

**Application to**  
**Sunnydale Adventist Academy**

6818 Audrain Road 9139, Centralia, MO 65240-9401 ♦ (573) 682-2164 ♦ Fax: (573) 682-3136

Web Site: [www.sunnydale.org](http://www.sunnydale.org) E-mail Address: [info@sunnydale.org](mailto:info@sunnydale.org)

Sunnydale Adventist Academy is committed to a policy of equal educational opportunity. This means that the Academy admits students without regard to race, color, or national origin. Members of the Seventh-day Adventist Church will be given priority consideration for admission.

**Please PRINT in blue or black ink**

### Applicant Information

Legal Name: \_\_\_\_\_  
(Last) (First) (Middle)

Suffix (Jr, II, III, IV) etc. \_\_\_\_\_

Street Address: \_\_\_\_\_

Name you usually go by \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

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

Gender:  M  F Date of Birth: \_\_\_\_\_

Student E-mail \_\_\_\_\_

Applying for the 20\_\_\_\_-20\_\_\_\_ School Year

Religious Affiliation (Denomination): \_\_\_\_\_

Grade Entering:  9  10  11  12

Are you baptized?  Yes  No

Do you plan to live in the dorm?  Yes  No

Where do you attend church? \_\_\_\_\_

Name of Pastor: \_\_\_\_\_

With whom do you live?  Mother  Father  Both

Legal Guardian  Other \_\_\_\_\_

### Family Information

**Father/Male Guardian**  Step

**Mother/Female Guardian**  Step

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

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

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

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

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

E-mail Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work/Day Phone: \_\_\_\_\_

Work/Day Phone: \_\_\_\_\_

Church Membership:  SDA  Other: \_\_\_\_\_

Church Membership:  SDA  Other: \_\_\_\_\_

Married  Divorced  Single  Widowed  Separated

Married  Divorced  Single  Widowed  Separated

### Educational Information

List all schools attended from the 8<sup>th</sup> grade to the current year (include all correspondence work)

**8<sup>th</sup> Grade** Year: \_\_\_\_\_ School: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**9<sup>th</sup> Grade** Year: \_\_\_\_\_ School: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**10<sup>th</sup> Grade** Year: \_\_\_\_\_ School: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**11<sup>th</sup> Grade** Year: \_\_\_\_\_ School: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

# Admission Information

Do you have any difficulty in your studies?  Yes  No If yes, please explain: \_\_\_\_\_

Have you failed any courses in high school?  Yes  No If yes, list course(s): \_\_\_\_\_

Please make a brief statement as to why you are applying for attendance at Sunnydale Adventist Academy.

Is it your choice to attend Sunnydale?  Yes  No Who influenced you to apply to Sunnydale? \_\_\_\_\_

Have you ever been dismissed from school?  Yes  No If yes, please give the school name and reason: \_\_\_\_\_

Have you ever used:   Alcoholic Beverages    Yes  No                   Tobacco                    Yes  No  
                                  Marijuana                    Yes  No                   Other Illegal Drugs        Yes  No

**Recommendations:** Please list the names, addresses, and phone numbers of the people to whom you have given or plan to give recommendation forms. Three (3) completed recommendation forms are required for consideration of your application.

1. Previous Principal/Teacher   Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
  Street Address: \_\_\_\_\_  
  City, State, Zip: \_\_\_\_\_
2. Church Pastor or Elder       Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
  Street Address: \_\_\_\_\_  
  City, State, Zip: \_\_\_\_\_
3. Adult Friend (non-relative)   Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
  Street Address: \_\_\_\_\_  
  City, State, Zip: \_\_\_\_\_

## Contractual Agreement

### Applicant's Pledge and Contract

If I am accepted, I agree to comply with the philosophies, standards, and guidelines of Sunnydale Adventist Academy.

### Parent/Guardian's Contract

If my student is accepted by Sunnydale Adventist Academy, I understand that Sunnydale Adventist Academy shall have the right, in its sole discretion, to dismiss my student if he/she fails to achieve satisfactory educational performance or either my student or I fail to comply with such regulations and policies. I understand my financial obligation to Sunnydale Adventist Academy and I contractually agree to pay my child's account balance each month unless otherwise arranged in advance, in writing, with the school. I understand that nonpayment of my financial obligation may result in dismissal of my student. I further understand that all transcripts and academic or other records prepared by Sunnydale Adventist Academy will not be released until I complete my contractual and financial obligations. To the best of my knowledge, the above information is true, correct, and complete.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date