



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

Personal 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 grad 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 \_\_\_\_\_

**Payment of account is due by the 25 th of the month.** Detailed financial information is included in the current school bulletin.

### 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 publications such as, but not limited to, The Page (newspaper), Mugbook (pictorial directory), and Delphian (yearbook).*

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

Academy/High School Principal, Eighth Grade Teacher \_\_\_\_\_ Phone \_\_\_\_\_

Adult \_\_\_\_\_ Phone \_\_\_\_\_