

Mount Ellis Academy

3641 Bozeman Trail Road * Bozeman, MT 59715 * 406-587-5178 * Fax 406-587-5170

Application for Admission

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

Personal Information

Legal Name _____
Last First Middle

Mailing Address _____
Number and Street Name Telephone#

_____ City State Zip Country

I plan to live: ___Dorm ___Community Date of Birth ___/___/___ Place of Birth _____
City State

Citizen of _____ Social Security # ___/___/___

Grade Entering 9 10 11 12 Age _____ Sex: Male / Female

Church Affiliation: _____ Home Church _____ Baptized: No ___ Yes ___

Educational Background

What school did you last attend?: _____
Name Address

Are you enrolled in any correspondence courses? If yes, Subject: _____ Company _____

Financial Information

Do you have an unpaid account at any other school? ___No ___Yes If yes, how much? _____

Do you plan to apply for financial aid funds? ___No ___Yes (July 31 application deadline)

Are either of your parents employed by an SDA organization? ___No ___Yes

Check the payment plan you wish to follow:

- ___ Plan A Prepayment of charge for full year(5% discount applied)
___ Plan B Payment of Entrance Fee at or before registration. Payment of monthly balance upon receipt of statement.
___ Plan C Please have the MEA Vice Principal for Finance contact me to discuss my financial plan.

Family Information

Marital Status Married Single Divorced Separated Widow/er

Mother's Name _____ Father's Name _____

Address _____ Address _____

Phone Number _____ Work _____ Phone Number _____ Work _____

Employer _____ Employer _____

Church Affiliation _____ Town _____ Church Affiliation _____ Town _____

Student Questionnaire:

Have you ever withdrawn or been suspended from school? Yes No
If yes, why? _____

Have you been involved in or arrested for any crime or been in trouble with juvenile authorities? Yes No
Have you ever used tobacco in any form? Yes No
Have you ever used alcoholic beverages? Yes No
Have you ever used illegal drugs of any kind? Yes No
Have you ever been involved in theft? Yes No

References:

(Please list three non-relatives. Reference should include a teacher and pastor where possible.)

Teacher Name _____ Address _____
City _____ State _____ Zip _____ Phone # _____

Pastor Name _____ Address _____
City _____ State _____ Zip _____ Phone # _____

Other Name _____ Address _____
City _____ State _____ Zip _____ Phone # _____

Learning Disabilities:

I have been diagnosed with the following learning disability _____.
I understand that Mt. Ellis Academy does not offer any special education services, and I agree that the school will not be held responsible if the academic program that is offered does not meet my needs.

Student Signature: _____ Parent Signature: _____

Admission Policy:

It is the policy of Mount Ellis Academy to admit students of all faiths who are committed to pursuing a personal relationship with Jesus Christ and a Christian lifestyle. Students are admitted who by their behavior or declaration show commitment to the principles found in Scripture. The Board and Staff of Mount Ellis Academy feel strongly that there should be mutual accountability between the school, the parents, and the student. This makes it a necessity that the student is actively involved in the decision to apply to Mount Ellis Academy.

Student Contract:

I have read and understand the admissions policy and it is my choice to attend Mount Ellis Academy. I am willing to participate in the religious training provided by the Seventh-day Adventist Church. If accepted as a student, I agree to obey willingly all printed and announced regulations and understand that any failure to do so may jeopardize my stay at Mount Ellis Academy. I agree to have my student labor applied to my account.

Signature: _____ Date: _____

Parent or Guardian Contract:

I agree to support the policies and regulations that I have read from the handbook of Mount Ellis Academy. My financial obligation is clearly understood, and I agree to pay my students' account each monthly unless arranged otherwise in advance. I further understand that no transcripts of grades will be to any institution or myself until my student's account is paid in full. To the best of my knowledge the questions on this application have been answered honestly. I will encourage the applicant to cooperate with the principles and spirit of Mount Ellis Academy.

Signature: _____ Date: _____