



APPLICATION FOR ENROLLMENT

Date of Application _____ Entering Grade _____ School Year _____

Applicant's Name _____
 Last First Middle

Date of Birth _____ Gender M F Social Security # _____

Student Cell Phone # _____

Is the applicant a citizen of the United States? Yes No

If YES, then we must have: **If NO, then we must have:**

- A copy of official Birth Certificate & Social Security Card
- Current Passport & Visa or I-20 proving legal status

Will you be a **Boarding Student** or **Non-Boarding Student**? (circle one)

Family Information

FISCALLY RESPONSIBLE PARENT

Father/Step-Father/Grandfather/Guardian Social Security # _____

Mother/Step-Mother/Grandmother/Guardian Social Security # _____

Address _____

City State Zip _____

Home Phone _____

His Work # Her Work # _____

His Cell Phone # Her Cell Phone # _____

Parent Email Address _____ Yes I can receive pictures.

Would you like to receive statements by email or postal mail ?

Father/Step-Father/Grandfather/Guardian Social Security # _____

Mother/Step-Mother/Grandmother/Guardian Social Security # _____

Address _____

City State Zip _____

Home Phone _____

His Work # Her Work # _____

His Cell Phone # Her Cell Phone # _____

Parent Email Address _____ Yes I can receive pictures.

Name and Address of Home Church: _____

Name(s) and age(s) of brother(s)/sister(s): _____

Names of relatives that have attended SVA _____

Academic History

Last School Attended _____ Grade Last Completed _____

Mailing Address _____ City _____ State _____ Zip _____

List any other schools attended for eighth grade or above (include full name and phone number):

1. _____

2. _____

About You

Who/What was the main influence in your decision to attend Spring Vale? _____

Have you accepted Jesus Christ as your Lord and Savior? _____ Are you baptized? _____

Briefly share how you came to faith in Jesus. _____

How would you describe your Christian commitment? _____

State briefly why you would like to attend Spring Vale Academy and what you hope to offer and/or gain from attending here. _____

List hobbies and activities you participate in or are interested in (sports, music, crafts, etc.). _____

How Do You See Yourself?

For each of the areas given below, please check the statement that best describes you.

- | | |
|---|--|
| <p>1. Responsibility
<input type="checkbox"/> I diligently follow through on jobs & assignments
<input type="checkbox"/> I follow through on jobs & assignments
<input type="checkbox"/> I usually follow through when given something to do
<input type="checkbox"/> I have difficulty following through</p> <p>2. Work Ethic
<input type="checkbox"/> I thrive on hard work
<input type="checkbox"/> I will put in a fair day's work
<input type="checkbox"/> I work enough to get by
<input type="checkbox"/> I am often lazy</p> <p>3. Leadership
<input type="checkbox"/> I am a leader of leaders
<input type="checkbox"/> I contribute positively
<input type="checkbox"/> I can lead if necessary
<input type="checkbox"/> I am more of a follower</p> <p>4. Emotional Stability
<input type="checkbox"/> I am very stable and consistent
<input type="checkbox"/> I am well balanced in most situations
<input type="checkbox"/> I am unresponsive
<input type="checkbox"/> I am excitable</p> <p>5. Judgment
<input type="checkbox"/> I consistently make wise decisions
<input type="checkbox"/> I make good decisions most of the time
<input type="checkbox"/> I frequently make poor decisions
<input type="checkbox"/> I am indecisive</p> <p>6. Cooperation
<input type="checkbox"/> I am sensitive toward others
<input type="checkbox"/> I am generally concerned for others
<input type="checkbox"/> I cooperate when convenient</p> | <p>7. Integrity
<input type="checkbox"/> I am consistently trustworthy
<input type="checkbox"/> I am generally honest and true
<input type="checkbox"/> I may stretch the truth at times
<input type="checkbox"/> I have been dishonest at times</p> <p>8. Communication
<input type="checkbox"/> I am articulate in most situations
<input type="checkbox"/> I usually get thoughts across well
<input type="checkbox"/> I get thoughts across but I may be hesitant
<input type="checkbox"/> I have difficulty articulating thoughts</p> <p>9. Initiative
<input type="checkbox"/> I will look for things to do
<input type="checkbox"/> I will do what needs to be done
<input type="checkbox"/> I will do the obvious
<input type="checkbox"/> I need to be told what to do</p> <p>10. Motivation
<input type="checkbox"/> I am highly self-motivated
<input type="checkbox"/> I am effectively motivated
<input type="checkbox"/> I am usually purposeful
<input type="checkbox"/> I need a purpose</p> <p>11. Appearance
<input type="checkbox"/> I make an outstanding first impression
<input type="checkbox"/> I am well groomed and make a good appearance
<input type="checkbox"/> I dress casually
<input type="checkbox"/> I am typically sloppy</p> <p>12. Team Participation
<input type="checkbox"/> I am an outstanding group member
<input type="checkbox"/> I contribute positively in a group
<input type="checkbox"/> I usually contribute positively</p> |
|---|--|

Do you have any health problems or use prescription drugs? If so, please explain. _____

Have you ever used the following?

Tobacco products	yes	no	Alcoholic beverages	yes	no	Illegal drugs	yes	no
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Have you ever been suspended or expelled from school? yes no

Have you ever been involved with juvenile authorities or other law enforcement officials? yes no

If the answer is yes to any of the above questions, please explain: _____

