

## 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
- Three recommendation forms
- 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 Agreement
- 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)
- Vehicle Registration Form (if applicable)

### 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
- A school record (report card, etc.) for employment identification purposes

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

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

**Note:** Upon acceptance to Indiana Academy, \$50 will be credited to your account, if your application is received by **May 31, 2009**.

**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, 2010.**

**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 Form from Adult of your choice

(Recommender: Please fold, stamp, and mail to address on back. Thank you.)

The confidential recommendation below is for: (student's name) \_\_\_\_\_

How well do you know this student?

Well    Some    Little    Records Only    How many years? \_\_\_\_\_

Please check the adjectives that most nearly describe the applicant's standing on the items listed below:

### CHRISTIAN EXPERIENCE

Active  
Passive  
Disinterested  
Antagonistic

### INTELLECTUAL APTITUDE

Very quick to learn  
Learns easily  
Must study hard to learn  
Educational disabilities

### CHOICE OF FRIENDS

Chooses wisely  
Somewhat wisely  
Somewhat carelessly  
Chooses carelessly

### INDUSTRIOUSNESS

Resourceful and enthusiastic  
Average worker  
Works only under pressure  
Not interested in work

### STRENGTH OF CHARACTER

Firm, steady, consistent  
Fairly stable  
Weak, easily influenced

### COOPERATION

Helpful  
Works well with others  
Critical

### TRUSTWORTHINESS

Very trustworthy  
Generally trustworthy  
Tends to be dishonest

### PERSONAL APPEARANCE

Well groomed  
Neat, clean  
Careless

### LOYALTY TO LEADERSHIP

Loyal and dependable  
Satisfactory  
Disloyal

### HEALTH

Very strong and healthy  
Average health  
Weak, low vitality

### CHURCH ATTENDANCE

Attends regularly  
Rarely attends  
Never attends

### FAMILY'S FINANCIAL RESPONSE

Meets obligations promptly  
Usually meets obligations  
Little idea of money value

Would you feel comfortable with your child being assigned as a roommate with this student? Yes    No    If no, why? \_\_\_\_\_

Do you recommend applicant as a desirable student for a Christian school?

Yes    No    With Reservations

Your name \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_ Phone \_\_\_\_\_

Remarks \_\_\_\_\_

**Area for further information:**

**Fold along dotted line, affix stamp, seal, and mail ASAP.**



**Registrar  
Indiana Academy  
24815 State Road 19  
Cicero, IN 46034**



# Indiana Academy

## Recommendation Form from Pastor

(Recommender: Please fold, stamp, and mail to address on back. Thank you.)

The confidential recommendation below is for: (student's name)

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How well do you know this student?

Well    Some    Little    Records Only    How many years? \_\_\_\_\_

Please check the adjectives that most nearly describe the applicant's standing on the items listed below:

### CHRISTIAN EXPERIENCE

Active  
Passive  
Disinterested  
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### INTELLECTUAL APTITUDE

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Never attends

### FAMILY'S FINANCIAL RESPONSE

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Usually meets obligations  
Little idea of money value

Would you feel comfortable with your child being assigned as a roommate with this student? Yes    No    If no, why? \_\_\_\_\_

---

Do you recommend applicant as a desirable student for a Christian school?

Yes    No    With Reservations

Your name \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_ Phone \_\_\_\_\_

Remarks \_\_\_\_\_

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**Registrar  
Indiana Academy  
24815 State Road 19  
Cicero, IN 46034**



# Indiana Academy

## Recommendation Form from Teacher

(Recommender: Please fold, stamp, and mail to address on back. Thank you.)

The confidential recommendation below is for: (student's name) \_\_\_\_\_

How well do you know this student?

Well    Some    Little    Records Only    How many years? \_\_\_\_\_

Please check the adjectives that most nearly describe the applicant's standing on the items listed below:

### CHRISTIAN EXPERIENCE

Active  
Passive  
Disinterested  
Antagonistic

### INTELLECTUAL APTITUDE

Very quick to learn  
Learns easily  
Must study hard to learn  
Educational disabilities

### CHOICE OF FRIENDS

Chooses wisely  
Somewhat wisely  
Somewhat carelessly  
Chooses carelessly

### INDUSTRIOUSNESS

Resourceful and enthusiastic  
Average worker  
Works only under pressure  
Not interested in work

### STRENGTH OF CHARACTER

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### FAMILY'S FINANCIAL RESPONSE

Meets obligations promptly  
Usually meets obligations  
Little idea of money value

Would you feel comfortable with your child being assigned as a roommate with this student? Yes    No    If no, why? \_\_\_\_\_

Do you recommend applicant as a desirable student for a Christian school?

Yes    No    With Reservations

Your name \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_ Phone \_\_\_\_\_

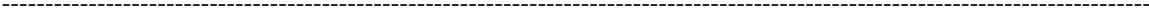
Remarks \_\_\_\_\_

**Area for further information:**

**Fold along dotted line, affix stamp, seal, and mail ASAP.**



**Registrar  
Indiana Academy  
24815 State Road 19  
Cicero, IN 46034**



**MI\_holman@yahoo.vcom INDIANA ACADEMY 5-WAY PLAN  
PARTICIPATION GUIDELINES / 2010-2011**

**What do I need to do to apply for the 5-Way Plan?**

The first step is to complete the attached application form. *Reapplication is necessary every year.* If the application is incomplete or attachments are missing the school will mail the application back to the applicant.

**How does the 5-Way Plan work?**

1. **Parent/Guardian** makes monthly payments and is a member of the Indiana Conference constituency.
2. **Student** must participate in the work program. Please refer to section entitled "What is our responsibility to maintain eligibility?"
3. **Academy and Conference** contributions will begin when completed paperwork is received and approved. Assistance on late paperwork will **not** be retroactive. Credit balances, at the end of the year, are applied back to the 5-Way program and will not be given in cash.
4. **Church** contributions are typically sent on a monthly basis. It is the responsibility of the parent/guardian to verify that said monthly credits are on the statement, and to contact the church treasurer or pastor if there are any discrepancies.

**What is my responsibility to maintain eligible?**

- Student will have faithful attendance at work and school, complete assignments, and cooperate with teachers, staff, and students.
- Student will work the job assigned by the Work Coordinator. Any student unable to perform the assigned job, due to physical limitations, must provide verification from a physician.
- Parent/Guardian pays stated monthly amounts.

**How do I apply?**

Use the following checklist to complete the application process:

- Complete the application form on page 2. (Sections A,B,C)**
- Give completed application to your Pastor or Treasurer for Church Board approval and signatures. (Section D)**
- Copy most recently filed IRS forms (2008):**
  - 1040's
  - W-2's
  - 1099's
- Attach above copies to this completed application.**
- Mail the completed application with the attached forms to:**

**5-Way Plan Application  
Indiana Academy  
24815 State Road 19  
Cicero, IN 46034**

**SECTION A – Applicant Family Information**

Student Last Name \_\_\_\_\_ First \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Occupation \_\_\_\_\_

Father's Church Membership \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Mother's Church Membership \_\_\_\_\_

\$ _____	Paid		\$ _____	Received
Total Yearly Child Support (including siblings)				

**Siblings in other SDA Schools:**

Student Name One \_\_\_\_\_

School Name and Phone Number \_\_\_\_\_

\$ _____		\$ _____		\$ _____
School Cost for Year		Amt Paid By Parent		Amt. Student Aid

Student Name Two \_\_\_\_\_

School Name and Phone Number \_\_\_\_\_

\$ _____		\$ _____		\$ _____
School Cost for Year		Amt Paid By Parent		Amt. Student Aid

# 5-WAY PLAN APPLICATION

## SECTION B – Student Commitment

I UNDERSTAND AND AGREE TO:

- Have my wages earned at IA applied to my school account
- Be cooperative and dependable at work
- Take the job offered to me by the Work Coordinator
- Have faithful school and work attendance
- Do my best academically and be a good school citizen
- Bring my work earnings to IA to apply to my school account if I have an off-campus job

Student Signature

Date

/ /

## SECTION C – Guardian Commitment

I UNDERSTAND AND AGREE:

- To be responsible for the ending balance due each month
- Grades may be sent to supporting entities
- To have the wages earned by the student applied to my account
- That failure to make a **monthly payment** will forfeit the financial assistance for that month, unless prior arrangements were made with the Business Manager. Assistance is not retroactive for skipped payments.

Signature (Parent/Guardian)

Date

/ /

## SECTION D – Church Commitment

WE UNDERSTAND AND AGREE TO:

1. Financially support the student in Section A
2. Have this application voted and approved by the Church Board
3. Contribute the total amount below
4. Have the first payment to IA by Registration

Church Name:

Church Treasurer's Name:

Church Treasurer's Home Phone Number:

(       )

Annual Assistance Amount:

\$

Address to Send Bill to:

Pastor's Signature:

Treasurer's Signature:

Modified Earnings	Dorm Annual Assistance	Village Annual Assistance
\$0 - \$20,000	\$2,000 (\$200 / month)	\$1000 (\$100 / month)
\$21,001 - \$25,000	\$1,800 (\$180 / month)	\$900 (\$90 / month)
\$25,001 - \$30,000	\$1,500 (\$150 / month)	\$750 (\$75 / month)
\$30,001 - \$35,000	\$1,400 (\$140 / month)	\$700 (\$70 / month)
\$35,001 - \$40,000	\$1,350 (\$135 / month)	\$675 (\$67.50 / month)
\$40,001 - \$45,000	\$1,300 (\$130 / month)	\$650 (\$65 / month)
\$45,001 - \$50,000	\$950 (\$95 / month)	\$475 (\$47.5 / month)
\$50,001 - \$55,000	\$800 (\$80 / month)	\$400 (\$40 / month)
\$55,001 - \$60,000	\$700 (\$70 / month)	\$350 (\$35 / month)
\$60,001, \$65,000	\$650 (\$65 / month)	\$325 (\$32.50 / month)

IA Assistance \$ \_\_\_\_\_

IN Conf Assistance (for Constituents) \$ \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_