



Blue Mountain Academy

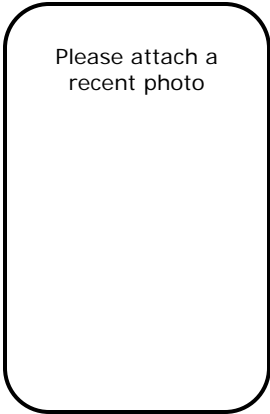
Application for Admission

2363 Mountain Rd.
Hamburg, PA 19526
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www.bma.us

The mission of Blue Mountain Academy is to provide a Christ-centered Seventh-day Adventist education that leads students into lives of service for God.

Please send the \$20 application fee with this form.



Applicant Information (Print in ink)

Applying for Grade: _____ Residence: (Circle one) Dorm Village

Last Name First Name Middle Name Preferred Name

Address City State Zip

(_____) (_____) _____
Home Phone Student Cell Social Security Number

Date of Birth Age Sex M F City of Birth State of Birth Country of Birth

Hair Color Eye Color Church Denomination Name of Home Church Conference

Family Information

- Parents' Marital Status: (Circle one) Married Divorced Separated Never Married Widowed
- Who has Custody: (Circle one) Both Mother Father Other _____
- Is student adopted? No Yes If Yes, at what age: _____
- Student lives with: (Circle all that apply) Both Mother Father Step-Mother Step-Father Other _____

Please give names and birth dates of siblings:

1) _____ / ____ / ____ 3) _____ / ____ / ____

2) _____ / ____ / ____ 4) _____ / ____ / ____

Mother's Information _____ Living _____ Deceased

Name _____

Street (if different from above) _____

City/State/Zip _____

Occupation _____

Employer _____

Work Phone _____

Church Denomination _____

Mother's Cell _____

E-Mail _____
BMA's preferred method of communication

Father's Information _____ Living _____ Deceased

Name _____

Street (if different from above) _____

City/State/Zip _____

Occupation _____

Employer _____

Work Telephone _____

Church Denomination _____

Father's Cell _____

E-Mail _____
BMA's preferred method of communication

Educational Information (List all schools attended)

8 th _____ - _____ School Year	_____ School Name	(_____) _____ Telephone		
8th Grade Graduation M/Y	_____ Street Address	_____ City	_____ State	_____ Zip
9 th _____ - _____ School Year	_____ School Name	(_____) _____ Telephone		
	_____ Street Address	_____ City	_____ State	_____ Zip
10 th _____ - _____ School Year	_____ School Name	(_____) _____ Telephone		
	_____ Street Address	_____ City	_____ State	_____ Zip
11 th _____ - _____ School Year	_____ School Name	(_____) _____ Telephone		
	_____ Street Address	_____ City	_____ State	_____ Zip

Academic Information (To be answered by a parent/guardian)

- Has your child ever had any of the following documentation at any school (including pre-school)? (Circle all that apply)
IEP Section 504 Plan Psychological Report Behavior Plan
- Has your child ever repeated a grade? No Yes If so, which grade? _____
- Has your child ever been diagnosed with a learning disability? No Yes If so, which one? _____
- What subjects are areas of weakness for your child? _____
- On a scale of one to ten, one being "poor" and ten being "excellent", how well does your child read? _____
- If your child has any of the following documents, please submit them with the application form: The most current IEP, Section 504 Plan, all psychological reports, behavior plan, and the last two diagnostic or achievement test results (ex: IOWA scores, state test scores, etc.)

I understand that by signing this statement, I am giving Blue Mountain Academy permission to receive my child's cumulative psychological file from all previously attended schools. I also understand that if I have hidden or withheld any academic information that would hinder Blue Mountain Academy from fully servicing my child's disability, my child may be asked to withdraw.

Parent/Guardian's Signature _____ Date _____

Parent Commitment

I agree to the conditions herein stated, and I am in harmony with the regulations and policies of Blue Mountain Academy (BMA) as stated in the school bulletin.

Financial: I have carefully considered the financial information in the current BMA school bulletin and agree to assume the financial responsibility for the applicant. I understand that in addition to the down payment due on registration day, there will be nine more installments charged to the account from August through April. The balance due each month after student credit is applied is payable to BMA by the 20th of the following month.

Medical: Physical and dental examinations must be completed by your personal doctors. 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. An Emergency Treatment Consent form for emergency care must be signed and on file, along with a copy of a medical insurance card and Immunization records in order for your child to attend school.

Work: BMA is dedicated to a work program that carries as much importance as academic involvement in the student's daily experience. Work opportunities at BMA have been developed on the philosophy that manual training is essential to man's development of character. My signature indicates my support of the school's work program.

Student Information: It is the policy of BMA to release directory information upon written request to other Seventh-day Adventist Institutions and for work verification. This information may include a student's name; address; telephone number; date and place of birth; awards and honors; and attendance information. BMA reserves the right to use this information as deemed necessary.

I understand that my student's account with BMA must be paid in full before the diploma or transcript can be made available.

Parent/Guardian's Signature _____ Date _____

Spiritual Information (To be answered by the student)

- Do you desire to live a Christian life? No Yes
- Do you attend church regularly? No Yes
- Have you been baptized? No Yes When: _____
- Do you like leading out or participating in religious activities? No Yes
- How would you describe your relationship with Jesus? (Circle one) Strong and growing Weak but growing I want to have one I don't want one

Please explain: _____

Social Information (To be answered by the student)

- How did you learn about BMA? _____
 - Will you reside in the dorm or at home with your parent/guardian? _____
 - Who would you like as a roommate? _____
 - What musical instruments do you play? _____
 - What sports do you play? _____
 - What are some of your hobbies? _____
-

Behavioral Information (To be answered by the student)

- Have you ever used tobacco? No Yes When last? _____
 - Have you ever used alcohol? No Yes When last? _____
 - Have you ever used illegal drugs? No Yes When last? _____
 - Have you ever been arrested? No Yes When last? _____
 - Have you ever committed a crime? No Yes When last? _____
 - Have you ever been suspended from school? No Yes When last? _____
Why? _____

 - Do you have a problem with profanity? No Yes
-

Work Opportunities (Circle your top three choices)

Blue Mountain Academy requires all students to work. Jobs are assigned, as available, by the work coordinator.

Campus industry is the major employer of students on campus. Students needing to earn a greater portion of their school expenses or those receiving financial aid may be required to work at industry. They are paid minimum wage or better, and they can work 2 hours or more per school day as their age and class schedule allows. (Most students working outside of industry are limited to two hours per school day.)

- Industry
- Administrative Offices
- Cafeteria
- Computer Support
- Custodial
- Dorms
- Maintenance
- Music
- Teacher Assistant

- List any job experience you have: _____
 - Are you seeking summer employment? No Yes What date are you able to begin? _____
-

Student Commitment

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

Student's Signature _____ Date _____

