

UNION SPRINGS ACADEMY

Application for Admission

PO Box 524 • Union Springs, NY 13160 | Phone: (315) 889-7314 Fax: (315) 889-7188

Applicant Information (print in ink) Grade Applying For: _____ Circle: Dorm Village

Last Name	First Name	Middle Name	
Address	City	State	Zip
Telephone	M F Sex	Age	Date of Birth
Social Security Number			
Church Denomination	Name of Home Church	Conference	Place of Birth
Pastor	Address		

<p>Circle No or Yes</p> <p>• Are you desirous of living a Christian life? NO YES</p> <p>• Do you want to be a student at USA? NO YES</p> <p>• Do you attend church regularly? NO YES</p> <p>• Have you been baptized? NO YES</p> <p style="margin-left: 20px;">Date: _____</p>	<p>Have you ever smoked? NO YES</p> <p style="margin-left: 20px;">When Last? _____</p> <p>• Have you ever used alcohol or illegal drugs? NO YES</p> <p style="margin-left: 20px;">When Last? _____</p> <p>• Have you ever been arrested/convicted of a crime? NO YES</p> <p style="margin-left: 20px;">When Last? _____</p> <p>Have you ever been suspended from school? NO YES</p> <p style="margin-left: 20px;">When Last? _____</p>
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Family Information (circle)

- Parents' Marital Status: Never Married Married Widowed Separated Divorced
- Date of Divorce: _____ Who has custody: _____
- Is student adopted? NO YES If yes, at what age: _____
- Student lives with: Father Mother Step-father Step-mother Other: _____

Please give names and birth dates of siblings:

1) _____ / ____ / ____	3) _____ / ____ / ____
2) _____ / ____ / ____	4) _____ / ____ / ____

Mother's Information

____ Living ____ Deceased

Name _____

Address _____

Occupation _____

Employer _____

Work Telephone _____

Church Denomination _____

Email Address _____

Father's Information

____ Living ____ Deceased

Name _____

Address _____

Occupation _____

Employer _____

Work Telephone _____

Church Denomination _____

Email Address _____

Educational Information

IMPORTANT: Please attach a copy of your last report card.

8th

School Year _____ School Name _____ Telephone _____

8th Grade Graduation _____
Month/Year _____ Street Address _____ City _____ State _____ Zip _____

9th

School Year _____ School Name _____ Telephone _____

Street Address _____ City _____ State _____ Zip _____

10th

School Year _____ School Name _____ Telephone _____

Street Address _____ City _____ State _____ Zip _____

11th

School Year _____ School Name _____ Telephone _____

Street Address _____ City _____ State _____ Zip _____

Financial & General Information

- I will be applying for financial aid through my home church (deadline August 15th) NO YES
* Please send appropriate forms.
- Does your child have an unpaid school bill? NO YES
Where? _____ How much? _____
- How did you learn of USA? _____
- Who would you like to room with? _____

Parent Commitment

I agree to the conditions herein stated, and I am in harmony with the regulations and policies of Union Springs Academy as stated in the school handbook.

Physical examinations must be completed by your personal physician. Physical exams for new students and 11th graders need to be scheduled no more than four (4) months prior to the student's first day of school. Consent forms for emergency care must be signed for any treatment of minor. Immunization records must be on file at Union Springs Academy in order for your child to attend school.

Parent/Guardian's Signature _____ Date ____ / ____ / ____

Student Commitment

I have read and fully understand the regulations and principles of Union Springs Academy. If accepted, I hereby agree to obey the policies of the school, to do my best at the job assigned, and to cooperate in upholding the standards of the institution.

Student's Signature _____ Date ____ / ____ / ____

Student's Current School _____ Grade _____ Telephone _____

Address _____ City _____ State _____ Zip _____

I hereby give consent to have all records and transcripts of _____ / ____ / ____
Full name of Student _____ Date of Birth _____

Mailed to: Union Springs Academy • PO Box 524 • Union Springs, NY 13160 • FAX: (315) 889-7188

Parent/Guardian's Signature _____ Date _____