



Upper Columbia Academy

Student Information:

Preferred Name _____ School Year _____

Legal Name _____
Last Name First Name Middle Name

Home Address _____
Street or PO Box City State Zip

DOB mm/dd/yyyy ____/____/____ City & Country of birth _____

Student Cell Phone # (____) _____ Student Email _____

Home Phone # (____) _____ Age _____

Church Home Baptized
 Denomination _____ Church _____ Yes No Date _____

Adventist Conference _____

Citizenship _____ Ethnic Origin (Optional -- for statistical purposes only)

- Dormitory Male Applying to enter 9 11 Afro-American/Black Caucasian/White Native American Asian
 Day Student Female which grade? 10 12 Hispanic/Latino Pacific Islander East Indian Other

Family Information:

Marital status of parents or guardians: Single Married Divorced Widowed

	<input type="checkbox"/> Step	<input type="checkbox"/> Father	<input type="checkbox"/> Step	<input type="checkbox"/> Mother	Guardian
Full Name					
Mailing Address	PO Box or St. City, State, Zip		PO Box or St. City, State, Zip		PO Box or St. City, State, Zip
Phone #	Home Work		Home Work		Home Work
Cell Phone #					
Email					
Profession/ Occupation					
Church Denomination					
Home Church					
Attended UCA?	Send Billing statement? Yes No		Send Billing statement? Yes No		Send Billing statement? Yes No
	Send Grades? Yes No		Send Grades? Yes No		Send Grades? Yes No
	Years _____ Graduated <input type="checkbox"/>		Years _____ Graduated <input type="checkbox"/>		Years _____ Graduated <input type="checkbox"/>

Attach recent picture here

Is there another person/organization to which you would like information sent?

- billing statements to: _____
Name Relationship Address City State Zip
 grades to: _____
Name Relationship Address City State Zip

Phone 509.245.3600
 Fax 509.245.3643
 E-mail info@ucaa.org
 Web www.ucaa.org

Mail 3025 E. Spangle-Waverly Rd. Spangle WA 99031

Financial Information:

Print Student's Name _____

Do you have an unpaid bill at any other school? Yes No If yes, what amount? _____

School _____ Phone # (____) _____

Does either parent work for an SDA organization? No Father Mother

If yes, Employer _____ Phone # (____) _____ Position _____

Employment while at school:

While specific jobs cannot be guaranteed, the Work committee will endeavor to place you according to your age, skills, and experience. Indicate your first three job preferences by numbering. 1-3.

- | | | |
|---|---------------|--|
| ___ Teacher's reader/worker (classroom) | ___ Library | ___ Maintenance of buildings/lawns/grounds |
| ___ Office worker | ___ Music | ___ Maintenance of vehicles |
| ___ Food service | ___ Custodial | ___ Other: _____ |
| ___ Hymark Wood Products | ___ Tutor | |

Qualifications List any classes taken or skills acquired that would qualify you for your preferred job placement.

Limitations Explain any physical/emotional conditions that might keep you from working in certain areas.

Admission Policy

Student Name: _____

It is the policy of Upper Columbia Academy to admit students who already have a personal relationship with God and are living a Christian life-style, as well as those who are willing to experience the same. It is our policy to admit students who by their behavior or declaration, show commitment to the principles found in Scripture. We strongly feel that there should be mutual accountability between the school, the parents and the student. This makes it a necessity for the student to be actively involved in the decision to apply to Upper Columbia Academy.

Work Agreement

I agree to abide by the work regulations established by the school, and I understand that noncompliance will result in my work termination and may be grounds for expulsion. I voluntarily assign the wages I earn as a student employee of Upper Columbia Academy to Upper Columbia Academy for the sole purpose of paying my school tuition and fees. I understand that once tuition payment for the upcoming school year has been paid in full, any wages I earn in excess of the tuition and fee amount will be paid directly to me, the student employee. Labor credits earned during the summer will be held in trust for use toward future educational costs. I further agree to remain with my assigned job until the work coordinator authorizes and reassigns me to a different position.

___ (Initial) I voluntarily request and authorize Upper Columbia Academy to deduct from my wages earned as a student employee a 10% tithe to the Upper Columbia Conference of the Seventh-Day Adventists.

_____ Student Signature	_____ Date
_____ Parent Signature	_____ Date

Consent for Medical Treatment

I, the undersigned parent or guardian of this student, a minor, do hereby consent to any x-ray examination, immunization, anesthetic, medical or surgical diagnosis, treatment and/or hospital service that may be rendered to said minor under the general or specific instructions of a physician. It is understood that reasonable effort will be made by the attending physician to contact me so that the treatment necessary for the best interest of the student may be given.

Parent Signature

Date

Commitment by Parent or Guardian

I agree to support the policies and regulations of Upper Columbia Academy. My financial obligation is clearly understood, and I agree to pay my student's account each month, unless arranged otherwise in advance. I further agree that my student's account will be paid in full before transcripts are released. To the best of my knowledge the questions on the application have been answered honestly, and I will encourage the applicant to cooperate with the principles and spirit of Upper Columbia Academy.

Parent Signature

Date

Educational Information:

Print Student's Name _____

Official transcripts requires the date of your 8th grade graduation. mm/dd/yyyy ____/____/____

List schools attended from 8th grade to the current year.

8th Grade	School Name:	Phone # (____) _____
Year ____ - ____	Mailing Address:	State ____ Zip ____
9th Grade	School Name:	Phone # (____) _____
Year ____ - ____	Mailing Address:	State ____ Zip ____
10th Grade	School Name:	Phone # (____) _____
Year ____ - ____	Mailing Address:	State ____ Zip ____
11th Grade	School Name:	Phone # (____) _____
Year ____ - ____	Mailing Address:	State ____ Zip ____

Enclose copies of your high school report cards and/or complete the record of classes below.

9th Grade Classes	Grade Earned	Credits Received	10th Grade Classes	Grade Earned	Credits Received	11th Grade Classes	Grade Earned	Credits Received
Total:			Total:			Total:		

Are you currently enrolled in any correspondence courses? Yes No If yes, list the courses.

Correspondence School:	Course:
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Do you play a musical instrument? Yes No If yes, which instrument? _____

Do you have any learning disabilities that you are aware of? Yes No If yes, please explain.

Do you desire special help in any subjects? Yes No If yes, which? _____

Recommendation Forms:

Please give names and telephone numbers of the people to whom you have given reference forms to complete and return to UCA. These should have been acquainted with you within the last year and should not be relatives. Recommendations should be mailed directly to UCA Registration Office by the recommending person.

Principal or Head Teacher	Phone # (____) _____
Youth Leader or Pastor	Phone # (____) _____

UCA Core Values

Print Student's Name _____

The Core Values of Upper Columbia Academy create a distinctive educational environment in which young people grow and mature.

- **Relationship with Christ.** Upper Columbia Academy is a school where students actively seek a relationship with Christ through prayer, Bible study, service, and evangelism.
- **Family Atmosphere.** The staff and community at Upper Columbia Academy care deeply for youth and invest their time and resources to build Christ centered relationships with students.
- **Student Leadership.** Equip students to serve mankind by empowering them with leadership responsibility today.
- **Academic Diversity.** Provide a high quality, diverse curriculum offering students many alternatives to meet their academic needs.

Student Commitment

- I have committed my life to Christ or am willing to consider doing so.
- I am willing to live a Christian lifestyle while enrolled at UCA.
- I welcome the idea of a campus where I will be nurtured emotionally and academically, and I am willing to be nurtured spiritually. I will contribute to the creation of such an atmosphere on the UCA campus.
- I will not engage in any behaviors that harm myself or others physically, emotionally, or spiritually.
- I choose to abide by the policies outlined in the student handbook.

UCA Mission

By the Grace of God, Upper Columbia Academy educates students to develop harmoniously the physical, mental and spiritual powers, inspiring a life-changing relationship with God and the highest service for others.

Student Signature

Date

Lifestyle Information:

Have you ever smoked or used any other form of tobacco Yes No If yes, when last? _____

Have you ever used illegal drugs? Yes No If yes, when last? _____

Have you ever used alcohol? Yes No If yes, when last? _____

Have you ever been involved in theft? Yes No If yes, when last? _____

Have you ever been arrested, charged with a crime, on probation or in trouble with juvenile authorities? Yes No

When? _____ if yes, explain why, you may do so on an additional sheet of paper if needed. _____

Have you ever been suspended, asked to withdraw or expelled from school? Yes No If yes, explain when and why? _____

I verify that all information in this application is true and accurate, to the best of my knowledge. I understand that if it is discovered that this information is false, my enrollment at Upper Columbia Academy will be jeopardized.

Student Signature

Date

Application procedure checklist:

#1	Distribute the two recommendation forms Principal or Teacher, and Youth Leader or Pastor	#3	Wait for acceptance call or letter.
#2	Complete forms and send to UCA <input type="checkbox"/> This application form with all pages completed. <input type="checkbox"/> Application fee (\$25 - US) (\$100 - International) <input type="checkbox"/> Copy of Birth Certificate <input type="checkbox"/> Copy of Social Security Card <input type="checkbox"/> Complete Consent for Medical Treatment	#4	When accepted: <ul style="list-style-type: none"> • Upon receiving the Admissions Packet, fill out and return all forms as soon as possible. • Contact the UCA Business Office to make financial arrangements. (509) 245-3615