Student Application to

Sunnydale Adventist Academy

6818 Audrain Road 9139, Centralia, MO 65240-9401 • (573) 682-2164 •

Web Site: www.sunnydale.org E-mail Address: info@sunnydale.org

This student application form may be completed, printed, and mailed to Sunnydale.

Legal Name:	(Middle) (Last)	Suffix (Jr, II, III, IV,)		
(,		Name student goes by:		
Street Address:		Social Security Number:		
City:	State: Zip:	Biological Sex:	M 🖵 F Date of Bi	rth:
Cell Phone:		Applying for the 2	020 Sch	ool Year
Religious Affiliation (D	Denomination):	Grade Entering: ☐9 ☐10 ☐11 ☐ 12 Do you plan to live in the dorm? ☐ Yes ☐ No		
Are you baptized? \Box	Yes ☐ No			
Where do you attend	church?	Name of Pastor:		
With whom do you live	e? 🗖 Mother 📮 Father 📮 Both		n 🔲 Other	
	Family In	formation		
Father/Male Gua	9	Mother/Female Guardian ☐ Step		
Name:		Name:		
Street Address:		Street Address:		
City:	State: Zip:	City:	State:	Zip:
Home Phone:		Home Phone:		
E-mail Address:		E-mail Address:		
Cellular Phone:		Cellular Phone:		
Occupation:		Occupation:		
Work/Day Phone:		Work/Day Phone:		
Church Membership:	☐ SDA ☐ Other:	Church Membership: ☐ SDA ☐ Other:		
☐ Married ☐ Divorced	☐ Single ☐ Widowed ☐ Separated	☐ Married ☐ Divo	orced 🛭 Single 🗖 Wid	lowed 🛚 Separated
l ist all so	Educational chools attended from the 8 th grade to th			work)
	_ School:		·	
	Street:			
9 th Grade Year:	_ School:			-
	Street:			
10 th Grade Year:	_ School:		Phone:	
	Street:			
11 th Grade Year:	School:		Phone:	
	Street:			Zip:

Admission Information

Do you have any difficul	ty in yo	ur studies? 🗖 Ye	es 🛘 No If yes	s, please explain:		
Have you failed any cou	rses in	high school? 🗖 `	Yes ☐ No If y	res, list course(s):		
Please make a brief stat	ement	as to why you are	e applying for a	ttendance at Sunnydale Adven	tist Academy.	
Is it your choice to attended the second sec	,			nfluenced you to apply to Sunn		
Have you ever used: Alcoho		•	☐ Yes ☐ No ☐ Yes ☐ No		☐ Yes ☐ No ☐ Yes ☐ No	
				nd phone numbers of the people commendation forms are requi		
1. Previous Principal/Te	eacher	Name: Street Address: City, State, Zip:		Phone		
2. Church Pastor or Elder		Name: Street Address: City, State, Zip:	Phone:			
3. Adult Friend (non-relative)		Name: Street Address:		Phone:		
Applicant's Pledge	e and	Contract		Agreement		
Parent/Guardian's If my student is accepted the right, in its sole discreither my student or I fair Adventist Academy and advance, in writing, with student. I further unders	Cont d by Su retion, to il to con I contra the sch tand tha I comp	ract nnydale Adventise of dismiss my studently with such regarded to proof. I understand at all transcripts ablete my contract.	et Academy, I under the factor of the factor	ards, and guidelines of Sunnyon nderstand that Sunnydale Advances of Sunnydale Advances. I understand my finance account balance each month u ent of my financial obligation monther records prepared by Sund obligations. To the best of my	entist Academy shall have cational performance or ial obligation to Sunnydale nless otherwise arranged in ay result in dismissal of my	
Applicant Signature			Date	Parent/Guardian Signature	Date	