGNATURE

DATE

PARENTAL OR GUARDIAN CONTRACT

I agree to support the policies and regulations of Dakota Adventist Academy. My financial obligation is clearly understood, and agree to pay my child's account each month unless arranged otherwise in advance with the Business Manager. I further agree to wait for a 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 Dakota Adventist Academy.

SIGNATURE

DATE