

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)

## 2008-2009 International Student Application for Admission

ATTACH  
CURRENT  
PHOTO  
HERE

(Optional)

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

I. APPLICANT							
LEGAL NAME: LAST		FIRST		MIDDLE		PREFERRED NAME	
PERMANENT ADDRESS: STREET				CITY		COUNTRY	POSTAL CODE
DATE OF BIRTH	AGE	PLACE OF BIRTH: (City & Country)		SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		Home Phone: _____	
						Student Cell Phone: _____	
Country of Citizenship:		RELIGIOUS DENOMINATION: <input type="checkbox"/> SDA <input type="checkbox"/> Other		BAPTIZED: YES NO If Yes, Date of Baptism (MM/YY) _____		English Language Ability: (circle one) Good Fair Poor	
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							
LOCAL GUARDIAN				PARENTS			
NAME _____				FATHER'S NAME _____			
Street Address: _____				MOTHER'S NAME _____			
City _____ State _____ Zip _____				Street Address: _____			
				City _____			
				Country _____ Postal Code _____			
CONTACT: e-mail _____				CONTACT: e-mail _____			
Phone (Home) _____ (Work) _____				Phone (Home) _____ (Work) _____			
Cell _____ (Fax) _____				Cell _____ (Fax) _____			
OCCUPATION: _____				OCCUPATION: _____			
BILLING ADDRESS: Street _____							
City _____ State _____ Zip Code _____							

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

**NEW STUDENTS ENTERING GRADES 6 - 12** ARE REQUIRED TO FURNISH A MINIMUM OF TWO REFERENCES. (See Student Recommendation Form Attached) ONE REFERENCE SHOULD BE FROM A FORMER TEACHER OR SCHOOL ADMINISTRATOR.

SCHOOL LAST ATTENDED: _____ Address: _____ City _____ State _____ ZIP _____	CONTACT: Phone _____ e-mail _____	YEARS ATTENDED: _____
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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: _____
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WHAT IS YOUR EXPERIENCE REGARDING THE FOLLOWING: (P=Past, C=Currently, N=Never) ____ Profanity _____ Tobacco ____ Narcotics _____ Alcohol	EXPLANATION: _____
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**TOFL Scores**

Internet Based: \_\_\_\_\_ Computer Based: \_\_\_\_\_ Paper Based: \_\_\_\_\_

WHAT ARE YOUR INTERESTS:  Music  Drama  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:  \$ _____
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I REALIZE THAT I HAVE THREE OPTIONS FOR PAYMENT OF TUITION. I WILL BE USING THE FOLLOWING PLAN:  
 Full Cash Payment by Registration Time  Education Loan  Monthly Bank Withdrawal (FACTS)

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 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)