



## **ADMISSIONS POLICY**

It is the policy of Wisconsin Academy to admit students who already have a personal relationship with God and are living a Christian life-style, 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 strongly feel that there should be mutual accountability between the school, the parents and the student. This makes it a necessity for the student to be actively involved in the decision to apply to Wisconsin Academy.

## **MISSION STATEMENT**

To provide a quality Seventh-day Adventist secondary education in a climate that promotes a relationship with Jesus Christ and a desire to fulfill His commission of service.

## **STUDENT CONTRACT**

I have read and understand the admissions policy and mission statement and it is my choice to attend Wisconsin 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 willingly obey all printed and announced regulations and understand that any failure to do so may jeopardize my stay at Wisconsin Academy. I have received the Handbook/Bulletin and agree to abide the rules printed in it. I agree to have my student labor applied to my account.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **PARENTAL OR GUARDIAN CONTRACT**

I agree to support the policies and regulations of Wisconsin Academy. My financial obligation is clearly understood, and I agree to pay my student's account each month, unless arranged otherwise in advance. I also understand that part of the WA curriculum involves work and I give permission for my student to participate in that program. I further agree that my student's account will be paid in full before transcripts are released. 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 Wisconsin Academy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **FINANCIAL INFORMATION**

Do you have an unpaid account at any other school? Yes \_\_\_ No \_\_\_ If yes, what amount? \_\_\_\_\_  
What school \_\_\_\_\_ Phone \_\_\_\_\_

Do you plan to apply for Financial Aid Funds? Yes \_\_\_ No \_\_\_ (deadline July 15)

Do either of your parents work for an S.D.A. organization? Yes \_\_\_ No \_\_\_

If yes, what organization? \_\_\_\_\_

## **APPLICATION PROCEDURE**

Thank you for your interest in Wisconsin Academy. To complete the application process we need four items: A) a completed application; B) three character references: one from your pastor and one from your principal or teacher and one from a work supervisor or other adult who knows you well (Family members are not acceptable.) Have them mail the character reference directly to Wisconsin Academy; C) a copy of your birth certificate; and D) a copy of your Social Security Card. Students cannot work without a Social Security Number. If you do not have one, apply today at your nearest Social Security Office.

**Please enclose an application fee of \$50.00 which will become a part of your registration fee.**

*(This fee is non-refundable if student does not enroll at Wisconsin Academy.)*

## EDUCATIONAL INFORMATION

List the schools attended from the 8<sup>th</sup> grade to the current year.

8 <sup>th</sup>	Year _____	School _____	Phone _____
	Address _____		Zip _____
9 <sup>th</sup>	Year _____	School _____	Phone _____
	Address _____		Zip _____
10 <sup>th</sup>	Year _____	School _____	Phone _____
	Address _____		Zip _____
11 <sup>th</sup>	Year _____	School _____	Phone _____
	Address _____		Zip _____

List the subjects and grades you received at your previous schools. It is very important that you be as complete as possible.

8 <sup>th</sup> Grade		9 <sup>th</sup> Grade		10 <sup>th</sup> Grade		11 <sup>th</sup> Grade	
Course	Grade	Course	Grade	Course	Grade	Course	Grade

Are you enrolled in any correspondence courses? Yes \_\_\_ No \_\_\_ If yes, please list the school and the subjects.

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

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

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

Do you have an "Individual Education Program" (IEP) at a previous school? Yes \_\_\_ No \_\_\_  
 If yes, please include a copy of the IEP.

Do you play a musical instrument? Yes \_\_\_ No \_\_\_ If yes, which one? \_\_\_\_\_

Who actively recruited your son/daughter? (please indicate their name)

A WA recruiter _____	A pastor _____
A WA student _____	A WA alumnus _____
Other _____	

## WORK INFORMATION

Wisconsin Academy, through campus employment and industries, provides ample opportunity for students to earn a portion of their school fees. Rhodes International provides work for students 16 years of age and older. Campus employment provides work for students under 16 and for those whose special qualifications are needed.

### Requirements for Acceptance and Employment

1. Birth Certificate: A copy of your birth certificate must be on file in the Business Office.
2. Social Security Number: A copy of your Social Security Card must be on file in the Business Office.

### Job Preferences

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

\_\_\_\_ Reader (Classroom)                      \_\_\_\_ Food Service                      \_\_\_\_ Maintenance                      \_\_\_\_ Other  
\_\_\_\_ Clerical (Office)                      \_\_\_\_ Rhodes International (must be 16 or older)

### Qualifications

Please list any classes taken or skills acquired that would assist us in your job placement.

1. Keyboarding Yes \_\_\_\_ No \_\_\_\_ If yes, how may words per minute? \_\_\_\_\_
2. Computer experience? Above average \_\_\_\_ Average \_\_\_\_ None \_\_\_\_
3. Other \_\_\_\_\_

Please list any conditions that would cause you to be unable to work in certain areas. (i.e. allergies, chronic illnesses, etc.) \_\_\_\_\_

\*Please attach Doctor's verification

### Experience

A. List any employment or experience you have had that would qualify you for a specific area of work.

1. \_\_\_\_\_
2. \_\_\_\_\_

B. Do you desire summer employment? Yes \_\_\_\_ No \_\_\_\_ If yes, when can you start? \_\_\_\_\_

### Reference Information

Please give the full names and current addresses and phone numbers of three persons, other than relatives, from whom references may be obtained.

1. Church Pastor: \_\_\_\_\_  
Name Address

City State Zip Office Phone Home Phone

2. Principal or Teacher: \_\_\_\_\_  
Name Address

City State Zip Office Phone Home Phone

3. Other Person: \_\_\_\_\_  
Name Address

City State Zip Office Phone Home Phone

*Office use only:*

Admission Committee Decision \_\_\_\_\_ Date \_\_\_\_\_