

Before completing the application form, please read the handbook information carefully. Your signature on this application indicates that you have received and taken responsibility to read and support all terms and conditions of the school handbook.

# BURTON ADVENTIST ACADEMY

4611 Kelly Elliott Rd  
Arlington, TX 76017  
(817) 572-0081  
(817) 561-4237 (Fax)

**ATTACH  
CURRENT  
PHOTO  
HERE**

(Optional)

## 2009-2010 Application for Admission

(Please type or print all information in blue or black ink.)

I. APPLICANT							
LEGAL NAME: LAST		FIRST		MIDDLE		PREFERRED NAME	
PERMANENT ADDRESS: STREET				CITY		STATE	ZIP
DATE OF BIRTH	AGE	PLACE OF BIRTH: (City & State)		SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Home Phone: _____ Student Cell Phone: _____		
Social Security # ____ - ____ - _____		CITIZENSHIP <input type="checkbox"/> USA <input type="checkbox"/> _____		If you are not a US Citizen what is your legal status? <input type="checkbox"/> Permanent Residency <input type="checkbox"/> Visa (Type: _____)			
RELIGIOUS DENOMINATION: <input type="checkbox"/> SDA <input type="checkbox"/> Other: _____			BAPTIZED: YES NO (If Yes, Date of Baptism (MM/YY) _____)		If SDA, which church holds your family membership?		
HEALTH: (circle one) GOOD FAIR POOR		DO YOU HAVE ANY PHYSICAL CONDITION THAT WOULD LIMIT YOU IN ANY CAPACITY? YES NO (If yes, please describe)			Do you have a special need that would hinder you from being successful at BAA? <input type="checkbox"/> NO <input type="checkbox"/> YES _____		
II. ENROLLMENT							
I PLAN TO ENTER GRADE: (please circle one) PreK K 1 2 3 4 5 6 7 8 9 10 11 12				IS ANY CURRENT STUDENT RESPONSIBLE FOR RECRUITING YOU TO BURTON ADVENTIST ACADEMY? <input type="checkbox"/> YES (NAME) _____ <input type="checkbox"/> NO			
<input type="checkbox"/> I do NOT give permission for my child's picture to be used in Burton promotional media.							
III. FAMILY							
Please circle one: Mr. Dr. Elder FATHER'S NAME _____ Mailing Address: _____ City _____ State _____ Zip _____				Please circle one: Mrs. Ms. Dr. MOTHER'S NAME _____ Mailing Address: _____ City _____ State _____ Zip _____			
MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other				MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other			
CUSTODIAL PARENT: _____				CUSTODIAL PARENT: _____			
CONTACT: e-mail _____ Phone (Home) _____ (Work) _____ Cell _____ (Fax) _____				CONTACT: e-mail _____ Phone (Home) _____ (Work) _____ Cell _____ (Fax) _____			
OCCUPATION: _____				OCCUPATION: _____			

(continued on other side)

**IV. EDUCATIONAL BACKGROUND**  
(for grades 1-12 only)

SCHOOL LAST ATTENDED: _____ Address: _____ City _____ State _____ ZIP _____		CONTACT: Phone _____ e-mail _____	YEARS ATTENDED: _____
HAVE YOU EVER BEEN - <input type="checkbox"/> Asked to withdraw (Explain) <input type="checkbox"/> Suspended (Explain) <input type="checkbox"/> Expelled (Explain) FROM ANY SCHOOL YOU HAVE ATTENDED? <input type="checkbox"/> No Major Discipline		EXPLANATION: _____	
WHAT IS YOUR EXPERIENCE REGARDING THE FOLLOWING: (P=Past, C=Currently, N=Never) ____ Profanity _____ Tobacco ____ Narcotics _____ Alcohol		EXPLANATION: _____	
WHAT ARE YOUR INTERESTS: <input type="checkbox"/> Music <input type="checkbox"/> Drama <input type="checkbox"/> Sports			

**V. FINANCIAL DISCLOSURE**

DOES THE APPLICANT HAVE AN UNPAID ACCOUNT AT ANY PREVIOUS SCHOOL?  <input type="checkbox"/> YES  <input type="checkbox"/> NO	IF "YES", NAME AND ADDRESS OF SCHOOL: _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____	APPROXIMATE AMOUNT OWED:  \$ _____
I ACKNOWLEDGE THAT I AM THE RESPONSIBLE PARTY FOR SAID ACCOUNT AND DO HEREBY AGREE TO MAKE FINANCIAL ARRANGEMENTS WITH SAID SCHOOL AND HAVE THEM CONTACT BURTON ADVENTIST ACADEMY IN ORDER FOR PROPER RECORDS AND TRANSCRIPTS TO BE RELEASED. X _____ DATE _____ (Signature of person responsible for previous account)		
I REALIZE THAT I HAVE THREE OPTIONS FOR PAYMENT OF TUITION. I WILL BE USING THE FOLLOWING PLAN:  <input type="checkbox"/> Full Cash Payment by Registration Time <input type="checkbox"/> Education Loan <input type="checkbox"/> Monthly Bank Withdrawal (FACTS)		
I AGREE TO ASSUME FULL FINANCIAL RESPONSIBILITY FOR EDUCATIONAL EXPENSES AT BURTON ADVENTIST ACADEMY FOR THE ABOVE STUDENT DURING HIS/HER ENROLLMENT. I UNDERSTAND THAT A TRANSCRIPT/DIPLOMA WILL BE RELEASED WHEN THE ACCOUNT IS PAID IN FULL. X _____ DATE _____ (Signature of person responsible for account)		

**VI. RESPECT**

STUDENT PLEDGE OF RESPECT: I HEREBY AGREE TO RESPECT AND OBEY THE REGULATIONS AND UPHOLD THE STANDARDS OF BURTON ADVENTIST ACADEMY. I WILL DO MY BEST TO MAKE POSITIVE CONTRIBUTIONS TO THE TOTAL SCHOOL PROGRAM. X _____ DATE _____ (Signature of Student)	
PARENT PLEDGE OF RESPECT: I HAVE READ THE ANSWERS ON THIS APPLICATION AND FIND THAT THEY ARE CORRECT. I AGREE TO RESPECT AND SUPPORT THE REGULATIONS AND POLICIES OF THE SCHOOL AS PUBLISHED OR SHALL BE ANNOUNCED BY THE ADMINISTRATION DURING THE YEAR AND ENCOURAGE MY CHILD TO DO SO. I AGREE TO ASSUME THE FINANCIAL RESPONSIBILITY FOR THE STUDENT, AND TO PAY BILLS PROMPTLY. X _____ DATE _____ (Signature of Parent or Guardian)	

**NEW STUDENTS ENTERING GRADES 6 - 12 ARE REQUIRED TO FURNISH A MINIMUM OF TWO REFERENCES. ONE REFERENCE SHOULD BE FROM A FORMER TEACHER OR SCHOOL ADMINISTRATOR; THE OTHER FROM A NON-FAMILY MEMBER. (See attached Student Recommendation Forms.)**