



Blue Mountain Academy

Application for Admission

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Please attach a recent photo

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.

(Check one) **Domestic** **International**

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

We kindly request you fill out this form (fillable fields) on a computer first before you print. Please remember to sign the forms.

Applicant Information (Fill then print)

Applying for Grade: _____

Residence: (Check one) Dorm Day

Last Name (Surname) First Name (Given) Middle Name Preferred Name

Mailing Address City State Zip Country

(_____) (_____) _____ _____
Home Phone Student Cell Hair Color Eye Color

_____/_____/_____ _____ M F _____ _____
Date of Birth Age Sex City of Birth State of Birth Country of Citizenship

Family Information

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

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/Country _____

Occupation _____

Employer _____

Work Telephone _____

Church Denomination _____

Father's Cell _____

E-Mail _____
BMA's preferred method of communication

Educational Information (List all schools attended)

8th _____ - _____
School Year School Name Telephone _____
8th Grade Graduation MM/YY Street Address, City, State, Zip, Country

9th _____ - _____
School Year School Name Telephone _____
Street Address, City, State, Zip, Country

10th _____ - _____
School Year School Name Telephone _____
Street Address, City, State, Zip, Country

11th _____ - _____
School Year School Name Telephone _____
Street Address, City, State, Zip, Country

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)? (Check 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 completed no more than twelve (12) 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. Completed medical forms **must** be on file prior to your child's first day of school.

VOED: BMA is dedicated to a vocational education program that carries as much importance as academic involvement in the student's daily experience. Vocational 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 vocational education 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 like leading out or participating in religious activities? No Yes
- Do you attend church regularly? No Yes
- Have you been baptized? No Yes

When: _____

Church Denomination _____

Name of Home Church _____

SDA Conference _____

- How would you describe your relationship with Jesus? (Check one) Strong and growing Weak but growing I want to have one I don't want one

Social Information (To be answered by the student)

- How did you learn about BMA? _____ Who referred you? _____
- Who would you like as a roommate? _____
- What musical instruments do you play? _____
- What sports do you play? _____
- What are three of your favorite activities? _____
- How do you like to spend your free time? _____
- Describe yourself in five words? _____

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? _____

I-20 Information (For International students only)

Did you recently attend school in the U.S. in F-1 student status? No Yes

If yes, what was the last date of your attendance? _____

*If you attended a U.S. school last term and are just home on holiday between academic terms, you are considered a "School Transfer" and need to have your record transferred to us before your Form I-20 may be issued. Please contact your international student advisor at your previous school immediately to authorize the release of your record to us.

If you are accepted to Blue Mountain Academy, your I-20 will be mailed to the address listed on the first page of this application unless you have made other arrangements with the admissions office.

Vocational Education

Blue Mountain Academy requires all students to participate in vocational education. Efforts will be made to enroll students into a position of study (POS) that matches their skill level. Students are required to complete a minimum of 360 hours yearly of combined vocational class and lab time. Students receive a Vocational Education Merit scholarship (these typically average around \$1800 per year) based on the grades they receive for their Vocational Education Level and attendance.

- 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 policies and principles of Blue Mountain Academy as found in the handbook. If accepted, I hereby agree to obey the policies of the school, to do my best at my assigned VOED position, and to cooperate in upholding the standards of the institution.

Student's Signature _____

Date _____

