



Application for Admission to Walla Walla Valley Academy

Official Use Only:
Date Received _____
Accepted _____

300 SW Academy Way, College Place, Washington 99324 (509) 525-1050 • fax (509) 525-1056

Student Information

Full Legal Name _____ Goes By _____

Last First Middle

(Please give on the line below, any other name which you have used and may appear on former school records:)

_____ Grade Entering (Circle One) 9 10 11 12

Home Mailing Address _____

Phone _____ *Street/PO Box City State Zip*

Home Student Cell Student's E-mail (print clearly)

Date of Birth _____ Place of Birth _____ Age _____ Sex (Circle One) F M

Social Security Number _____ - _____ - _____

Will you be living with someone other than your parent (s) during the school year? No YES

(If "Yes" please complete the following). *Their Name* _____

Address _____

Relationship to You Phone numbers _____

Have you ever smoked or used tobacco, alcohol or illegal drugs? (Circle one) No Yes

Have you ever been suspended from school? (circle one) No Yes

Have you ever had to appear in juvenile/adult court? (circle one) No Yes (if yes) when? _____

(If "yes" to any of the above, please explain. _____)

Church Affiliation _____ Home Church _____ Baptized No Yes

Family Information

Father's Full Name _____

Mother's Full Name _____

Circle status: Married Divorced Other

Circle status: Married Divorced Other

Living Deceased

Living Deceased

Step-Parent _____

Step-Parent _____

Full Mailing Address _____

Full Mailing Address _____

E-mail (print clearly) _____

E-mail (print clearly) _____

Home # _____ Cell # _____

Home # _____ Cell # _____

Occupation _____

Occupation _____

Employer _____ Work# _____

Employer _____ Work# _____

Church Affiliation _____

Church Affiliation _____

Home Church _____

Home Church _____

Educational Information

List schools attended from the 8th grade to current year. Date of 8th grade graduation _____

8th Year _____ School _____ Phone _____

Address _____ City _____ State _____ Zip _____

9th Year _____ School _____ Phone _____

Address _____ City _____ State _____ Zip _____

10th Year _____ School _____ Phone _____

Address _____ City _____ State _____ Zip _____

11th Year _____ School _____ Phone _____

Address _____ City _____ State _____ Zip _____

Transfer of Educational Records from your previous schools.

I / We hereby grant release of transcripts for _____ from the above schools.

Name of Student

Signature of Parent or Guardian _____

Financial Information and Contract

Do you owe an account to another school? No Yes If "Yes" please give the amount \$ _____

Which school? _____

Please give the name and address of any other individual (other than parents or guardian) who will be responsible for the student's account at Walla Walla Valley Academy. This person will receive the monthly statement and a copy of the student grades.

Name _____ **Phone** _____

Full Address _____

I agree to assume full financial responsibility for educational expenses at Walla Walla Valley Academy for the applicant during his/her enrollment. I understand that a transcript/diploma will be released when the account is paid in full. All on-campus earnings will be applied to student's account.

Signature of Financially Responsible Party's _____ Date _____

Parental Agreement

I affirm that I am aware of the regulations and policies governing Walla Walla Valley Academy as outlined in the current school bulletin, To retain attendance privileges, my child is expected to maintain positive academic growth each semester. I also understand my child's photograph may appear in school OR other publications such as, but not limited to, The Page (school newspaper), Mugbook (pictorial directory), and Delphian (yearbook), local newspaper, TV, and etc.

Signature of Parent or Guardian _____ Date _____

Student Pledge and Contract

I understand that by being accepted at Walla Walla Valley Academy I will honor Jesus Christ in my words and actions or learn ways to do so. In addition, I realize that I must maintain positive academic growth each semester in order to retain attendance privileges. My signature indicates my commitment to uphold the printed and announced standards, principles, and policies which govern Walla Walla Valley Academy.

Signature of Applicant _____ **Date** _____

Personal References (non-family member)

1. Academy/High School Principal, Eighth Grade Teacher _____ Phone _____

2. Adult (non family) _____ Phone _____