

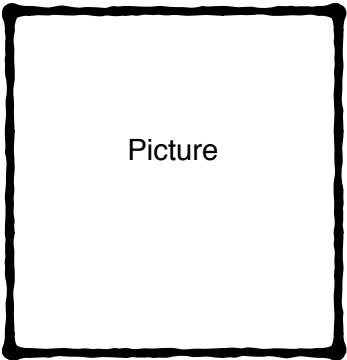
# Tulsa Adventist Academy

## 2015-2016 International Student Application

900 S. New Haven,  
Tulsa, OK 74112  
Phone 918-834-1107  
Fax 918-834-

web [www.tulsaadventistacademy.org](http://www.tulsaadventistacademy.org)

For office Use Only:  
 Application fee paid  
 Acceptance  
 I-20 issued  
 TOEFL  
 SLEP



**Thank you for taking an interest in Tulsa Adventist Academy. To complete the process of evaluation return all documents required on the "Application Check-off list", including this completed application and a \$500 application fee (non-refundable, a check or money order made out to Tulsa Adventist Academy). To be processed, you must respond to all items. Please print in black ink or type. Complete all four pages of the application. No students is officially enrolled until he/she receives an acceptance letter and financial clearance. Once the student is accepted, an I-20 or DS-2019 will be issued.**

Tulsa Adventist Academy does not discriminate on the basis of race, color, gender and national or ethnic origin in the administration of its educational policies, admission policies, programs and other school administered programs.

### Student Information:

Student's Name as it Appears on Passport (Last, First, Middle):				Term Entering (circle): Fall (Aug 18), Spring (Jan 4) or Audit	
Gender: (circle) M      F	Age:	Grade 2015-2016:	Citizenship:	Birthdate (mm/dd/yy):	Birthplace:
Do you intend to graduate from a US high school? (circle)    Yes      No		Ethnicity: (circle) (optional) Asian, African American, African Caribbean, Caucasian, East Indian, Hispanic, Native American, Pacific Islander			
Last School Attended:		School Address:		School Phone:	
Highest Grade Completed:		Date Completed:		School Fax:	
What is Your Religious Background?					

### Family Information:

Host Family:			Host Family Home Phone:		
Home Address:		City:		State:	Zip:
Employer:					
Host Parent Work Phone:		Host Parent E-mail:		Host Parent Cell Phone:	
Local Agency:			Contact Person:		Daytime Phone:
Address:			City, State, Zip:		E-mail Address:

<b>Parent:</b>	E-mail Address:	Parent Fax or Phone (circle)
Home Address: (including City, Country, and Postal Code):		
What is their religious background?	Parent/Guardian Marital Status: (circle) Married, Separated, Divorced, Widowed	
<b>Person Responsible for Payment of Student's Account:</b>		Daytime Phone:
<b>Legal Guardian in the U.S.:</b> (if other than agent or host family)		Daytime Phone:
Name of Test: TOEFL	Score:	Date:
Name of Test:	Score:	Date:

**Personal Information:**

During the past year have you used: Tobacco?  Yes  No

Liquor?  Yes  No

Illegal Drugs?  Yes  No

Have you ever been charged with a felony?  Yes  No

Have you ever been suspended or asked to withdraw from school?

Have you ever been subscribed long-term medication for a psychiatric condition?

Have you ever received psychiatric counseling?

Please explain the details of all "yes" answers to the above \_\_\_\_\_

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Continuing Consent to Treatment and Authorization to Release Information:

I, the undersigned parent/guardian of \_\_\_\_\_, a minor, do hereby consent to x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital services that may be rendered under the general or special instructions of \_\_\_\_\_, MD (phone \_\_\_\_\_), or any physician the school or organization may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. It is understood that reasonable effort will be made to contact the doctor listed above before any other physician is called by the school or other organization.

It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize Tulsa Adventist Academy or the physician to exercise their best judgement as to the requirements of such diagnosis or treatment.

This consent shall remain in continuous effect until revoked in writing and delivered to the physician named above or to the school or organization entrusted with the custody of said minor.

We hereby authorize any hospital, physician, or other person who has attended or examined the minor to furnish to General Conference Insurance Service, or its representative, any and all information with respect to any illness, medical history, consultation, prescriptions or treatments, and copies of all hospital or medical records. A photostatic copy of this authorization shall be considered as effective and valid as the original.

I give permission to TAA Faculty to give my student over the counter medications such as Advil, Aspirin, Benadryl, or Tylenol

Other \_\_\_\_\_ Yes No Call me before you give the medication

List any restrictions or allergies to drugs or foods \_\_\_\_\_

List medications taken regularly \_\_\_\_\_

List any pertinent medical information \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Witness

**CONTRACT:**

STUDENT: I have read and am in full harmony with the ideals and standards set forth in the Student Handbook. I, with the help of God, will order my personal living and conduct in harmony with these principles. I understand that any earnings will be applied to my account. My signature pledges my cooperation and loyalty if admitted as a student.

Signed \_\_\_\_\_ Date \_\_\_\_\_

PARENT OR GUARDIAN: I agree to the conditions herein stated, and am in harmony with the regulations and policies as stated in the Student Handbook and will cooperate with the principles and spirit of the academy. My financial obligation is clearly understood. I agree to pay my child's account in full and when due. Should I fail to pay within 30 days of the due date, I understand that the school reserves the right to charge interest at the rate of 1% per month on the past due amount, and I agree to pay that interest should the school require me to do so. I further understand that an official transcript and/or diploma is not available until my child's account is paid in full.

Signed \_\_\_\_\_ Date \_\_\_\_\_

I recognize that school activities are often photographed and/or videotaped. These photos and videos may be used in the promotion of Tulsa Adventist Academy. I hereby give consent to the use of any photographs or videotapes of my son/daughter to be used in any school publication or for promotional activities.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Student Questions: (In student's handwriting)

1. What do you expect to gain from attending TAA this coming school year?

2. Give a brief summary of your religious or spiritual experience. What are your present feelings and thoughts about the part God and religion play in your life?