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Application
Fee of \$50
waived if
received
before
June 15th.

Union Springs Academy

Application for Admission

Applicant information (Print in Ink)

P.O.Box 524 Union Springs, NY 13160 Phone: (315) 889-7314 Fax: (315) 889-7188

Application to attend _____ School Year

Gender: M F

Grade applying for: 9 10 11 12

Circle: Dorm Village

Student Last Name _____ First Name _____ Middle Name _____

Address _____ City _____ State _____ Zip _____

Home Phone Number _____ Age _____ Date of Birth mm/dd/yyyy _____ Citizenship/ Birthplace _____

Student Cell Number _____ Student Email address _____ Social Security Number _____

Church Denomination _____ Name of Home Church _____ Conference _____

Baptized? Yes No Year _____

Pastor _____

Is Student adopted? Yes No If yes, at what age: _____

Family Information: Marital Status Never Married Married Separated Divorced Widowed

If Divorced, who has custody? _____

Who has Financial Responsibility? Father Mother Other _____

Student Lives with: Father Mother step-father Step mother Other _____

Please give the names and birthdates of siblings:

1) _____ / ____ / ____
2) _____ / ____ / ____

3) _____ / ____ / ____
4) _____ / ____ / ____

Mother's information Living Deceased

Father's Information Living Deceased

Name _____
Address _____

Name _____
Address _____

Cell Phone Number _____

Cell Phone Number _____

Email address _____

Email address _____

Church Denomination _____

Church Denomination _____

Home Church _____

Home Church _____

Occupation _____

Occupation _____

Work Phone Number _____

Work Phone Number _____

Attended USA Graduate -Class of _____

Attended USA Graduate -Class of _____

Educational Information

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

8th _____
School Year School Name Phone Number

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

9th _____
School Year School Name Phone Number

_____ Street Address City State Zip

10th _____
School Year School Name Phone Number

_____ Street Address City State Zip

11th _____
School Year School Name Phone Number

_____ Street Address City State Zip

Financial & General Information

- I will be applying for financial aid through my home Church (Deadline August 1st) Yes No
- Does your child have an unpaid school bill? Yes No
 - Where? _____ How much? \$ _____
- How did you learn about 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.

I understand that physical examinations must be completed by my personal physician. (Physical exams for the 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 a minor, and that immunization records must be on file at Unions Springs Academy in order for my child to attend school.

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

- Are you desirous of living a Christian life? Yes No
- Do you want to be a Student at USA? Yes No
- Do you attend church regularly Yes No
- Have you ever smoked? Yes No When was the last time? _____
- Have you ever used Alcohol or illegal drugs? Yes No When was the last time? _____
- Have you ever been arrested/convicted of a crime? Yes No if so, When? _____
- Have you ever been suspended from school? Yes No if so, When? _____

Student Commitment

I have read the student handbook 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 ____/____/____